



Educational Resources in International Languages

第七章



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介绍

细针抽吸是一种简单、安全的操作过程，主要用于提取细胞检测样本、诊断，主要使用21-gauge (1gauge=0.254mm) 规格以及更小的注射器的操作。细针抽吸在外科中使用频繁，因此它在医考中会经常出现。在考试前有必要熟悉一下这部分内容。

适应症

细针抽吸没有绝对对应的适应症，但是它通常用于如下症状的评估：

- 颈部肿块
- 甲状腺结节
- 乳房肿块
- 皮肤肿块
- 淋巴结

考生需要充分认识到组织芯活检或切除活检的可替代性。这种技术需要更多活体组织以供诊断，观察组织的构建。相较于细针抽吸，组织芯活检和切除活检出现并发症的几率更高。

许可

尽管书面许可对于细针抽吸不是必要的，但是如病人正接受抗凝疗法或是涉及辐射，还是要斟酌一下获得书面许可的必要性。

布置

如何布置取决取样地点。首先应先确保病人和你自己的舒适性，并且保证取样地点出入通常。确保病人的隐私，使用窗帘、床单，必要的话可以让病人的联系人陪伴左右。

对于乳房肿块和颈部肿块，应让病人30度到45度斜卧。

操作步骤

首先自我介绍，确认病人身份及取样地点。确认病人了解接下去的步骤并且向病人获得口头许可。向病人询问其过敏物质，特别是双氯苯双胍己烷和胶乳。让病人以合适的姿势准备好。洗手，准备相关仪器，并且在提供的纸片上填写病人的具体信息（一个非常简单的准备工序）。

让病人舒展身体，遮住病人的面部/衣物，并用消毒喷雾消毒。请记住，这些都是含酒精的消毒制品，请使其自然干燥。用酒精消毒品清洁手部，然后带上无菌手套，并挂上消毒帷。

在开始之前确保已仔细检查肿块，并无脉动感。提前告知病人，在操作过程中会出现刺痛感，但整个过程只会持续短暂的几秒。

将针头与注射器连接，然后刺入患处，开始抽吸。如果有液体，则一直抽吸直到液体被抽尽。如果没有液体出现，则往多个方向穿刺，边穿刺边抽吸试试有没有液体出现。样本提取完毕之后拔掉针头，并用纱布或棉球按住患处。



图7.2：细针抽吸：在针插入肿块之时用针抽吸

在伤口处贴上绷带（石膏就可以），然后让病人穿上衣物。

针头从患处抽离之后，将其拔离注射器。然后将剩余注射器部分抽满空气，再重新装上针头。将注射器内所有物质挤入玻璃片（slide）上，然后迅速制作样本片。样本片的制作需要将两片玻璃片叠在一起，要达到熟练需要一定的练习。使用染色液之后使其自然干燥。只有一片玻璃的时候通常不需要染色液。



图7.3：准备玻璃片：除去针头，将注射器抽满空气，然后把里面的物质全部注射到一片玻璃片上

确保在样本上贴上正确的标签（向病人确认）。告诉病人出现并发症之后的处理方法。将丢弃利器和另外医疗器具丢入对应的垃圾箱内。



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- Training the Clinical Anatomy Trainer
- Clinical Anatomy as Applied to Trauma and Emergency Medicine
- Surgical Anatomy of Important Operative Procedures
- Future Surgeons: Key Skills (RCSEd delivered)
- Structured Introduction to Surgical Skills

Postgraduate:

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- MRCEM Part A
- MRCS Part B OSCE
- DOHNS: Intensive Revision & OSCE
- Intercollegiate Basic Surgical Skills (RCSEd delivered)
- MRCP PACES Part 2
- FRCS (General Surgery) Exit Exam
- Cadaveric Ultrasound-Guided Musculoskeletal Intervention Course
- Ultrasound-Assisted Botulinum Toxin Injection for Neuromuscular Disorders
- Live Advanced Laparoscopic Colorectal Course



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Manchester, 5th August 2017
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