

Effect of Modified Dachengqi Decoction Soup on Retention of Intestinal Peristalsis in Patients with Hepatic Biliary Surgery

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ABSTRACT

To evaluate the effect of Modified Dachengqi Decoction Soup on retention of gastrointestinal motility in patients with hepatobiliary surgery after an enema. 100 patients with hepatobiliary surgery were randomly divided into group A and group B (n = 50). A group of postoperative parenteral nutrition, fasting and gastrointestinal decompression and other conventional treatment, B group on the basis of group A plus Modified Dachengqi Soup retention enema, compared the two groups of gastrointestinal motility. The time of first exhaust, abdominal distension disappeared and bowel sounds recovered in group B was significantly shorter than that in group A, which was statistically significant ($P < 0.05$). There was no significant difference between the two groups ($P > 0.05$). The levels of motilin in group B were significantly higher than those in group A at 2 days after the operation, and there was a significant difference between group A and group B, $P < 0.05$. The patients with hepatobiliary surgery can not only promote the recovery of the postoperative organs, but also can significantly improve the level of motilin in the body, and thus improve the patient's gastrointestinal motility.

Introduction

Patients after liver and gallbladder surgery, often due to anesthesia and gastrointestinal structure changes, gastrointestinal hormones disorders, analgesic and other factors, there is a series of gastrointestinal motility, abdominal distension and other obstacles, affecting the body after the recovery [1]. Once the gastrointestinal

dysfunction, it is likely to lead to long-term retention of intestinal contents, and promote the proliferation of bacteria and produce a lot of toxins, tumor necrosis factor, affecting the healing of surgical incision, and even some serious cases of anastomotic fistula, intestinal obstruction complications that cause unnecessary damage to the patient. In order to further analyze the effect of Modified Dachengqi Decoction Soup on the

peristalsis function of patients enrolled with hepatobiliary surgery, 100 cases were analyzed and reported as follows.

1. Materials and method

1.1 Basic information

We randomly selected 100 patients with hepatobiliary surgery from Feb. 2016 to February 2017. Group A and group B were treated with 50 patients in each group. A group of 25 patients with female and male; age in the 32 to 58 years of age, the average is (48.0 ± 5.6) years. In group B, there were 22 males and 28 males. The age was 33 years old to 60 years old, with an average of (50.5 ± 6.0) years. 100 cases of liver lobectomy in 30 cases, 40 cases of laparoscopic cholecystectomy, bile duct anastomosis in 15 cases, gallbladder cancer in 10 cases, other surgery in 5 cases, the two groups of basic results show that the difference is not significant, $P > 0.05$.

1.2 Treatment

Group A received routine treatment after surgery, timely administration of gastrointestinal decompression and antibiotics, fasting, at the same time to the expansion of parenteral nutrition support, and the patient's water and electrolyte, acid-base balance disorder to correct the phenomenon. 8 mg after surgery to take 100 mg vitamin B1 intramuscularly, once a day, sustained intramuscular injection 3 times.

Group B in group A on the basis of conventional treatment to actively take the Modified Dachengqi soup retention enema treatment, surgery can be carried out the same day. The prescription of the soup, including rhubarb 30 g, Glauber's salt 30 g, 5 g of *Magnolia officinalis*, *Citrus aurantium* 30 g. If the patient qi stagnation, abdominal distension, in the above drugs add wood 15 g, radish seed 15 g; if the patient appears blood stasis is added peach 15 g; cold and sheng is added system of aconite 15 g; hot and yellow add 10 g, *Scutellaria* 10 g. The above drugs to 500 ml of water soak for 2 h after boiling, after leaving the juice 200 ml and cool to 40 °C, the syringe and catheter connected after the extraction of liquid slowly into the patient's rectum, once a day,

each 120ml-150ml, continuous treatment for 3[2].

1.3 Observe indicators

The time of exhaust ventilation, abdomen disappearance and recovery of bowel sounds were observed and recorded in two groups. The levels of motilin were measured at 1 day, 1 day, 2 days and 3 days after operation. 5 ml of venous blood and the plasma was taken after centrifugation and placed in the environment of minus 20 °C. The GC-1500γ radioimmunoassay was used to measure the motilin level of the patients. The changes of gastrointestinal motility were compared between the two groups.

1.4 Statistical processing of data

Data were processed by SPSS19.0, metering data were used, t test; count data with "%", X² test, $P < 0.05$ suggested that the comparison was statistically significant.

2. Results

2.1 Comparison of the two groups after the basic situation

The time of recovery of bowel sounds was (44.2 ± 10.0) h, (19.5 ± 6.0) h, (35.0 ± 10.5) h, group B was (35.0 ± 5.0) h, (12.0 ± 4.5) h, (27.0 ± 8.0) h, the first ventricle and bloating disappeared in group B were significantly shorter than those in group A, and the difference was significant < 0.05 .

2.2 Comparison of two groups of patients before and after the level of motilin

The levels of motilin in group A were significantly higher than those in group A (93.0 ± 19.5) pg/ml, (74.5 ± 20.05) pg/ml, (86.0 ± 21.5) pg/ml, $(117.8 (N = 30.0))$ pg/ml, B group were (96.5 ± 22.5) pg/ml, (98.5 ± 25.6) pg/ml, (133.5 ± 34.5) pg/ml, (120.5 ± 27.4) pg/ml. There was no significant difference between the two groups ($P > 0.05$). The levels of motilin in group B were significantly higher than those in group A at 2 days and 2 days after the operation. There was a significant difference between the two groups ($P < 0.05$).

3. Discussion

Liver and gallbladder surgery often need to carry out

gastrointestinal decompression, if the oral drug is likely to cause healing of patients with digestive tract incision, and even lead to anastomotic fistula disease, affecting patients after surgery. Therefore, this article advocates the use of retention enema in the way of medication. Human rectal venous plexus rich, and the rectal wall of the semipermeable membrane with selective absorption, excretion and other functions, to enema can be through the portal vein and the inferior vena cava and other direct access to the patient's rectum, will not cause damage to the liver. Enema after the liquid can be absorbed through the rectum to the body, the efficacy of faster onset, at the same time can also be directly stimulated by the patient's rectal wall receptors and strengthen the bowel function, promote bowel emptying.

In traditional Chinese medicine, that the liver and gallbladder surgery will lead to damage to the body vitality, poor blood, and blood stasis and so on, resulting in the body gastrointestinal air barrier, then show abdominal pain, abdominal distension, constipation, vomiting and so on. To take the Modified Dachengqi Decoction soup, mixed in the rhubarb, Glauber's salt, Magnolia and other drugs can play a dampness machine and consumption of inflamed gas, to the fullness of the digestion, clean stomach and stomach equivalent. Among them, rhubarb can heat purging fire, diarrhea is the main ingredient of rhubarb tannic acid, Emodin, modern pharmacology suggest that the composition of the bacteriostatic effect is significant, to avoid intestinal bacteria breeding, making endotoxin to increase the stomach, intestinal mucosal pH Value, to avoid ulcer bleeding. Glauber's salt is diarrhea, soft and firm moisturizing medicine,

and rhubarb after use can be diarrhea lax, is a minister, can promote the patient's bowel movements [3]. Citrus aurantium has the ability to defuse the swelling, the accumulation of stagnation within the effect of its main components, such as volatile oil, can enhance the body's gastrointestinal smooth muscle excitability rhythm, and promote gastrointestinal motility. And Magnolia can promote gastric emptying and removal of intestinal parenchyma, which is mainly full of Magnolol, volatile oil and Honokiol, can be a collective endotoxin removal, and reduce the release of inflammatory mediators, gastrointestinal play Protective effects

Conclusion

In summary, the Modified Dachengqi soup retention enema can improve the liver and gallbladder surgery patients after gastrointestinal peristalsis function, a significant effect, it is worth promoting.

References

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