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计量资料中有效数字的确定

有效数字是在测量中所能得到的有实际意义数字。一个由有效数字构成的数值,只有末位数字是估计数字,其余各位数字都是准确的。有效数字与测量仪器的灵敏度有关。以天平称重为例,如果天平的灵敏度为 0.1mg,那么称重结果 12.34 mg 中,12.3 mg 为准确数字,0.04 mg 为估计数字,2 项合在一起组成有效数字。均数±标准差($\bar{x} \pm S$)的位数,除了决定于测量仪器的精密度下,还决定于样本内个体的变异,一般按标准差的三分之一来确定,例如:3.61±0.42,标准差的三分之一为 0.14,标准差波动在小数点后第 1 位上,故应取到小数点后第 1 位,即 3.6±0.4,过多的位数并无意义。但是在一系列数值并列时,小数点后的位数应一致。例如在 3.61±0.42, 5.86±0.73, 2.34±0.15 这样一组数据中,第 3 组数据标准差 0.15 的三分之一的为 0.05,在小数点后第 2 位,则这组数据的有效位数可取到 2 位。

准确判断手术切除的范围,囊肿与周围组织粘连的程度与手术难易关系密切,所以术前应使用强有力的抗生素积极控制感染,待肺部炎症基本控制后再手术为宜。婴幼儿能够较好承受肺叶切除术,肺发育可持续到 14 岁,小儿随年龄增大肺泡的数量和大小亦会增长,不会影响儿童生长发育和活动^[9]。术后早期仍需动态观察 X 线变化,监测有无气胸、支气管胸膜瘘、胸腔积液等并发症,少量气胸及胸腔积液可持续观察,必要时延长胸腔引流时间。大多数有胸膜增厚粘连,一般半年后均全部吸收。极少病例出现复发。

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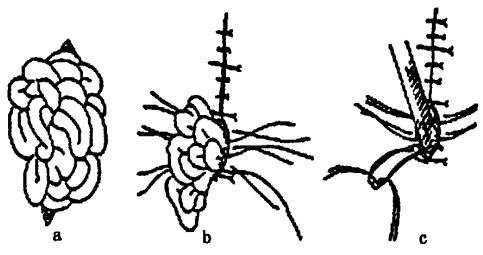


图 2 关腹切口大,腹腔小,肠送入腹腔困难时手术技巧;a 全部肠管暂留腹外;b 从一端缝合腹壁,留 2~3 针贯穿缝线暂不结;c 从暂留小口将肠顺序送入腹腔深处后结扎

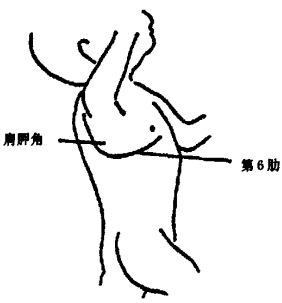


图 3 开胸技巧,采用第 6 肋间切口最长,上下均能暴露

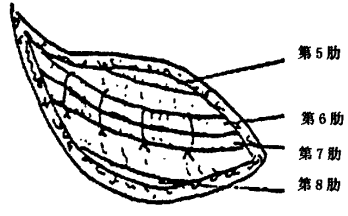


图 4 关胸技巧,肋间肌太薄,缝后漏气则致张力性气胸。须使相邻两肋骨并拢严紧,细线缝合

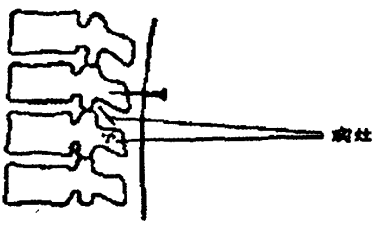


图 5 椎管手术时在 X 线平片上数清节数,术中以钉为标志。

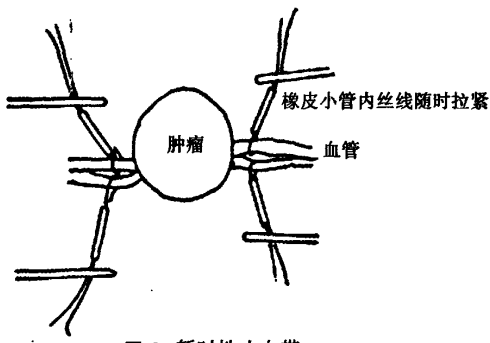


图 6 暂时性止血带

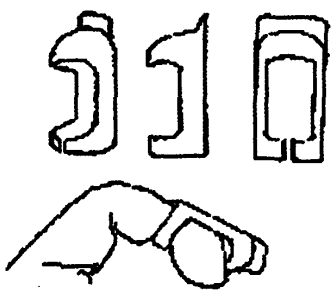


图 7 指套刀 指端伸出,可以探查

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