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· 技术交流 ·

自制雪橇针的设计与应用

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【关键词】 疝,腹股沟;腹腔镜检查;儿童;雪橇针;设备设计

中图分类号:R656.2⁺1 文献标识码:B

小儿腹股沟斜疝是一种先天性疾病,自愈的机会很小,是临床较常见的疾病,手术是有效的治疗方法^[1]。目前,腹腔镜手术治疗小儿腹股沟疝已得到广泛应用^[2]。在传统小儿腹腔镜手术过程中需在脐部、脐下左右两侧做切口穿刺Trocar,脐部为观察孔,两侧为操作孔,用腹腔镜持针钳夹持带线的缝针将疝环内口缝闭。这种腹腔镜下疝环内口缝合结扎对术者技术水平要求相对较高,为此我们设计了一种形似雪橇的穿刺针。现介绍如下。

1 材料制作

取用2.0 mm×300 mm的骨科钢针即克氏针一根,将克氏针尖12 mm制成宽3 mm的铲状,中间钻1.0 mm圆孔,磨去毛刺,并使其尖端水平上翘15°,形似雪橇,见图1。

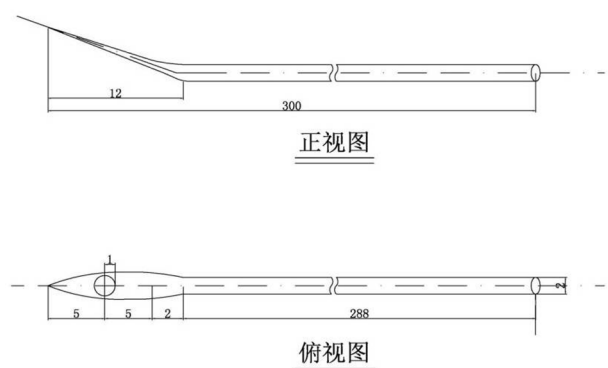


图1 雪橇针示意图

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2 使用方法

患儿取仰卧位,全麻下施术,常规消毒铺巾后脐下缘建立气腹,穿刺5 mm Trocar,置入腹腔镜,脐下二横处指穿刺3 mm Trocar,置入操作钳。患侧腹股沟区内环口投影处做另一切口,穿刺置入带一根0号双股丝线的雪橇针,线头留于腹壁外。在腔镜手术钳的辅助下,将雪橇针于腹膜外潜行,贯穿疝环的内口半周,操作钳夹住丝线退出雪橇针,再次将雪橇针带0号单股丝线于疝环腹膜下潜行对侧半周,操作钳导出单头丝线头套入双股丝线中间,将双线退出拖出单头丝线,将单线两端收紧结扎疝内环口。妥善保护输精管、精索、血管等腹壁结构,检查术野后缝合手术切口。

3 优点

减少了一个穿刺孔,对患儿创伤更小,愈合后腹壁疤痕更小,更符合美学原则。经临床应用,术者操作更简便,缩短了手术时间。雪橇针尖端呈微微上翘的三角形,腹壁下潜行过程中可很好地观察其行经的过程,有效避免穿行过深从而损伤血管、精索等结构。使用后经清洗、高温高压灭菌可反复使用。易制作、价格低廉,利于降低小儿手术的成本,得到医生及患儿家属的认可,易于推广。

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