

消化道重症病患之營養狀況、疾病嚴重度及術後合併症與 預後之關係

Correlation between Nutritional Status, Severity of Disease, Complication and Prognosis in Patients Receiving Surgery for Severe Digestive Disorder

蔡玉純;楊福麟;邱艷芬;張芙美;李茹萍

摘要

營養狀況是決定病患對壓力衝擊耐受度的重要因素，也是消化道疾病患者的照護重點之一。本研究採橫斷性回溯性研究設計，主要目的乃探討消化道重症病患手術前後營養狀況的改變情形，及其改變與手術後預後之相關性。以東部某醫院為調查地點，採立意取樣方式，經由病歷回溯方式共收案 65 位接受消化道手術且住入加護單位的患者。研究結果發現：有半數以上的病患手術前即有血紅素(77.8%)及白蛋白(69.7%)偏低的情形；而消化道重症病患手術後血紅素與血漿白蛋白較低者、合併有術後感染或傷口癒合不佳者的死亡率較高。本研究顯示在消化道重症病患接受手術前後應給予營養評估，且須考慮依個別需求給予適當的額外營養支持，更重要的是術後應加強預防併發症的產生，如此將可改善消化道重症病患術後的預後、提高病患的存活率。

Nutritional status is an impact factor for patient to against stress. Besides, nutrition is one of priorities in medical care for patients with digestive tract disorder. This study aimed to reflect the changes of nutritional status after surgery in patients suffering from severe digestive tract disorder, and in attempt to correlate patients' outcomes with the changes. Sixty-five adults with digestive tract disorder that ever admitted to intensive care unit (ICU) were selected after reviewing the medical records in a medical center in eastern Taiwan. The results showed that more than one half of the patients with severe digestive tract disorders had a lower level of hemoglobin (77.8%) and albumin (69.7%) before operation. In addition, mortality rate was higher in patients who had lower hemoglobin, albumin values, and complicated with infection or poor wound healing. The data revealed that nutrition assessment is important for patients with digestive tract disorder before operation, and nutritional support may be necessary for these patients. In conclusion, the appropriate nutritional support and prevention of complications could be given before and after operation to improve

patients' prognosis and survival rate.