

腹腔镜下袖状胃切除术标准化流程建立

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从事减重代谢外科的基础与临床研究, 在腹腔镜微创手术方面积累了丰富的经验。迄今, 共完成腹腔镜下袖状胃手术 1 000 余例。2014 年起率先在常州市开展了腹腔镜下减重代谢外科手术, 2018 年常州二院减重代谢病中心成立, 并成为江苏省医学会外科学分会减重代谢外科学组的副组长单位。同时, 主持及参与多项国家、省、市、局级科研项目, 获中华医学科技奖二等奖及江苏省科技进步二等奖各一项。发表 SCI 收录论文多篇。先后成为市卫生系统首批“青蓝工程”及“百名人才工程”培养对象。被常州市人民政府记二等功一次, 市卫生局三等功一次。获“常州市优秀青年医师”“常州市青年岗位能手”“江苏省顾客满意服务明星”等荣誉称号。

【摘要】 腹腔镜下袖状胃切除术(laparoscopic sleeve gastrectomy, LSG)是目前在全球使用最多的减重手术方式。LSG在降低体重及改善肥胖相关的代谢性疾病方面表现出良好的疗效,被广泛认可。伴随手术数量的增加,手术并发症的发生也随之增长。所以,建立良好的术中操作流程,规范手术操作步骤,能有效地减少并发症的出现,确保高效高质量的手术方式被实施。

【关键词】 腹腔镜下袖状胃切除术; 标准化流程

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Establishment of standardized procedure for laparoscopic sleeve gastrectomy

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【Abstract】 Laparoscopic sleeve gastrectomy (LSG) is currently the most commonly used bariatric surgery in the world. It is widely recognized that LSG has shown good efficacy in reducing body weight and improving obesity-related metabolic diseases. With the increase of the number of operations, the occurrence of surgical complications also increases. Therefore, establishing a good intraoperative operation process and standardizing surgical operation

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steps can effectively reduce the occurrence of complications and ensure the implementation of efficient and high-quality surgical methods.

【Keywords】 laparoscopic sleeve gastrectomy; standardization process

适应证^[1]: (1) 针对 II 型糖尿病 (type II diabetes mellitus, T2DM) 患者, 要求胰岛保留一定的分泌功能; (2) 对于体质指数 (body mass index, BMI) $\geq 32.5 \text{ kg/m}^2$ 的患者, 建议积极考虑手术; (3) $27.5 \text{ kg/m}^2 \leq \text{BMI} < 32.5 \text{ kg/m}^2$ 的患者, 推荐实施手术; (4) $25 \text{ kg/m}^2 \leq \text{BMI} < 27.5 \text{ kg/m}^2$ 的患者, 女性腰围 $\geq 85 \text{ cm}$ 、男性腰围 $\geq 90 \text{ cm}$ 并且相关的影像学检查提示患者可能存在中心型肥胖, 需结合多学科会诊 (multi-disciplinary treatment, MDT) 会诊意见可重新评估手术推荐等级; 如果通过生活方式和药物干预无法有效控制血糖, 并且至少符合两项代谢综合征组分或存在合并症, 那么需要谨慎考虑手术; (5) 建议 16~65 岁患者可行手术治疗。对于年龄 < 16 岁的患者和 > 65 岁的患者, 需要进行 MDT 讨论, 讨论后充分评估手术风险, 知情同意谨慎实施手术。

禁忌证^[1]: (1) 目前认为 $\text{BMI} < 25.0 \text{ kg/m}^2$ 的患者不适合行减重手术; (2) 某些特殊类型糖尿病患者, 如 I 型糖尿病和妊娠糖尿病; (3) 有成瘾病史, 行为不能自控, 不能配合实施治疗方案的患者; (4) 全身状况差, 麻醉及手术不能耐受者。

术式评价: (1) LSG 技术简单且对正常胃肠结构改变不多, 对于初学者学习曲线较其他减重手术短; (2) LSG 术后胃幽门部完好无损, 因此不易出现倾倒综合征, 没有肠道结构改变, 因此并发症发生率低于其他一些减重手术, 如腹腔镜 Roux-en-Y 胃旁路术; (3) LSG 与改变肠道结构的减重手术相比, 体重减轻不足或体重反弹的可能性更高。同时, 可能不适用于有严重反流症状的患者。

Indications^[1]: (1) For patients with type II diabetes mellitus (T2DM), it is required to retain a certain secretory function of insulin; (2) For patients with a body mass index (BMI) $\geq 32.5 \text{ kg/m}^2$, it is advised to actively consider surgery; (3) For patients with a BMI between 27.5 kg/m^2 and 32.5 kg/m^2 , surgery is recommended; (4) Patients with $25 \text{ kg/m}^2 \leq \text{BMI} < 27.5 \text{ kg/m}^2$, waist circumference $\geq 85 \text{ cm}$ in women and $\geq 90 \text{ cm}$ in men, and related imaging examinations suggest that the patient may have central obesity, need to be combined with multi-disciplinary treatment (multi-

disciplinary treatment, MDT) consultation can re-evaluate the surgical recommendation level; If glycemic control is not effective with lifestyle and pharmacologic interventions and at least two components of the metabolic syndrome or coexisting conditions are present, surgery should be considered with caution; (5) Surgical treatment is recommended for patients aged 16~65 years. For patients younger than 16 years old and patients older than 65 years old, MDT discussion should be conducted. After discussion, the risk of surgery should be fully evaluated, and the informed consent should be used to perform the surgery cautiously.

Contraindications^[1]: (1) Currently, patients with a $\text{BMI} < 25 \text{ kg/m}^2$ are not suitable candidates for bariatric surgery; (2) Certain special types of diabetes patients, such as type I diabetes and gestational diabetes; (3) Patients with a history of addiction, lack of self-control, and cannot comply with treatment plans; (4) Patients with poor overall health, unable to tolerate anesthesia and surgery.

Evaluation of operation: (1) LSG is a simple technique with little changes to normal gastrointestinal structure, and the learning curve of LSG for beginners is shorter than that of other bariatric surgery; (2) After LSG, the pyloric part of the stomach is intact, so there is no dumping syndrome and no intestinal structure changes, so the complication rate is lower than that of other bariatric surgery, such as laparoscopic Roux-en-Y gastric bypass; (3) LSG is associated with a higher likelihood of inadequate weight loss or weight regain compared with bariatric surgery that modifies gut structure. At the same time, it may not be appropriate for patients with severe reflux symptoms.

利益冲突 所有作者均声明不存在利益冲突

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