

昂贵的材料费使一些患者望而却步;其次是技术问题,如何较好地确定狭窄部位的近侧端,是否应对狭窄部位和支架进行扩张目前尚无统一的说法;第三就是材料问题,最合适的适用于结肠内操作的导丝及针对不同结肠部位而设计的各种型号的结肠支架及传送系统还没有真正面世;另外,如何降低支架移位的发生率仍是结直肠支架置入的难点。

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## • 经验介绍 •

### 股深动脉变异及其介入插管中的处理

傅文宏

在股动脉的穿刺插管过程中,应尽量避免股深动脉,以免导丝、导管误入其中。如果股深动脉变异,开口过高,则导丝、导管极易误入。一般股深动脉起于股动脉腹股沟韧带下方 2~5cm 处,供血于大腿肌肉及股骨。故股动脉穿刺点应选择在腹股沟韧带下方 1~2cm 处,以避免穿刺太低而可能进入股深动脉,引起插管困难。导丝导管误入股深动脉

时,在透视下缓慢退出导管于股动脉穿刺点附近,使导管弯头朝向髂外动脉方向,再引入导丝,送入导管。笔者体会当导丝导管进入股深动脉时,在手感上导丝导管与股动脉呈垂直角度,此时可行试验性造影进行证实。即使股深动脉解剖变异开口过高或穿刺点过低使导丝导管误入股深动脉,可以通过导丝导管的配合调整而进入髂外动脉。