

会阴切开术及其并发症的研究进展

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摘 要

分娩总是给女性的身体带来创伤性压力。为了减少分娩时的会阴创伤, 产科医生会使用会阴切开术。尽管对其使用存在争议, 但会阴切开术仍然是一种常见的做法。权衡利弊, 科学文献支持选择性使用会阴切开术。随着世界范围内使用会阴切开术降低的趋势, 已经提出了几种技术来实现这一目标。然而, 仍需要进一步的研究来证明它们的功效。会阴切开术是一种阴道和会阴的手术切口, 有时用于防止因撕裂造成的严重会阴损伤并促进婴儿的出生。但在产妇围产期会阴切口愈合的不同阶段可能出现各种各样的并发症, 且会给产妇带来痛苦并降低其产后生活质量, 因此, 本文对会阴切开术及其术后并发症进行探讨, 希望能为临床上会阴切开术后如何护理提供参考。

关键词

会阴切开术, 并发症, 研究进展

Progress in the Study of Episiotomy and Its Complications

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Abstract

Childbirth always puts traumatic stress on a woman's body. To reduce perineal trauma during childbirth, obstetricians use an episiotomy. Despite controversy over its use, episiotomy remains a common practice. Weighing the pros and cons, the scientific literature supports the selective use of episiotomy. With the worldwide trend of decreasing use of episiotomy, several techniques have

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been proposed to achieve this. However, further research is needed to prove their efficacy. An episiotomy is a surgical incision of the vagina and perineum that is sometimes used to prevent severe perineal damage from a tear and to promote the birth of a baby. However, various complications may occur in different stages of perinatal perineal incision healing, which will bring pain to the mothers and reduce their postpartum quality of life. Therefore, this paper discusses the perineotomy and its postoperative complications, hoping to provide reference for clinical care after perineotomy.

Keywords

Perineotomy, Complications, Research Progress

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1. 引言

20 世纪上半叶，会阴切开术的比例大幅增加。当时，越来越多的产妇选择在医院分娩。从那时起，会阴切开术已成为世界上最常用的外科手术之一[1]。作为正常分娩常规管理的一部分，行会阴切开术需要缝合，特别是，如果需要对孕产妇行会阴切开术，那我们需要知道它是否确实对产妇利大于弊，在术前应充分评估产妇宫口条件，否则产妇可能会遭受不必要的手术、疼痛，甚至还会伴随出现短期乃至长期的并发症[2] [3]。行会阴切开术后会出现哪些并发症对于临床实践以及产妇和胎儿的健康和福祉都很重要。因此，本文对会阴切开术及其相关并发症进行了阐述，希望能为临床该手术的应用及术后护理提供理论依据。

2. 会阴切开术简介

2.1. 会阴切开术的起源

会阴切开术在 1921 年首次被推荐适用于所有经阴道辅助分娩初产妇，其目的是保护胎头免受外伤和盆底免受严重撕裂伤。多年来，与会阴自发性裂伤相比，会阴切开术被认为更容易修复并在短期内能够降低会阴严重撕裂伤风险，并有防止盆底松弛、性功能障碍和长期尿失禁和(或)大便失禁、阴道或会阴撕裂的作用，它还被认为与新生儿益处有关，例如可降低新生儿窒息、颅外伤、脑出血、智力迟钝和肩难产的发生率。因此，会阴切开术被广泛使用于临床直到十九世纪上。然而，在 20 世纪下半叶，越来越多的研究证据表明行会阴切开术实际上并未提供这些所谓的益处[4]。

2.2. 会阴切开术的术式

Kalis V 等人[5]研究中明确指出会阴切开术共有 7 种术式，包括会阴正中(中线、内侧)切开、改良正中切开、“J”形切开、中间外侧切开、横向切开、根治性外侧切口(Schuchardt 切口)、前外阴切开。对于如何选择不同类别的会阴切开术没有国际共识[6]。我国标准的产科、助产学教材和研究中只描述了两种普遍应用的会阴切开术式(会阴正中切开术和斜侧切开术)，很少提及其他类型。

2.3. 会阴切开术的适应证

我国在 2021 年统计得到：初产妇经阴道分娩的会阴切开术率为 41.7% [95% 可信区间(CI):

40.1%~43.2%], 经产妇经阴道分娩的会阴切开术率为 21.5% (95% CI: 19.4%~23.5%) [7]。中国一项大型实验研究认为: 在中国, 没有医学指征的会阴切开术占初产妇会阴切开术一半以上, 占经产妇会阴切开术的四分之一; 会阴切开术实际上并未真正改善产妇围产期结局, 并对新生儿没有益处, 且会使初产妇发生 3 度或 4 度会阴严重撕裂的风险提升了约 2.5 倍以上[7] [8]。初产、第二产程延长、会阴撕裂概率高、胎儿宫内窘迫、阴道助产和肩难产是我国会阴切开术的主要医学指征, 但临床判断仍然是执行此程序的最佳指南[9] [10]。初产妇行会阴切开术的指征, 这可能与初产妇在分娩期间阴道检查次数较多(超过六次) [11]、第二产程持续时间较长等有关, 且初产妇的会阴部肌肉比经产妇更紧, 因此, 助产师对初产妇会更倾向于行会阴切开术。但国外有学者认为现有的所有证据证实应选择性使用会阴切开术, 常规性使用该手术是禁忌的, 但现代产科实践中会阴切开术的实际适应症仍有待阐明[12] [13]。

3. 术后并发症的类型

3.1. 即时并发症

3.1.1. 产后出血

产后出血是行会阴切开术后立即出现的并发症之一, 出血既有降低产妇循环血量的风险, 又会增加产后感染的概率。Fodstad K 等人[14]对 3 种会阴切开术式进行了比较, 研究结果表明, 会阴切开后产妇的失血量范围在 100~2000 mL, 在大多数情况下约为(74%), 失血量约为 400 mL 或更少。胎儿的出生体重较大、器械协助分娩是造成产妇会阴切开后失血量显著增加的危险因素[15]。

3.1.2. 会阴切口疼痛

国外有研究认为, 在行会阴切开术后的最初 24~72 小时内, 应每隔 10~20 分钟于会阴局部使用一次冷敷袋[16], 这样可以很有效的减轻产妇由于行会阴切开术后导致的会阴切口疼痛。另外, 还有研究认为孕妇也可通过口服止痛药物来缓解疼痛(例如: 扑热息痛和非甾体抗炎药) [17]。但是, 对于孕妇临床上常常通过限制阿片类药物的使用以此来降低孕妇围产期便秘的风险[18]。

3.1.3. 会阴水肿

由于产妇会阴部解剖位置特殊, 神经、血液循环丰富。会阴切开后引起的局部组织肿胀不仅会压迫神经末梢加剧疼痛, 局部恶露、尿液的浸渍还可能会引发切口感染、尿潴留和便秘, 从而延长会阴切口的愈合时间[19]。另外, 有研究建议, 在产妇行会阴切开术后的最初 48 小时内, 产科医生应指导产妇使用可减轻会阴水肿的体位来休息。这包括休息时躺在平板床上, 母乳喂养时侧卧, 并避免过度使用坐姿。产妇还应在分娩后的前 6 至 12 个月内避免可能增加腹压的活动[20]。

3.1.4. 会阴撕裂

会阴切开术是会阴撕裂的相关危险因素之一, 尤其是会阴发生三度或四度撕裂, 这种情况在正中会阴切开术中更常见[21] [22]。一项研究中国女性行会阴切开术术后并发症的大型实验研究中, 实验对象初产妇共 16065 人, 行会阴切开术(5076 例)和未行会阴切开术(10989 例)的产妇分别发生三度或四度会阴裂伤的比率为 0.4%与 0.06%; 经产妇共 4321 人, 其中行会阴切开术(334 例)和未行会阴切开术(3987 例)的产妇分别发生三度或四度会阴裂伤的比率为 0.6%: 0.0%; 这项实验数据证实了无论是初产妇还是经产妇, 行会阴切开术的产妇较未行会阴切开术的发生三度或四度会阴裂伤的风险要高很多[23]。另外, 国外也有相关研究报道称, 会阴切开术事实上并不能防止严重的会阴撕裂伤[24] [25], 实际上还会增加经产妇发生三度和四度会阴撕裂的风险[26], 这可能是由于助产士难以正确估计患者的会阴切开角度。这与我们之前的研究结论是一致的。

3.1.5. 产后会阴血肿(PGH)

与任何其他手术切口一样，会阴切开术也存在风险，包括会阴切口发生的感染、脓肿以及会阴部血肿[27]。有研究调查表明：会阴切开是 PGH 的主要原因之一，平均每 300~1500 次分娩中就可发生 1 例 PGH [28]。有研究报道称限制性行会阴切开术可将该手术的并发症(包括会阴血肿)的发生率降低 30%，从而降低产妇围产期严重的会阴损伤[29]。

3.1.6. 产后尿潴留(PUR)

PUR 是一种常见的产后并发症，按类型分为产后完全无法排尿和隐蔽性膀胱排空障碍。有 Meta 分析[30]报道称，会阴切开术可被确定为 PUR 的临床危险因素之一。由于产妇产后常少量排尿，导致 PUR 可能被忽视。如果不及时处理，可能会发生尿路感染、长期排尿困难、膀胱严重扩张甚至出现膀胱破裂。除此之外，还有可能出现肾衰竭和危及生命的紧急情况[31]。因此，充分排空膀胱对预防产妇发生 PUR 极其重要。

3.1.7. 会阴缝合创伤

有相关文献报道：阴道分娩后需要缝合的会阴创伤减少几乎完全是因为不行会阴切开术[32]；另外，有研究认为：限制使用会阴切开术可减少会阴部切口缝合次数以及会阴切口愈合的并发症。

3.2. 早期并发症

3.2.1. 会阴切口感染

产后感染仍然是威胁生命的疾病，也是全世界孕产妇死亡的主要直接原因之一。她们占产妇死亡总数的 15%，其中大多数死亡发生在中低收入国家[33]。Mercedes Bonet 等人在预防会阴切开术后感染的实验中认为：与产后会阴感染风险较高的影响因素之一是行会阴切开术，特别是行中线会阴切开术[34]；建议可以提前使用抗生素或预防性药物，这样可减少会阴切开术后的伤口感染率[35]，同时可以达到治疗效果，并可减少产妇再住院和长期并发症有关的负担[36]。

3.2.2. 会阴切口裂开

会阴切口在胎盘娩出后应立即由产科医师或助产士进行缝合，缝合的切口在愈合时，会阴切口一方面可能是由于产妇的营养状况、活动过度、自我护理能力差等，另一方面可能是由于产科医师或助产士的资历浅、缝合线质量等原因导致会阴切开发生不同程度的裂开，严重者甚至可能需要二次缝合[37]。此外，会阴伤口感染是伤口裂开的最常见原因，如果不及时加以治疗，可能会导致产妇日后严重的身体、心理和社会问题。

3.3. 长期并发症

3.3.1. 性功能障碍

性功能障碍是一种常见的会阴切开术后的并发症，必须及早解决，因为它会影响女性的生活质量(包括身体、及心理健康) [38]。前文提过会阴切开术可能会增加经产妇女发生三度和四度会阴撕裂的风险，而同时也有研究表明，会阴发生严重裂伤(3/4 度)是产妇产后性交延迟恢复和产后一年性交困难的重要危险因素[39]。为会阴切开术后性功能障碍的产妇提出建议：1) 有性生活时可以使用润滑剂；2) 女性应该控制性生活的开始时间。也可以考虑与其伴侣一起讨论；3) 尝试不同的性姿势，这样可以促进女性的舒适感；4) 应及时咨询相关治疗师，或产科医生及妇科医生。

3.3.2. 骨盆底功能障碍(尿失禁或粪便失禁)

会阴切开术后的常见长期并发症包括尿失禁及大便失禁[40]。有研究结果显示：常规行中外侧会阴切

开术对经阴道分娩后的产妇发生尿失禁的风险不起保护作用,反而会使发生尿失禁以及大便失禁的风险增加[41]。会阴切开术后导致的肛门括约肌的功能恢复仍然是孕妇产后最大的问题,因为即使是产后10年产妇仍可能出现尿失禁和(或)大便失禁[42]。尽管会阴切开术后有这些潜在的风险,但应该让女性放心,60%~80%的女性在分娩和肛门外括约肌修复后12个月都没有了症状[38]。

3.3.3. 会阴切口子宫内异位症

会阴切口子宫内异位症非常罕见,发病率仅为0.03%~15% [43];其发生机制可能是产妇在经阴道分娩时子宫内种植在会阴切口处所导致。虽会阴切口子宫内异位症发病率较低[44],但在其多次复发的情况下,应警惕恶性病变的可能。恶性肿瘤中最常见的是透明细胞癌和子宫内腺样腺癌及肉瘤[45]。

3.3.4. 产科肛门括约肌损伤(OASI)

Ayala Zilberman 等人[46]的一篇关于会阴切开术与下一次分娩中会阴损伤之间关系文章中发现:会阴切开术与会阴损伤之间存在显著的相关性;会阴切开术与下一次分娩时孕妇发生较高会阴撕裂率之间存在着联系[47] [48];此外,研究还指出:第一次经阴道分娩时行会阴切开术的产妇在第二次经阴道分娩时产科肛门括约肌损伤的风险几乎增加了四倍[49];另外,文章还证实了产妇在第一次经阴道分娩中行会阴切开术是下一次在分娩时行会阴切开术的主要危险因素[47]。

国际机构和专业协会现在只在有明确的临床指征时才推荐会阴切开术[50] [51]。大多数欧洲国家的做法显示其发生率下降了[52]。然而,在一些国家,阴道分娩的会阴切开率仍然很高,例如智利为53.2% [53] (根据医院记录),Lebanon 一家医院为73% [54],柬埔寨一家医院为92% [55]。然而,在过去10年中,全世界都明显出现了限制性使用会阴切开术的持续转变[56]。临床实践的这种变化可以解释我们观察到的会阴切开率的趋势。似乎没有会阴切开术的分娩方案对母亲和婴儿是安全的[57]。选择性会阴切开术是临床上可行和有效的,这项政策似乎与减少与分娩有关的会阴创伤有关[58] [59]。尽管中国国家产科指南自2016年起建议限制使用会阴切开术,但并未得到实施[60]。我国目前会阴切开术的术式主要为会阴正中切开术和会阴侧切术,很少使用其他术式。大多数已发表的研究在实际使用会阴切开术时对其描述缺乏一致性和严密性,未来应充分研究不同术式的利弊,以便能够在充分评估产妇阴式分娩的条件后,选用最适合的术式。术后长期并发症的治疗,应注重围产期的健康宣教,提高患者对并发症的认识,以便于出现症状时及时就诊治疗、避免贻误病情。当多种非手术治疗手段效果不显著时,需对患者进行个体化的评估,尽早进行手术治疗,最大限度改善产妇产后的生活质量。

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