

原 著

肺切除術後の肩部疼痛に対する 葛根湯・桂枝加朮附湯の術前投与の効果

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要旨：肺切除術後には、胸部硬膜外ブロックが創痛に対して十分に効いているにもかかわらず、手術側に治療抵抗性の肩部疼痛が高率で発生することが知られている。今回我々は、肺切除術後の肩部疼痛に対する葛根湯・桂枝加朮附湯の術前投与の効果を検討した。対象は肺切除術が予定された手術症例26例とし、手術前日の夜および当日の朝に、葛根湯および桂枝加朮附湯をそれぞれ2.5gずつの内服を行う群、および行わない群の2群に分け、術前および術後2時間、翌朝における肩痛の程度を0-100mmのVisual Analogue Scale (VAS) で評価した。術後2時間および翌朝における内服群・非内服群のVASはそれぞれ19±13・28±25および8±8・23±21で、翌朝において内服群が非内服群に比べてVASが有意に小さかった (P<0.05)。葛根湯と桂枝加朮附湯の術前投与は肺切除術後の肩部疼痛の予防に有効である可能性が示唆された。

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Effects of preoperative combined administration of Kakkonto (TJ-1) and Keishikajutsu (TJ-18) on shoulder pain after thoracotomy

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Abstract: Despite of receiving postoperative thoracic epidural analgesia, severe shoulder pain on the ipsilateral side is common in patients after thoracotomy. The pain is relatively resistant to IV opioids or common doses of nonsteroidal anti-inflammatory drugs, and the treatment of the increasing doses of the epidural analgesic medicine to achieve adequate analgesia may result in unacceptable levels of sedation or hypotension. Therefore the effect of the preoperative combined administration of Kakkonto (TJ-1) and Keishikajutsu (TJ-18) on the shoulder pain after thoracotomy was studied. Twenty six patients were scheduled for elective video-assisted thoracoscopic surgery (VATS) for pulmonary resection. Patients were randomly assigned into two groups. One is the group administered with TJ-1 and TJ-18 (n=11) and another not administered with Kampo medicine (n=15). All patients received general anesthesia combined with a midthoracic epidural anesthesia. Shoulder pain was assessed before the operation, 2h after the operation, and the day after the operation using 0-100mm VAS score. After the operation, VAS scores of the Kampo medicine administered group and the Kampo medicine non-administered group were 23±21 and 8±8, respectively, and Kampo medicine treated group showed significant improvement (P<0.05). It is suggested that preoperative combined administration of TJ-1 and TJ-18 is effective for the prevention of shoulder pain after thoracotomy.

Key words: thoracotomy, postoperative pain, shoulder pain, kakkonto, keishikajutsu

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