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· 中西医结合临床案例 ·

中医拔罐联合中药热奄包治疗1例 尿道结石疼痛患者的中医护理报告

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摘要: 尿道结石易引发放射性尿痛、排尿不畅, 药物镇痛存在副作用, 中医拔罐属经络外治法, 可实现无创止痛。本文分析1例42岁男性尿道结石患者, 该患者排尿困难10余天且急性加重, 疼痛向阴茎放射, 中医辨证为湿热下注。入院后完成护理评估, 结合西医基础治疗, 拟定穴位拔罐护理方案, 落实拔罐操作监护、皮肤护理、生活指导及康复宣教。经系列护理干预, 患者绞痛消退、排尿症状改善。

关键词: 中医拔罐; 尿道结石; 疼痛; 中医护理

A Traditional Chinese Medicine Nursing Report on Cupping Therapy Combined with Chinese Herbal Hot Compress Package for One Patient with Urethral Calculus Pain

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ABSTRACT: Urethral calculus frequently induces radiating micturition pain and dysuria, whereas pharmacological analgesia is associated with notable adverse effects. Cupping therapy, as an external meridian-based intervention in traditional Chinese medicine (TCM), offers a non-invasive approach to pain relief. This article analyzes the TCM nursing care of a 42-year-old male patient with urethral calculus who had experienced dysuria for over ten days with acute exacerbation, accompanied by pain radiating to the penis. The TCM pattern was identified as damp-heat pouring downward. Upon admission, a comprehensive nursing assessment was completed. In conjunction with conventional Western medical treatment, an acupoint cupping nursing protocol was developed, with emphasis on implementation of cupping procedure monitoring, skin care, daily living guidance, and rehabilitation education. Following a series of nursing interventions, the patient's renal colic subsided and micturition symptoms improved.

KEY WORDS: Traditional Chinese Medicine cupping; urethral calculus; pain; Traditional Chinese Medicine nursing

尿道结石好发于男性, 分为原发性、继发性及迁移性三类, 约占泌尿系结石的5%^[1]。结石易嵌顿于尿道, 引发排尿不畅、放射性尿痛, 若未及时处理可导致尿路感染、肾功能损害等并发症^[2]。

临床以血尿、尿痛、尿频及腹部绞痛为主要表现, 发病率较高^[3]。中医将本病归属于“石淋”范畴, 核心病机为湿热蕴结下焦、肾与膀胱气化不利, 治疗以排石、镇痛为基本原则^[3-4]。拔罐作为中医外

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治手法,通过经络传导发挥作用,兼具拔罐吸痧与刮痧走罐的双重功效,可无创缓解疼痛、缩短病程^[5]。本文总结1例中医拔罐治疗尿道结石疼痛患者的护理体会,现报告如下。

1 临床资料

1.1 一般资料

患者男,42岁,已婚,主因“排尿困难10余天,加重1d”于2025年12月25日16:02收入我院泌尿外科病房治疗。患者10余天前无明显诱因出现排尿不畅、排尿疼痛、尿线变细,伴尿频、尿急;1d前症状加重,排尿疼痛向阴茎头部放射,排尿困难显著。患者纳眠可,大便调。入院生命体征,体温(T)36.3℃,脉搏(P)76次/min,呼吸(R)18次/min,血压(BP)128/80 mmHg。舌红,苔黄腻,脉滑弦。既往史:既往体健,否认高血压、糖尿病、冠心病等慢性病史,否认肝炎、结核等传染病史,否认外伤、中毒史,否认手术史,否认输血史。家族史:父母及兄弟姐妹体健。过敏史:否认药物及食物过敏史。

1.2 检查

(2025年12月25日,本院)尿常规:WBC0/HP,RBC1-3/HP;下腹+盆腔CT:尿道前列腺部可见高密度影,大小约1cm,无输尿管扩张及肾积水。

1.3 诊断

中医诊断:石淋;辨证分型:湿热下注证。辨证依据:湿热蕴结下焦,膀胱气化不利,尿液排泄失常,水湿内生日久化热,煎熬尿液结为砂石,砂石梗阻尿窍致气机不畅,故见排尿困难、尿痛、尿频、尿急;舌红苔黄腻、脉滑弦为湿热下注之象。西医诊断:尿道结石。

1.4 治疗

西医治疗:予患者对症止痛、抗感染治疗,即予间苯三酚静脉滴注缓解疼痛,头孢唑肟钠静脉滴注降低感染风险。中医外治:腹部予中药热奄包以清利下焦湿热、缓解局部气滞;腰部膀胱经予拔罐、走罐及闪罐治疗,以疏利膀胱经气、清泄湿热,促进结石排出。经治疗后患者疼痛症状缓解,排尿功能改善,于2026年01月03日15:50出院。

2 护理

2.1 护理评估

疼痛程度评估:采用视觉模拟评分法(VAS)评估患者下腹痛及排尿痛程度^[6],评分等级为无

(0分)、轻度(1~3分)、中度(4~6分)、重度(7~10分),分数越高提示疼痛程度越严重。患者入院时VAS评分为4分,属中度疼痛。

焦虑程度评估:采用焦虑自评量表(SAS)评估患者焦虑程度^[7],SAS总分<50分为正常;50~60分为轻度焦虑;61~70分为中度焦虑;评分>70分为重度焦虑。患者入院后SAS评分为62分,属中度焦虑。

2.2 护理诊断

急性疼痛:与尿道结石刺激引发排尿痛有关;排尿障碍:与尿道结石梗阻导致排尿困难、尿线变细,伴尿频、尿急有关;焦虑:与担心疾病预后及治疗效果有关。

2.3 护理计划

缓解患者疼痛症状,使其耐受排尿不适,不因疼痛影响正常排尿,最终恢复正常排尿功能。恢复患者排尿通畅,改善尿频、尿急及排尿困难症状。减轻患者焦虑情绪,使其情绪稳定,能主动表达内心感受,积极配合治疗。

2.4 护理措施

2.4.1 中医拔罐

予患者腰部膀胱经拔罐、走罐及闪罐治疗。用物准备:蜜芽罐、刮痧油及清洁纱布;取穴:腰部膀胱经的肝俞、脾俞及肾俞穴。操作流程:①闪罐:罐口涂抹刮痧油,在双侧肝俞、脾俞及肾俞穴反复吸拔多次,至皮肤潮红发热;②走罐:罐口涂抹刮痧油,挤压罐体吸附于腰部两侧膀胱经,手握罐底稍倾斜罐体,由上向下、由内至外走罐,反复数次至皮肤潮红、深红或出现痧点,操作以皮肤潮红为度;③留罐:挤压罐体吸附于双侧肾俞穴,留置5min。1次/d,连续治疗10d。拔罐后嘱患者避风寒、多饮水,观察局部皮肤有无水疱及瘀斑。

2.4.2 中药热奄包

予患者腹部中药热奄包外敷,将吴茱萸15g、炒白芥子15g、炒莱菔子15g、炒苏子15g及粗盐300g混合均匀,装入布袋密封,放入微波炉加热至45~55℃(以皮肤微红、有温热感为宜),敷于患者下腹部关元穴。2次/d,30min/次,连续治疗10d。

2.5 护理评价

患者入院时VAS评分为4分,SAS评分为62分,伴排尿困难、尿频、尿急及尿痛症状;经3d治疗后,患者VAS评分降至1分,SAS评分降至46分,可自主顺利排尿,无尿频、尿急及尿痛症状,恢复良好。

3 结果和随访

患者已于2026年01月03日15:50出院,出院后1周对患者进行电话随访,患者诉未再出现排尿困难、疼痛,住院期间对医护工作满意度极高。嘱患者日常多饮水,避免进食易诱发结石的食物,如有不适及时就医。

4 讨论

近年来,随着生活条件改善及生活习惯、饮食方式改变,泌尿系统结石发病率呈上升趋势^[8]。尿道结石占泌尿系统结石的60%,部分因输尿管狭窄导致梗阻,引发尿路感染^[9]。尿道结石作为临床泌尿系统多发病,具有多发、高发特点^[10],发病时常伴剧烈疼痛,临床多表现为血尿、肾绞痛等^[11],严重降低患者生活质量。尿道结石形成原因包括代谢功能异常,代谢产物堆积形成结石;摄入过多含嘌呤食物,排尿时造成尿路堵塞形成结石^[12]。

近些年,钬激光手术的问世为尿道结石治疗提供了新手段,经尿道输尿管镜钬激光碎石取石术具有创伤小、损伤轻、病程短及恢复快等突出特点^[8]。蜜芽罐以硅胶为原料制作,质地绵软贴合肌肤,构造简约,吸力大小可灵活调节,兼具拔罐、走罐疏通经络与刮痧散瘀的双重作用。相较于传统玻璃火罐,蜜芽罐无需明火操作,杜绝了烫伤、灼伤的安全隐患,患者接受度更高^[13]。蜜芽罐通过刺激经络穴位,调控人体神经、体液和微循环,清除体内邪气和热毒,使皮肤产生痧象,逐邪外出,达到调节阴阳平衡、清除体内热毒的作用^[14]。

膀胱经为六经之首,统摄诸阳,得督脉阳气相助,在十二经脉中阳气最盛^[15]。肾俞穴属肾脏背俞穴,位于背部足太阳膀胱经第一侧线经脉循行处,具有补阳补肾、补精益髓、输布津液及培本固元的作用^[16],可推动结石下行并缓解腰腹疼痛。肝俞穴属背俞穴,能疏肝利胆、振奋阳气、促进气血流通并调节脏腑功能^[17],可缓解疼痛,调畅水路,促进排尿。脾俞穴是脾脏之背俞穴,为脾气转输、输注之所,具有健脾和胃、益气统血及泻五脏之热的作用^[18],可减少湿热下注,辅助控制结石发展。三穴联合应用可减轻患者疼痛,补益肝、脾、肾三脏,促进利尿排石。

中药热奄包通过温热效应,可促进腹部血液循环,增强药物渗透吸收,提升药物利用率,加快

血流速度,利于病变部位炎症介质迅速消散^[19]。吴茱萸性味辛、苦,具有降逆止痛、温中散寒、燥湿疏肝的功能;白芥子性温,具有化痰散结、通络止痛、温中祛寒的功能;莱菔子性平,味辛、甘,具有消食除胀、降气化痰的功能;苏子性温,味辛,具有降气化痰、止咳平喘、润肠通便的功能^[20]。诸药配伍制成的中药热奄包具有减轻疼痛的效果。

综上所述,蜜芽罐拔罐联合中药热奄包治疗尿道结石具有独特优势,操作简便、易于推广,患者接受度高,且无毒副作用,绿色环保。但本研究为个案报道,样本量小,存在一定局限性,在今后的中医技术研究中需进一步扩大样本量,以增加该治疗方案的可靠性、研究性及专业性。

患者知情同意:病例报告公开得到患者或家属的知情同意。

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