

度,可能与激活舌咽、迷走神经及孤束核等部位中枢阿片受体,抑制机体应激反应有关^[14]。本研究也发现静注瑞芬太尼显著降低拔管即刻呛咳反应的严重程度,降低呼吸道损伤风险。

对于高龄或合并心脑血管基础疾病患者,推注丙泊酚或瑞芬太尼剂量及速度需谨慎。本研究结果提示,两种试验药物推注2 min后MAP、HR未见差异,这可能与入组患者一般状况较好有关。瑞芬太尼通过负反馈调节的适应疼痛易化机制和受体脱敏效应等途径导致痛觉敏化,引发患者术后疼痛程度增加、躯体不适,甚至造成精神系统疾病^[15-16]。本研究中两组患者离开PACU时NRS评分未见差异,这可能与患者术前接受双侧腰方肌阻滞以及术中采用深肌松策略等因素有关。

本研究存在以下不足:首先,本研究对象均为女性患者,未来将观察不同性别患者在围拔管期中应用瑞芬太尼的效果;其次,本研究为单中心临床试验,仅观察行腹腔镜宫颈癌根治术患者,本研究结果是否可推广应用于其他类型手术患者,尚需大样本数据进一步论证。

综上所述,对于全身麻醉下行腹腔镜宫颈癌根治术患者,围拔管期静注瑞芬太尼,可缩短拔管时间,抑制呛咳反应,不增加恶心呕吐发生率,有利于快速、平稳复苏。

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