

# Clinical Effect analysis on indomethacin suppositories prevention of POST-ERCP acute pancreatitis

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**Abstract:** ObjectiveToinvestigate the clinical effect of indomethacin suppositories prevention of POST-ERCP acute. Pancreatitis20>Methods180 cases of ERCP were selected from March to September 2015 in ourHospital, all the patients according to the random number table were divided into two groups, there were-cases in the OBsenTation Group and the control group.Hie control group received conventional treatment, the observation group treated with indomethacin on the preventionof the conventional treatment.The serum amylase levels at different time points before and after surgery, acute pancreatitis and hyperamylasemia</b13>

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oftwo groups were compared.ResultsTheserum amylase levels of the observation group and the control group after 2 H, after H, H PostoperativE were higlier than the preoperative, the degree of elevation of the ObsenTation Group was smaller than the conTrol Group, the difference was statistically significance (P 0.05).The incidence of acute pancreatitisand hyperamylasemia of the ObsenTation Group were lower than the control groUp, the difference was statistically significant (^ 0.05).conclusionindomethacin can be effective in preventing POST-ERCP acutePancreatitis and reduce the incidence of hyperamylasemia, can significantly lower blood.

**Keywords:** ERCP, pancreatitis, indomethacin suppositories.Prevention

is currently,Endoscopic retrograde cholangiopancreatography(ehcp)because there is no surgery,CreateMinor injury,Surgery short,Low complication rate,Shorten hospitalization time, and so on significantly superiorPoint has been widely used in the diagnosis and treatment of pancreatic duct disease,but due to the patient itselfThe effects of the conditions and the operation techniques of the operator,ERCPmay be issued after surgeryBirth Some complications,pancreatitis toERCPA common complication after surgery.pancreasInflammatory risk greater,easy to cause pancreatic necrosis and systemic multiple organ failure,Severe canendangering the life of the patient<sup>[3]</sup>.to effectively reduceERCPPost-operative acute pancreatitisoccurrence,author on our hospital lineERCPSurgicaltreatment of patients with indomethacin XinXufor preventive treatment,effect better,is reported as follows.

## 1. Data and methods

### 1.1 General Information

This study altogetherISOWpatient,all%year3\$~|2015Year9Month inOur home lineERCPTreatment between patients,where the maleTheExample,femaleExample,Age

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~year old,average age(54.9±8.2)year old,where common bile duct stones153min,biliary carcinomaexample,Pancreatic Cancer8Gate.randomly divides patients into two groups,Observation Group and controlGroup

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eachgate,age of two groups of patients-,Gender general data differences by statistical analysisNo statistically

significant( $P>0.05$ ).iscomparable.All pregnancies are excluded from the study and thelactatingwomen.exclude patients with heart or liver or kidneyinsufficiency,Exclude the researchpatients with drug allergy.All patients have informed consent to the study andsigninformed consent.

## 1.2 Method

Both groups of patients were given a fast,rehydration,support, such as general treatment,Observation Groupusing indomethacin for preventive treatment based on conventional therapy,before0.5h\_,after Operationlhvia rectum indomethacin suppositorymNLG.control group only give regular treatment,not givingprophylactic medication.

## 1.3 Diagnostic Criteria?

observe clinical manifestations of patients,detects its blood amylase level,Determines whether the patient isoccurrence of acute pancreatitis or high amylase syndrome.specific criteria are as follows:ERCPCheckor postoperative serum amylase is significantly higher and higher than normal high-limit.over3Times,longer thanH,with abdominal pain, Tenderness,Vomit,SendHot Clinical Performance,Symptoms of abdominal pain symptoms can be diagnosed as aggravatedERCPoperationpost-pancreatitis;after3HSerum amylase is significantly higher than normal high-limitand rising more than2Times,longer thanH,can be diagnosed as high post operation"bloody enzyme".

## 1.4 statistical analysis

withSPSS17.0Statistical software statistic analysis of all data,which is countedQuantity data is represented as(average $\pm$ standard deviation)formGroup at different timesPoint comparison withFvalidation,22 Comparison of time points in group and comparison between two groups useFValidation,Comparison of Count data with $\chi^2$ Validation,Test level=0.05.

## 2. Results

### 2.1 Comparison of serum amylase levels between the two groups at different points in time

observation of the serum amylase level compared with the control group was not statistically significant in Chua group(corps $>0.05$ );Post-operation2h-, and1I\_,1Ithe level of serum amylase in is compared to the preoperative ratioappears significantlyhigher,and the control group is more elevated,Two sets of differences statisticsLearn meaning(corps $<0.05$ ).

### 2.2 Comparison of the occurrence of acute pancreatitis and high amylase in two groups ofpatients

The incidenceof acute pancreatitis and high levels of amylase in the observation group were lower than that of the controlGroup,,difference between the two groups is statistically significant( $P<0.05$ ).See table2.

## 3. Discussion

ERCPis an important basis for imaging diagnosis of biliary and pancreatic diseases and important treatment of biliary and pancreaticdiseasesmeasures,butehcpbelongs to traumatic technology,pancreatitis isERCPmost common after surgeryA complication of,with postoperativeH severePain,and amylase above normal

value High-limit3times the primary clinical manifestation.ERCPoccurrence of postoperative acute pancreatitis not onlyMake the patient's pain significantly increased,delay treatment,Extended hospitalization time,and alsoIncreased cost of treatment,increasedfinancial burden for patients<sup>[5]</sup>,and its life securitymaybe compromised,This partly makesERCPThis technique in clinical should bewith restricted,therefore,takes a valid approach to theERCPPre-operative complications forAnti-disease treatment and prognosis of patients have important clinical significance<sup>[6]</sup>.

indomethacin isCOX-1andCOX-2a non-selective inhibitor,can be suppressed bymaking phospholipaseA2

(PLA2), to adjust the media before inflammation, To make the acute pancreas inflammation Early Inflammatory response mitigation<sup>[7]</sup>. The Rectal application of indomethacin suppository can quickly start, In [~]mm up to Peak, and fully bio-exploited, drug in rectum, most of the blood goes directly through the liver, accounts for up to 50%~75%. The use of suppositories in the study can significantly reduce the damage to the gastric mucosa by the drug, avoid adverse reactions such as drug-induced gastrointestinal bleeding. This method is cost-effective, Simple Operation multiline<sup>^]</sup>. This result shows that, the incidence of acute pancreatitis and high amylase blood incidence is lower than control group, difference is statistically significant ( $P < 0.05$ ), Prompt for the indole indomethacin Effective Prevention ERCP Post-operative acute pancreatitis, lowering high amylase blood incidence. Two groups of different serum amylase levels were significantly higher than before surgery High, and the control group is elevated more significantly, difference is statistically significant (Corps  $< 0.05$ ). tips for preventing the use of indomethacin to make the level of serum amylase significantly lower after the operation ERCP.

Summary, acute pancreatitis and high amylase are ERCPA more common complication, ehcp Postoperative prophylactic indomethacin can cause acute pancreatitis after operation and The incidence of high amylase is significantly reduced, to increase the level of serum amylase after surgery decrease, ERCP The clinical efficacy of is significantly higher.

## References

1. Liu Dahuan, Luo Yumacros, Li Zhendong, and so on. NSAIDs prevention ERCP Postoperative acute pancreas Research progress in the Hepatobiliary and Pancreatic surgery journal, 2014, 2b(5):439-440.
2. Shi Huiping, Poster, Wang Decheng, and so on. ERCP Risk factors and nursing of postoperative pancreatitis intervention U]. Journal of Practical Clinical Medicine, 2015, (2):111-113.
3. toperative pancreatitis in the the Fair 0] International Journal of Digestive Disorders, 2015(3):200-209.
4. Liu Shaofeng, Yuan 鹤, Chento, and so on. drug prevention ERCP Postoperative Acute pancreas Clinical control Study of inflammation-. Journal of Southern Anhui Medical College, 2015(3):207-211.
5. Verahong, Chen Haidong, Ning Lin, and so on. • Salvia miltiorrhiza Prevention ERCP high amylase blood after surgery The clinical observation of the disease and pancreatitis U]. Micro-Chiu Medicine, 2014, 9(3):2s4-28b.
6. Cheng Yong. . octreotide Prevention ERCP Clinical efficacy of postoperative pancreatitis [J]. China Real with medicine, 2014(>):179.
7. Chen Xiao, Tao Liping, Jin Qingqing, and so on. Pre-administration of indomethacin suppository in different time periods anti ERCP the role of postoperative pancreatitis Chinese modern applied pharmacy, 2013, ((Ten)):1135-1139.
8. Zongwei, Barn, Tri Jianhui, and so on. P introduction of the United States to give medicine to drug prevention ERCP Wood Clinical Analysis of post-pancreatitis [J]. Shaanxi Medical Journal, 2014(S):9s4-9s5.
9. Ti Tao, Sun Honghai, Wang Trijiang, etc.. Rectal application of indomethacin in prevention ERCP A study of the role of in postoperative pancreatitis-. Journal of Shandong Medical College, 2014(b):415-417.