

# 主动脉外科ppt课件

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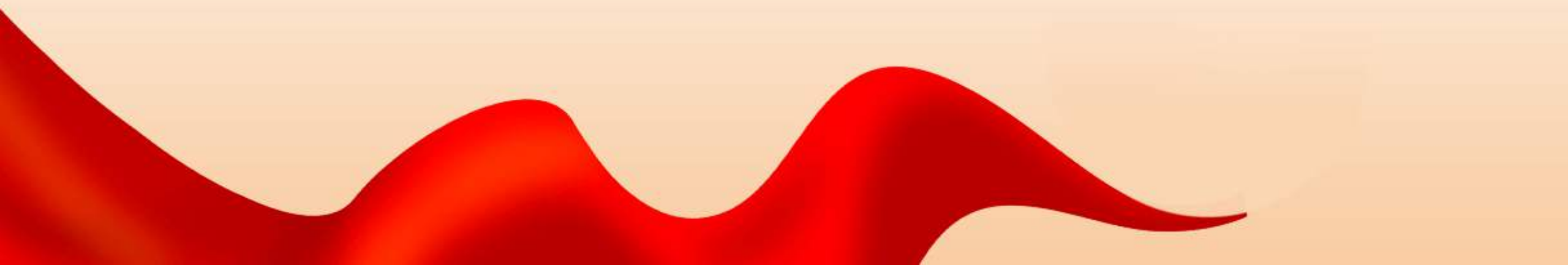
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# 01

## 主动脉外科概述





# 主动脉解剖与生理

## 主动脉的解剖结构

主动脉是体循环的动脉主干，可分为升主动脉、主动脉弓和降主动脉三部分。升主动脉起于左心室，主动脉弓呈弓形向上发出分支，降主动脉沿脊柱前方下行。

## 主动脉的生理功能

主动脉具有弹性储器作用，可缓冲心脏收缩时产生的压力变化，维持血压稳定。同时，主动脉也是血液流向全身各部位的重要通道。



# 主动脉外科发展历史



## 早期探索阶段

早期主动脉外科主要集中在动脉瘤和主动脉夹层的手术治疗上，手术风险高，死亡率高。

## 技术发展阶段

随着医学影像技术和手术器械的进步，主动脉外科手术逐渐普及，手术安全性和有效性得到提高。

## 现代治疗阶段

目前，主动脉外科已经形成了包括开放手术、腔内修复术等在内的多种治疗手段，可根据患者具体情况选择合适的治疗方法。

## 以下附赠各项管理制度英文版（不需要可删）

### 急救药品、器材管理制度：

1. Rescue drugs and equipment should be "five fixed" (fixed quantity and variety, designated placement, designated person storage, regular disinfection and sterilization, regular inspection and maintenance) and "two timely" (timely inspection and maintenance, timely receipt and supplementation). The item is clearly marked and cannot be used arbitrarily.

2. The necessary rescue equipment is complete, in good performance, and in standby condition.

3. The rescue drugs are complete, with clear drug labels and no discoloration, deterioration, expiration, or damage. They should be placed and used in the order of drug expiration dates (from right to left).

4. Emergency drugs and items for each department's rescue vehicle shall be uniformly equipped according to requirements. Specialized emergency drugs and items must be reviewed and approved by the department director to determine the type, quantity, specifications, and dosage to be equipped. Rescue vehicles must be placed in designated locations and managed by designated personnel to ensure safety and ease of use.

5. After using rescue drugs and equipment, they should be fully replenished within 24 hours. If they cannot be replenished due to special reasons, they should be noted on the handover registration form and reported to the head nurse for coordination and resolution to ensure timely use during patient rescue.

6. There is a registration book for the provision of drugs and equipment. Ensure consistency between accounts and materials, and handover between shifts.

7. Management of sealed rescue vehicles: Before sealing, the head nurse (or nurse in charge) and another nurse shall count the drugs and equipment according to the registration book of drug and equipment, verify their accuracy, and seal them with a seal. Two people shall sign and fill in the sealing time. Nurses check the condition of the seals once per shift and complete the handover. The responsible nurses check once a week, and the head nurse and responsible nurses open the seals and inspect the drugs and equipment in the ambulance once a month, with records kept.

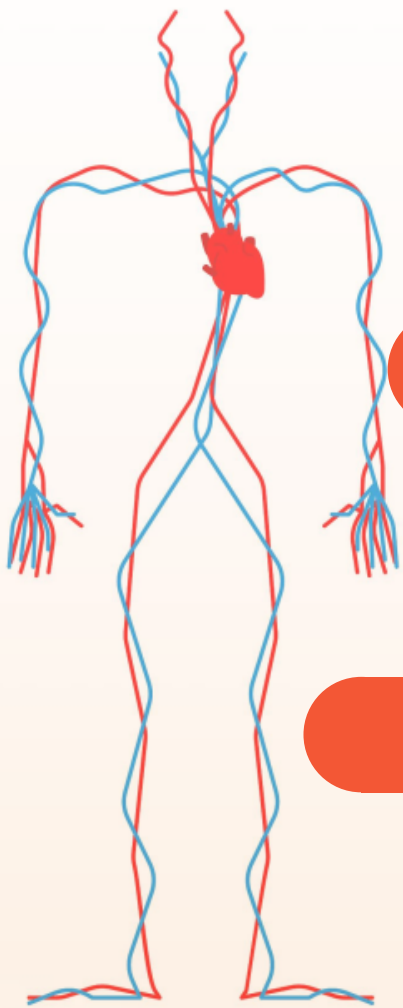
8. Non sealed rescue vehicle management: Each shift shall count the drugs and equipment according to the registration book and complete the handover. The responsible nurse shall inspect once a week, and the head nurse shall inspect once every two weeks and keep records, ensuring that the accounts match the materials.

护理文书书写制度：

1. Nursing staff strictly follow the latest requirements when writing nursing medical records.
2. The content of nursing records should be objective, truthful, accurate, timely, complete, and standardized.
3. All nursing documents should be written with a blue black or carbon ink pen.
4. All nursing documents should be written in Arabic numerals for date and time, with dates in years, months, and days, using a 24-hour system, specific to minutes. 5. Writing should use Chinese, medical terminology, and commonly used foreign language abbreviations; Complete record items; The text is neat, the handwriting is clear, and the layout is clean; Accurate expression, fluent sentences, simple and concise: correct format and punctuation, no typos.
6. When errors occur during the writing process, double line them on the wrong words, keep the original record clear and distinguishable, sign the modifier, indicate the modification time, continue to write the correct content, and do not use scraping, sticking, painting or other methods to cover up or remove the original handwriting. Each page should be modified no more than two times, otherwise the original recorder will promptly copy again (except for modifications made by superiors).
7. Nursing records written by intern nurses, probationary nurses, or unregistered nurses should be reviewed and signed by nurses with legal professional qualifications in this medical institution.
8. Further training nurses can only write nursing documents after being recognized by the medical institution receiving the training for their work ability.
9. Superior nursing staff have the responsibility to review and modify the written records of subordinate nursing staff. When making modifications, red double lines should be used to mark errors, write the modified content, sign and indicate the modification time.
10. Temperature records, medical orders, patient care records, and surgical inventory records should be archived on time.



# 主动脉外科疾病分类



01

## 主动脉瘤

主动脉瘤是指主动脉壁局部或弥漫性异常扩张，压迫周围器官而引起症状。根据发生部位不同，可分为升主动脉瘤、主动脉弓瘤和降主动脉瘤等。

02

## 主动脉夹层

主动脉夹层是指主动脉腔内的血液从主动脉内膜撕裂口进入主动脉中膜，并沿主动脉长轴方向扩展，形成主动脉壁的二层分离状态。这是一种严重的心血管急症，需要及时诊断和治疗。

03

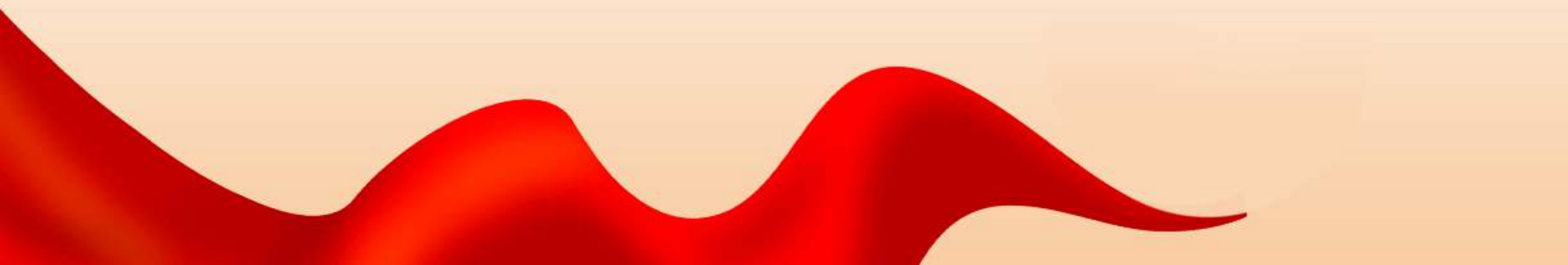
## 主动脉狭窄或闭塞性疾病

这类疾病包括先天性或后天性原因导致的主动脉狭窄或闭塞，如主动脉瓣狭窄、大动脉炎等。这些疾病可能导致血液循环障碍，严重时危及生命。



02

# 主动脉瘤





# 主动脉瘤定义及流行病学

主动脉瘤是指主动脉壁局部或弥漫性的异常扩张，压迫周围器官而引起症状，瘤状破裂为其主要危险。

定义

流行病学

主动脉瘤发病率随年龄增长而增加，男性多于女性，多见于60岁以上老年人。病因以动脉粥样硬化为主，其他如创伤、感染等也可引起。

# 主动脉搏临床表现与诊断

## 临床表现

主动脉搏早期多无症状，随着瘤体增大，可逐渐出现疼痛、压迫症状、破裂等。疼痛部位多在腹部、胸部或腰背部，为持续性钝痛或胀痛。压迫症状可因瘤体压迫不同部位而出现不同表现，如压迫食管引起吞咽困难，压迫气管导致呼吸困难等。破裂是主动脉搏最严重的并发症，可导致大出血、休克甚至死亡。



## 诊断

主动脉搏的诊断主要依靠影像学检查，如超声、CT、MRI等。其中，CT血管成像（CTA）和MRI血管成像（MRA）可清晰显示瘤体大小、形态、范围及与周围组织的关系，是诊断主动脉搏的重要手段。



# 主动脉瘤治疗方法及适应证

## 治疗方法

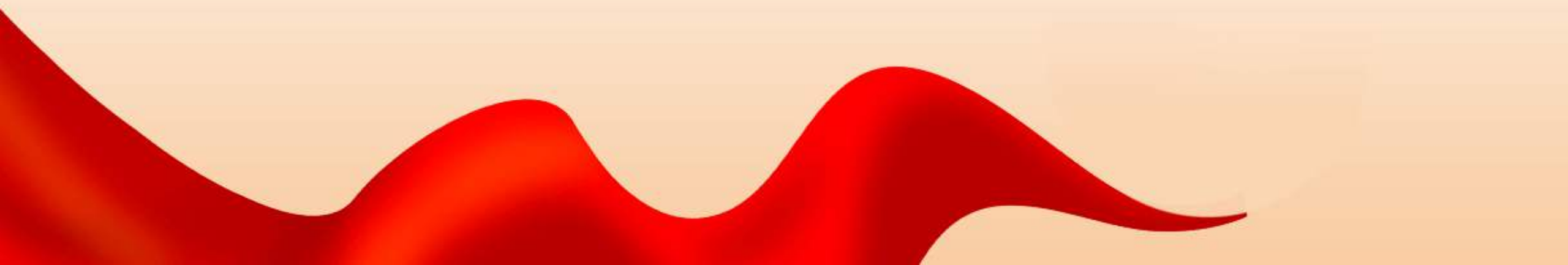
主动脉瘤的治疗方法包括药物治疗、手术治疗和介入治疗等。药物治疗主要针对病因进行治疗，如控制血压、降脂等。手术治疗是治疗主动脉瘤的主要方法，包括动脉瘤切除术、人工血管置换术等。介入治疗是一种微创治疗方法，如主动脉内支架植入术等。

## 适应证

手术治疗适用于瘤体较大、有破裂风险或已出现压迫症状的患者。介入治疗适用于瘤体较小、无严重并发症且手术风险较高的患者。药物治疗适用于所有主动脉瘤患者，但仅作为辅助治疗措施。

03

# 主动脉夹层





# 主动脉夹层定义及分型



## 定义

主动脉夹层是一种严重的心血管急症，是指主动脉腔内的血液从主动脉内膜撕裂处进入主动脉中膜，使中膜分离，沿主动脉长轴方向扩展形成主动脉壁的真假两腔分离状态。

## 分型

主动脉夹层可分为Debakey I型、Debakey II型和Debakey III型。其中，Debakey I型夹层起源于升主动脉，并扩展至主动脉弓和降主动脉；Debakey II型夹层起源于升主动脉并局限于升主动脉；Debakey III型夹层起源于降主动脉并向远端扩展。

# 主动脉搏夹层临床表现与诊断

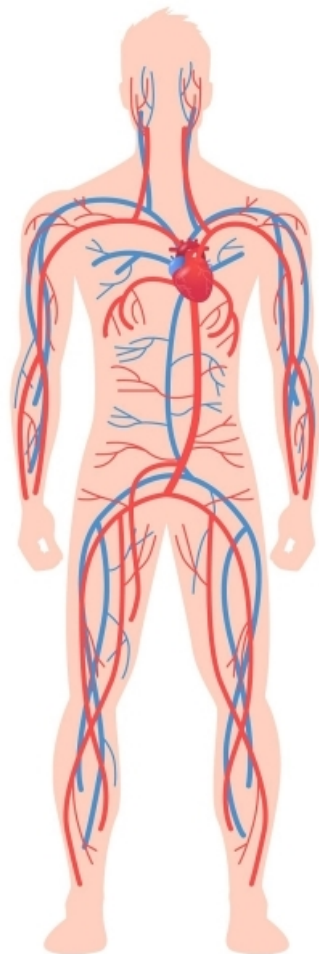
## 临床表现

主动脉搏夹层的典型症状包括突发、剧烈、胸背部撕裂样疼痛，可伴随休克和压迫症状。此外，患者还可能出现心脏压塞、心律失常等严重并发症。

## 诊断方法

主动脉搏夹层的诊断主要依赖于影像学检查，包括超声心动图、CT血管成像和磁共振血管成像等。这些检查方法可以准确显示主动脉搏夹层的部位、范围和程度，为临床诊断和治疗提供重要依据。

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# 主动脉夹层治疗策略及手术技巧



## 治疗策略

主动脉夹层的治疗原则是尽早诊断、及时治疗。对于急性主动脉夹层，应尽快控制血压和心率，减轻疼痛，防止夹层进一步扩展和破裂。同时，根据患者的具体情况，选择合适的手术治疗或药物治疗方案。



## 手术技巧

主动脉夹层的手术治疗包括开胸手术和腔内隔绝术等。开胸手术适用于DeBakey I型和II型夹层，手术风险高，但治疗效果确切；腔内隔绝术适用于DeBakey III型夹层，手术创伤小，恢复快，但长期效果尚待进一步观察。在手术过程中，医生需要熟练掌握手术技巧，确保手术安全和效果。



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