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世界中医药学会联合会国际组织标准

International standard of WFCMS

SCM 000*-20**

针刀医学技术操作规范

Code of practice for clinical treatment of needle-knife medicine

（征求意见草案）

（Committee Draft）

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世界中联国际组织标准　　　　2020–**–**发布实施

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前　　言

请注意本文件的某些内容可能涉及专利。本文件的发布机构不承担识别专利的责任。

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针刀医学技术操作规范

1　范围

本文件规定了针刀医学临床常见病种分级、施术者要求、程序要求，并提供了针刀操作的体表定位方法，以及针刀持握方法建议。

本文件适用于开展针刀医学临床活动。

2　规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。其中，注日期的引用文件，仅该日期对应的版本适用于本文件；不注日期的引用文件，其最新版本（包括所有的修改单）适用于本文件。

GB 15982-2012　医院消毒卫生标准
WS/T 313-2009　医务人员手卫生规范
WS/T 368-2012　医院空气净化管理规范
T/CACM 1063-2018　针刀医学临床　基础术语

3　术语和定义

T/CACM 1063-2018界定的术语和定义适用于本文件。

4　常见病种分级

4.1　原则

按照操作的安全性和技术难度，对针刀医学临床常见病种（见附录A）进行分级。

4.2　内容

4.3　一级病种

病位表浅且结构简单，发病机制单一，安全系数高，技术难度低。一级病种名称与描述见表A.1。

4.4　二级病种

病位较深，或病位表浅但毗邻重要组织，结构和发病机制较复杂，安全系数相对较低，技术难度一般。二级病种名称与描述见表A.2。

4.5　三级病种

病位深在或毗邻重要组织，发病机制复杂，有一定操作风险，技术难度较高。三级病种名称与描述见表A.3。

5　施术者要求

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5.1 总则

施术者应符合以下要求：

——具有执业助理医师资格或执业医师资格，或者取得乡村医生执业证书；

——参加正规医学院校，或卫生行政管理部门，或相关行业学会举办的关于无菌操作技术培训和针刀疗法培训，掌握针刀医学临床知识和技能，并取得相应培训合格证书；

5.2 一级病种施术者

从事针刀医学临床工作1年及以上，具有执业助理医师资格或取得乡村医生、师承、确有专长执业证书（应在执业医师指导下操作）或执业医师资格，并取得一级病种针刀医学临床专业培训合格证书。

二级病种施术者

从事针刀医学临床工作2年及以上，具有执业医师资格，并取得二级病种针刀医学临床专业培训合格证书。

三级病种施术者

从事针刀医学临床工作3年及以上，具有执业医师资格，获得主治医师以上职称，并取得三级病种针刀医学临床专业培训合格证书。

6 程序要求

6.1 诊断

6.1.1 术前检查

1、术前应进行临床检查，完成必要的体格检查、专科检查及相应的辅助检查，其中实验室检查包括但不限于血常规、血糖、出凝血时间。

6.1.2 术前诊断

6.1.2.1 根据病史、临床表现，以及临床检查结果做出诊断。

6.1.2.2 根据诊断结果，如患者有附录 B.1 中诊的忌用症，应停止进一步针刀治疗措施；如患者有附录 B.2 中的慎用症，应根据患者的病情选择性治疗。

6.1.2.3 根据诊断结果，如确诊患者疾病属于针刀治疗常见病种（见附录 A），应确定施治部位、提出治疗方案，与患者沟通、确认治疗方案，并做病历记录、签署知情同意书；如确诊患者疾病不属于针刀治疗常见病种，取得二级、三级病种针刀医学临床专业培训合格证书的施术者应根据自身专业水平、从医经验及所在医院的整体医疗条件酌情治疗。

6.2 治疗

6.2.1 方法

用针刀对病损组织进行松解，以解除卡压、挛缩、堵塞，恢复或改善病损组织的生物力学平衡。

6.2.2 要求

6.2.3.1 施治部位存在皮肤感染及出血倾向时，不应进行治疗。

6.2.3.2 有毛发的施治部位应备皮。

6.2.3.3 同一施治部位的治疗间隔时间以 3d～5d 为宜，不同施治部位的治疗间隔可不受时

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间限制。
6.2.3.4 应使用一次性无菌针刀，其规格、型号应与施治部位相匹配；针刀包装应完整无破损，并在有效期限内，从打开包装到治疗结束的时间应≤1h。
6.2.3.5 针刀应一人一用一废弃，不应重复使用，治疗结束后应放入利器盒，并遵照《医疗废物管理条例》规定集中处置。
6.2.3.6 治疗 5 次为一个疗程，部分疾病视病情而定。
6.2.3.7 应按照附录 C 的规定对意外进行预防和处理。
6.2.3.8 应进行手术记录，包括治疗过程中患者出现的异常反应及对意外情况的处理。
6.2.3.9 应在符合附录 D 规定的针刀治疗室中进行治疗。
6.2.3.10 施术者应穿着医用隔离服、佩戴无菌手套，手部卫生应符合 WS/T 313 的规定。

6.2.3 术前

6.2.3.1 体位选择

6.2.3.1.1 原则

患者体位选择应遵循以下原则：
a）便于患者放松；
b）充分暴露施治部位；
c）便于施术者操作。

6.2.3.1.2 体位

患者体位包括但不限于以下方式：
a）坐位：适用于头、颈、肩及上肢部位的治疗。
b）卧位：适用于全身各个部位的治疗，包括但不限于俯卧、仰卧、侧卧、俯卧垫腰位、屈膝位、屈髋位。

6.2.3.1.3 体表定位

对治疗点进行体表定位（参见附录E）。

6.2.3.2 皮肤消毒

6.2.3.2.1 消毒方法

用于皮肤消毒的棉球不可重复使用，皮肤消毒可选用下列方法之一：
a)使用浸有碘伏消毒液原液的无菌棉球擦拭皮肤表面2遍，作用时间在2min～3min。
b)使用浸有碘酊原液的无菌棉球擦拭皮肤表面2遍，作用时间在1min～3min，稍干后再用乙醇（70%～80%，体积分数）脱碘2遍。
c）使用浸有有效含量≥2g/L氯己定-乙醇（70%，体积分数）溶液的无菌棉球擦拭皮肤表面2遍，作用时间遵循产品使用说明。
d）其他合法、有效的皮肤消毒产品，应遵循说明书使用。

6.2.3.2.2 消毒范围

以治疗点为中心，由内向外缓慢旋转，逐步涂擦，消毒皮肤范围直径应在15cm～20cm。

6.2.3.3 铺巾

施治部位皮肤消毒后应铺大小适宜的无菌洞巾。

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6.2.3.4 麻醉

如需麻醉，可选用下列方法之一：

a）施治部位注射0.25％～0.5％利多卡因1mL～2mL。

b）其他合法、有效的麻醉产品，应遵循说明书使用。

6.2.4 术中

6.2.4.1 定向

6.2.5.1.1 可垂直于皮肤方向进针刀的治疗点，应垂直皮肤方向进针刀；不可垂直于皮肤方向进针刀的治疗点，如头项部进针刀的治疗点，应紧贴骨面。针刀持握方法参见附录F。

6.2.5.1.2 进针刀时应对准病灶所在的方向。

6.2.5.1.3 针刀刀口线方向应与脊柱纵轴方向平行。

6.2.4.2 加压分离

以手指压在定点的皮肤上，使重要的神经血管被挤向一侧。

6.2.4.3 刺入

针刀快速穿透皮肤到达皮下。

6.2.5 术后

6.2.6.1 清理治疗点的血渍，应按压数分钟止血并使用无菌敷料覆盖。

6.2.6.2 患者应平卧10min～20min，期间每5min观察询问1次患者情况，包括施治部位和全身的情况，患者感觉无异常后方可起身。

6.2.6.3 根据患者病情予以手法治疗，必要时予以相应药物治疗，并在术后6h内完成手术记录。

6.3 康复指导

叮嘱患者避免沾水等预防感染注意事项，给出康复指导建议，并做病历记录。

6.4 术后回访

术后应对患者进行回访，并做病历记录。

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附　录　A

（规范性附录）常见病种名称与描述

A.1　一级病种

针刀医学临床常见一级病种名称与描述见表A.1。

表 A.1　一级病种名称与描述

序号	部位名称	病种名称	病种描述
1	上肢	尺骨鹰嘴滑囊炎	发生于尺骨鹰嘴滑囊内的无菌性炎症，以局部疼痛、活动受限和局限性压痛为主要临床表现的疾病。
2		肱二头肌短头肌腱损伤	肱二头肌短头肌腱的急性损伤或慢性劳损，以肩前部疼痛、功能受限为主要临床表现的疾病。
3		肱二头肌长头肌腱炎	发生于肱二头肌长头肌腱的慢性无菌性炎症，以肱骨结节间沟部疼痛、肩关节活动受限为主要临床表现的疾病。
4		肱骨内上髁炎	发生于肱骨内上髁及周围软组织的无菌性炎症，以肘内侧疼痛为主要临床表现的疾病。
5		肱骨外上髁炎	发生于肱骨外上髁及周围软组织的无菌性炎症，以肘外侧疼痛为主要临床表现的疾病。
6		肩峰下滑囊炎	发生于肩峰下滑囊内的无菌性炎症，以肩部疼痛、活动受限和局限性压痛为主要临床表现的疾病。
7		腱鞘囊肿	发生于关节附近的腱鞘，内含胶冻样黏液的囊性肿物。
8		桡骨茎突腱鞘炎	由于拇指或腕部活动频繁，使拇短伸肌和拇长展肌腱在桡骨茎突部腱鞘内长期相互反复摩擦，以疼痛、功能障碍为主要临床表现的疾病。
9		冈下肌损伤	冈下肌的急性损伤或慢性劳损，以冈下区疼痛、肩臂部麻木、功能受限为主要临床表现的疾病。
10	躯干 body	棘间韧带损伤	棘突间的急性损伤或慢性劳损，以棘突间局限性疼痛、功能障碍为主要临床表现的疾病。
11		棘上韧带损伤	棘突上韧带的急性损伤或慢性劳损，以棘突上疼痛、功能障碍为主要临床表现的疾病。

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12		竖脊肌损伤（腰段）	腰段竖脊肌的急性损伤或慢性劳损，以腰骶部疼痛、弯腰困难、不能久坐和久立、不能持续做脊柱微前屈为临床表现的疾病。
13	下肢	髌韧带损伤	髌韧带起止点或中段的急性损伤或慢性劳损，以上坡时加重为主要临床表现的疾病。
14		髌下脂肪垫损伤	外力致髌下脂肪垫的急性损伤或慢性劳损，以膝部酸痛、无力、伸直时加重为主要临床表现的疾病
15		鹅足滑囊炎	鹅足滑囊损伤性炎症，以膝前内侧肿痛为临床表现的疾病。
16		跟痛症	跟骨及周围软组织的无菌性炎症，以局部疼痛、压痛、行走困难为主要临床表现的一类疾病。

A.2　二级病种

针刀医学临床常见二级病种名称与描述见表A.2。

表 A.2 二级病种名称与描述

序号	部位名称	病种名称	病种描述
1	上肢	肩关节周围炎	肩关节周围肌肉、肌腱、韧带、滑液囊及关节囊等软组织的无菌性炎症，以肩关节疼痛、功能活动受限为主要临床表现的疾病。
2		冈上肌腱炎	发生于肩胛冈上肌腱的慢性无菌性炎症，以肩部疼痛、肩外展活动受限为主要临床表现的疾病。
3		肩胛提肌损伤	颈肩上区的急性损伤或慢性劳损，以酸胀、重压不适感为主要临床表现的疾病。
4		屈指肌狭窄性腱鞘炎	屈指肌腱鞘的慢性无菌性炎症而致鞘壁增厚、粘连和狭窄，以疼痛、活动功能障碍伴有弹响为主要临床表现的疾病。
5		腕管综合征	腕管内容积减少或压力增高，使正中神经在腕管内受压而引起以手指疼痛、麻木、无力为主要临床表现的证候群。
6	躯干	第三腰椎横突综合征	第三腰椎横突周围组织的慢性劳损，以慢性腰痛、局限性压痛为主要临床表现的证候群。

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7		腹外斜肌损伤	腹外斜肌的急性损伤或慢性劳损，以腰部疼痛、腰部旋转活动受限为主要临床表现的疾病。
8		梨状肌综合征	梨状肌损伤、炎症，刺激或压迫坐骨神经，引起以臀及下肢疼痛、麻木为主要临床表现的证候群。
9		菱形肌损伤	菱形肌的急性损伤或慢性劳损，以致伤侧脊柱与肩胛区疼痛或酸胀不适、肩臂无力为主要临床表现的疾病。
10		髂腰肌损伤	髂腰肌的急性损伤或慢性劳损，以致伤侧下腰部疼痛、活动功能障碍为主要临床表现的疾病。
11		髂腰韧带损伤	髂腰韧带的急性损伤或慢性劳损，以腰 4-5 平衡丧失、疼痛僵硬、侧旋功能受限为主要临床表现的疾病。
12		竖脊肌损伤（颈胸段）	颈胸段竖脊肌的急性损伤或慢性劳损，以上胸背部疼痛、活动功能受限为临床表现的疾病。
13		臀肌挛缩综合症	臀肌及其筋膜纤维的变性、挛缩，以髋关节功能受限为主要临床表现的疾病。
14		臀上皮神经卡压综合征	臀上皮神经的急性损伤或慢性劳损，以腰臀痛，起坐困难为主要临床表现的疾病。
15		臀中肌损伤	臀中肌的急性损伤或慢性劳损，以小腿抽筋，起步时足踝部麻痛不适、活动后减轻、久站久行后加重，出现类间歇性跛行症状为主要临床表现疾病。
16		头夹肌损伤	头夹肌的急性损伤或慢性劳损，以颈项部僵硬、沉重感，可牵涉致眼眶痛为临床表现的疾病。 .
17		枕神经痛	枕神经的急性损伤或慢性劳损，以该出呈阵发性剧烈疼痛，并以枕部和后颈部，向头顶（枕大神经）、乳突部（枕小神经）和外耳部（耳大神经）放射痛为主要临床表现的疾病。
18	躯干、四肢 Trunk, limbs	骶髂关节炎	骶髂关节疼痛、晨僵为主要临床表现的慢性炎症性疾病。
19		腓肠肌内侧头肌腱炎	腓肠肌内侧头的急性损伤或慢性劳损，以腘窝和小腿后部疼痛为主要临床表现的疾病。

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20		腓总神经卡压症	腓总神经的急性损伤或慢性劳损，以腓总神经及其主要分支受压而引起的一系列症状和体征为主要临床表现的疾病。
21		股四头肌腱损伤	股四头肌腱的急性损伤或慢性劳损，以髌上部疼痛、功能受限为主要临床表现的疾病。
22		胫神经卡压	胫神经的急性损伤或慢性劳损，以足跖屈内旋及屈趾功能障碍为主要临床表现的疾病。
23		膝关节骨性关节炎	由于退行性改变、急慢性损伤，以腘窝深部滑囊肿大或膝关节滑膜囊向后膨出为主要临床表现的疾病。
28		膝关节滑膜炎	一种以退行性病理改变为基础的疾病。多发于中老年人群，其症状多表现为膝部肿痛、晨僵、上下楼梯痛、坐起立行时膝部酸痛不适，也会有患者表现为弹响、积液。
24		膝关节内侧副韧带损伤	膝关节外翻用力不当，引起疼痛在股骨内上髁或胫骨内髁的下缘处为主要表现的疾病。
25		膝关节外侧副韧带损伤	膝关节内翻用力不当，引起疼痛在股骨外上髁或腓骨小头处为主要表现的疾病。
26		跖管综合征	胫后神经在胫骨内后方的跖管内受压而引起的足底跖侧麻木、疼痛，压迫跖管时症状加重等为主要表现的综合征。
27		膝关节滑囊炎	膝关节及其周围滑囊的急、慢性炎症，以膝部滑囊肿痛、关节活动受限为主要临床表现的疾病。

A.3　三级病种

针刀医学临床常见三级病种名称与描述见表A.3。

表 A.3 三级病种名称与描述

序号	部位名称	病种名称	病种描述
1	躯干	混合型颈椎病	颈椎椎体的急性损伤或慢性劳损，以两种或两种以上颈椎病症状为主要临床表现的疾病。
2	躯干	神经根型颈椎病	单侧或双侧脊神经根的急性损伤或慢性劳损，以上肢麻木、疼痛为主要临床表现的疾病。
3	躯干 body	先天性斜颈	先天性单侧胸锁乳突肌挛缩，以头和颈的不对称畸形为主要临床表现的疾病。

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4	躯干 body	椎动脉型颈椎病	颈部交感神经的急性损伤或慢性劳损，以眩晕、恶心为主要临床表现的疾病。
5	躯干 body	腰椎间盘突出症	椎间盘退变、纤维环破裂、髓核突出刺激或压迫神经，以腰腿痛为主要临床表现的疾病。

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附　录　B
（规范性附录）
禁忌症

B.1　忌用

血友病。

B.2　慎用

B.2.1 恶性肿瘤。
B.2.2 孕期。
B.2.3 施治部位有红肿、灼热、皮肤破溃、肌肉坏死或深部有脓肿.
B.2.4 施治部位有重要神经血管和/或重要脏器。
B.2.5 内脏功能严重不全。
B.2.6 高血压危象。
B.2.7 肝硬化、活动性结核、糖尿病、溶酶体贮积症、线粒体病，以及代谢小分子类疾病。
B.2.8 颅内疾患，包括但不限于脑出血、蛛网膜下腔出血、硬脑膜外及硬脑膜下出血、脑梗塞、短暂性脑缺血发作，以及各种脑动脉炎、脑动脉缺血性综合征、颅内静脉窦、静脉血栓等。
B.2.9 传染病，包括但不限于梅毒、艾滋病、丙肝、乙肝等。
B.2.10 由支原体、衣原体引起的发热，或由病毒、细菌引起的发热。
B.2.11 体质极度虚弱或精神极度紧张。

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附　录　C
（规范性附录）
意外预防和处理

C.1　晕针刀

C.1.1　晕针刀的预防

C.1.1.1 对初次接受针刀治疗和精神紧张者，应先做好解释工作。
C.1.1.2 患者宜尽量采取舒适且能持久的体位，如卧位。
C.1.1.3 针刀治疗时，要密切注意患者的整体情况，如有晕针刀征兆，应立即停止治疗。

C.1.2　晕针刀的处理

C.1.2.1 立即停止治疗，将针刀迅速取出，用无菌敷料或创可贴覆盖针刀施治部位。
C.1.2.2 让患者平卧，头部放低，松开衣带，注意保暖。
C.1.2.3 让患者立即饮用温开水，静卧休息。
C.1.2.4 状况轻者，对患者水沟、合谷、内关等腧穴进行针刺或指压。
C.1.2.5 状况重者，应吸氧或做人工呼吸，和/或静脉推注50%葡萄糖注射液10mL。

C.2　断针刀

C.2.1　断针刀的预防

C.2.1.1 术前要认真检查针刀状况，保证针刀无锈蚀和裂纹、刚性和韧性良好。
C.2.1.2 针刀操作时，患者不可随意改变体位。
C.2.1.3 针刀刺入人体深部或骨关节内，应避免用力过猛；针刀体在体内弯曲时，不可强行取出针刀。

C.2.2　断针刀的处理

C.2.2.1 施术者应冷静，嘱患者不要恐惧，保持原有体位，防止针刀体残端向肌肉深层陷入。
C.2.2.2 若皮肤外尚露有针刀体残端，可用镊子钳出。
C.2.2.3 若针刀体残端与皮肤相平行或稍低，但仍能看到残端，可用拇指、食指按压针刀旁的皮肤，使之下陷，以使残端露出皮肤，再用镊子将针刀钳出。
C.2.2.4 针刀体残端完全没入皮肤下，若残端下面是坚硬的骨面，可用力下压针刀孔两侧的皮肤，借骨面将残端顶出皮肤；若残端下面是软组织，可捏住该部肌肉，将残端向上托出；若断端很短，埋入人体深部，体表无法触及，应采用外科手术方法取出。手术宜就地进行，不宜搬动移位。必要时，可借助X线定位。

C.3　出血

C.3.1　出血的预防

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C.3.1.1 施术者应熟练掌握施治部位的精细和立体解剖知识，明确施治部位周围血管位置和体表投影。

C.3.1.2 术前应耐心询问患者病情，详细了解病史，做出血和凝血时间检查。

C.3.1.3 针刀治疗过程中密切观察患者反应。若针刀下有弹性阻力感，患者感觉刺痛，应将针刀稍提起并改变进针方向再刺入；若施治部位在骨面，松解时针刀刃不能离开骨面，更不可大幅度提插。

C.3.2 出血的处理

C.3.2.1 浅血管出血

用消毒棉球压迫止血。手足、头面、后枕部等小血管丰富处，针刀松解后，无论出血与否，都应常规按压针孔3min～5min。若少量出血导致皮下青紫瘀斑者，可不必特殊处理，一般可自行消退。

C.3.2.2 深部血肿

一般较小的血肿，无需特殊处理，经1周～2周多能自行吸收。若局部肿胀疼痛明显，或仍继续加重，可先做局部冷敷止血或肌肉注射止血敏，48h后，局部热敷，外擦活血化瘀药物，以加速淤血的消退和吸收。较大的血肿可在B超定位下穿刺抽除，同时局部用弹力绷带加压包扎。穿刺治疗无效，血肿不消或继续增大时，可切开引流并止血。

C.3.2.3 有重要脏器的部位出血

椎管内、胸腹腔内出血较多或不易止血者，需立即进行外科手术。

C.4 气胸

C.4.1 气胸的预防

C.4.1.1 施术者应熟悉掌握项背部解剖知识，明确施术部位肺界的体表投影。

C.4.1.2 施术者在项背部进行针刀操作前，应清楚患者是否患有肺部疾病。

C.4.2 气胸的处理

C.4.2.1 当患者出现胸部不适或吸气困难时应立即停止针刀操作，并将患者转入呼吸病房观察治疗。

C.5 感染

如术后出现针眼红肿热痛，应立即进行血常规检验，细菌培养检查，待明确诊断后进行相应的抗感染治疗

C.6 麻醉意外

C.6.1 利多卡因过敏

麻醉过程中出现利多卡因过敏，马上应该停止给药，更换生理盐水静滴。还要让患者平卧，给予吸氧、心电监护，严密观察生命体征。给予抗过敏的药物，常用的是苯海拉明。第给予糖皮质激素，例如静推地塞米松或者甲基强的松龙抗过敏、抗休克的作用。如果出现过

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敏性休克的症状，伴有昏迷、血压下降，可以应用肾上腺素来处理。如果出现利多卡因引起的恶性心律失常，出现室颤、室速的情况下，马上给予电除颤处理。如果出现更加严重的症状，如呼吸心跳骤停，应该马上给予心肺复苏术、气管插管等抢救处理。

C.6.2　麻醉药物注射进入血管

麻醉前应当先回抽，确保没有进入血管，边退针边给药，如已经进入，应立即停止给药，拔出针头，令患者平卧观察，监测生命体征，对症处理。

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附　录　D

（规范性）

针刀治疗室

D.1　环境要求

D.1.1 治疗室应具备良好的通风和照明条件。可采用自然通风和（或）机械通风保证空气流通。

D.1.2 治疗室地面、墙面、天花板、桌面应光洁，便于清洁消毒。

D.1.3 治疗室应划分无菌准备区、治疗区，区域之间要有实际隔断。

D.1.4 治疗室温度应控制在 26℃（±1）　。

D.1.5 治疗室空气菌落总数应符合GB 15982-2012中IV类环境的要求。

D.2　设备配置

D.2.1　无菌准备区

应配备洗手设施、手卫生及干手物品，包括流动水、非手触式水龙头、洗手皂液、免洗手消毒剂等，宜使用一次性包装的洗手液，重复灌装的洗手液容器，应每天清洁与消毒。

应配备洗手流程图及说明图，干手用品宜使用一次性干手纸巾或消毒毛巾。

应配置手卫生设施及用品、更衣柜、移动式无影灯、帽子、口罩、隔离衣、无菌手套、无菌一次性针刀、外科手消毒剂、一次性洞巾、医疗垃圾桶，以及急救药品和设备（如氧气瓶、多巴胺、肾上腺素、生命通路药品等）。

D.2.2　治疗区

应配置治疗床、治疗车、无菌物品存放柜、医疗垃圾桶。

D.3　清洁消毒

D.3.1　常规清洁

D.3.1.1 应使用不掉纤维织物材料制作的清洁工具，不应与其他房间混用清洁工具。

D.3.1.2 每天针刀治疗结束后应进行湿式打扫地面、桌面，每周应擦拭吊灯、墙壁。

D.3.2　环境、物体表面消毒

按照GB 15982-2012中5.5规定对治疗室环境、物体表面消毒。

D.3.3　空气消毒

治疗活动前后或接诊呼吸道传染病患者后应进行空气消毒。可根据实际情况，选用WS/T 368-2012中第5章提供的空气净化方法进行操作。不宜常规采用化学喷雾进行空气消毒。

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附　录　E
（资料性附录）
体表定位方法

E.1　识别体表标志

常用的体表标志包括：

——骨性标志：骨性突起，为肌腱、韧带等组织的附着处，是最常用的体表标志。特点是易找、清楚、准确。通常也是病灶所在之处。

——肌性标志：身体的某些部位没有骨性标志时，可利用肌肉的边缘作为体表标志。

——纹理标志：四肢表皮上的纹路清晰可见，而且比较固定，可用于寻找深部病灶的体表定位标志。

——静脉标志：根据浅表静脉的走行线路和位置，来判断深部组织的位置。由于每个人的浅表静脉的显现程度不同，在体表定位时要区别对待。

——发际标志：在头部做针刀治疗时，可以根据发际线进行定点治疗。但发际线的高低相差较大，不易做到准确定位。

E.2　确定体表投影

利用体表标志确定深层组织在体表的投影范围，并判断血管、神经走向，帮助针刀定位。

E.3　体表定点

在有病变组织的体表范围内寻找到阳性点并标记。

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附　录　F

（资料性附录）

针刀持握方法

F.1　双手持针刀法

F.1.1　双手持针刀扶针法

施术者操作手的拇、食指拿捏针刀柄，中指和无名指扶住针刀体。辅助手的拇、食指拿捏距离刀刃1cm处的针刀体的位置。

F.1.2　双手持针刀不扶针法

施术者操作手拇、食指拿捏针刀柄。辅助手拇、食指拿捏距离刀刃1cm处的针刀体的位置。

注：辅助手控制首次进针刀的深度，防止产生不必要的损伤。

F.2　单手持针刀法

F.2.1　单手持针刀扶针法

施术者操作手的拇、食指拿捏针刀柄，中指和无名指扶住距离刀刃1cm处的针刀体的位置。

F.2.2　单手持针刀不扶针法

施术者用操作手的拇、食指拿捏针刀柄。

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Foreword

The main drafting units of this document: Jiangsu Branch of the Chinese Academy of Traditional Chinese Medicine, Beijing Shihua Needle-knife Hospital of Traditional Chinese Medicine, Beijing University of Traditional Chinese Medicine, Jiangxi Shengchun Group Hospital, Hubei University of Traditional Chinese Medicine, and Wooden Surgery and Plastic Hospital

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1 Scope

This document specifies the classification of common clinical diseases in needle-knife medicine, the requirements of the performer, and the requirements of the procedure. It also provides the body surface positioning method for needle-knife operation and the suggestions for the holding method of needle-knife.

This document is applicable to the clinical activities of needle-knife medicine.

2 Normative references

The following documents are indispensable for the application of this document. For dated references, only the dated version applies to this document. For undated references, the latest version (including all amendments) is applicable to this document.

GB 15982-2012 Hygienic Standard for Hospital Disinfection
WS/T 313-2009 Code of hand hygiene for medical personnel
WS/T 368-2012 Management Code for Hospital Air Purification
T/CACM 1063-2018 Basic clinical terms of needle-knife medicine

3 Terms and definitions

Terms and definitions defined in T/CACM 1063-2018 are applicable to this document.

4 Classification of common diseases

4.1 Principles

According to the safety and technical difficulty of operation, the common clinical diseases of needle-knife medicine (see Annex A) are classified.

4.2 Content

4.2.1 Class I disease

The disease site is shallow, simple in structure, simple in pathogenesis, high in safety factor and low in technical difficulty. See Table A.1 for the name and description of primary disease.

4.2.2 Secondary disease

The disease site is deep or superficial but adjacent to important tissues, with complex structure and pathogenesis, relatively low safety factor and general

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technical difficulty. See Table A.2 for the name and description of secondary diseases.

4.2.3 Class III disease

The disease location is deep in or adjacent to important tissues, the pathogenesis is complex, there are certain operational risks, and the technical difficulty is high. See Table A.3 for the name and description of the three-level disease.

5 Requirements of performer

5.1 General

The performer shall meet the following requirements:

——having the qualification of practicing assistant doctor or practicing doctor, or obtaining the practicing certificate of rural doctor;

——participate in the training on sterile operation technology and needle-knife therapy held by regular medical colleges, health administrative departments, or relevant industry associations, master the clinical knowledge and skills of needle-knife medicine, and obtain corresponding training certificates;

5.2 First-class disease operator

Having been engaged in clinical work of needle-knife medicine for 1 year or more, having the qualification of practicing assistant doctor, or having obtained the certificate of rural doctor, teacher, professional practice (should be operated under the guidance of a licensed doctor) or the qualification of a licensed doctor, and having obtained the certificate of qualification for clinical professional training of needle-knife medicine for primary diseases.

5.3 Class II disease operator

He has been engaged in clinical work of needle-knife medicine for 2 years or more, has the qualification of licensed doctor, and has obtained the qualification certificate of clinical professional training of needle-knife medicine for secondary diseases.

5.4 Class III disease operator

He has been engaged in clinical work of needle-knife medicine for 3 years or more, has the qualification of licensed doctor, has obtained the professional title of attending doctor or above, and has obtained the qualification certificate of clinical professional training of needle-knife medicine for Class III diseases.

6 Procedure requirements

6.1 Diagnosis

6.1.1 Preoperative examination

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Clinical examination shall be carried out before operation, and necessary physical examination, specialized examination and corresponding auxiliary examination shall be completed, including but not limited to blood routine examination, blood glucose, bleeding and coagulation time.

6.1.2 Preoperative diagnosis

6.1.2.1 Make diagnosis according to medical history, clinical manifestations and clinical examination results.

6.1.2.2 According to the diagnosis results, if the patient has the taboo symptoms diagnosed in Annex B.1, further acupotomy treatment measures should be stopped; If the patient has the symptoms of caution in Annex B.2, it should be treated selectively according to the patient's condition.

6.1.2.3 According to the diagnosis results, if the disease of the patient is confirmed to be a common disease of needle-knife treatment (see Annex A), the treatment site should be determined, the treatment plan should be proposed, the treatment plan should be communicated with the patient, the treatment plan should be confirmed, the medical record should be made, and the informed consent should be signed; If the disease of the confirmed patient is not a common disease of needle-knife treatment, the performer who has obtained the certificate of clinical professional training of needle-knife medicine for Class II and Class III diseases should treat it according to his professional level, medical experience and the overall medical conditions of his hospital.

6.2 Treatment

6.2.1 Method

Use needle-knife to release the damaged tissue to relieve compression, contracture and blockage, and restore or improve the biomechanical balance of the damaged tissue.

6.2.2 Requirements

6.2.3.1 When there is a tendency of skin infection and bleeding at the treatment site, it should not be treated.

6.2.3.2 Skin should be prepared for the treatment part with hair.

6.2.3.3 The treatment interval of the same treatment site should be 3 to 5 days, and the treatment interval of different treatment sites can be unlimited.

6.2.3.4 Disposable sterile needle knife should be used, and its specification and model should match the treatment site; The package of the needle knife should be intact and within the validity period, the time from opening the package to the end of treatment should be ≤ 1h.

6.2.3.5 The needle knife should be used by one person and discarded by one person. It should not be reused. After treatment, it should be put into a sharp tool

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box and disposed in a centralized manner in accordance with the Regulations on the Management of Medical Wastes.

6.2.3.6 Five times of treatment is a course of treatment, and some diseases depend on the condition.

6.2.3.7 Accidents shall be prevented and handled in accordance with Annex C.

6.2.3.8 Operation records shall be made, including abnormal reactions of patients during treatment and treatment of unexpected situations.

6.2.3.9 The treatment shall be carried out in the acupotomy treatment room in accordance with Annex D.

6.2.3.10 The operator shall wear medical isolation clothing and sterile gloves, and the hand hygiene shall comply with the provisions of WS/T 313.

6.2.3 Preoperative

6.2.3.1 Position selection

6.2.3.1.1 Principles

The following principles should be followed when selecting the patient's position:

a) Easy for patients to relax;

b) Fully expose the treatment site;

c) It is easy for the performer to operate.

6.2.3.1.2 Body position

Patient position includes but is not limited to the following ways:

a) Sitting position: applicable to the treatment of head, neck, shoulder and upper limb.

b) Lying position: applicable to the treatment of all parts of the body, including but not limited to prone, supine, lateral, prone cushion waist position, knee bending position, hip bending position.

6.2.3.1.3 Body surface positioning

Position the treatment point on the body surface (see Annex E).

6.2.3.2 Skin disinfection

6.2.3.2.1 Disinfection method

The cotton ball used for skin disinfection cannot be reused. One of the following methods can be used for skin disinfection:

a) Wipe the skin surface twice with sterile cotton ball soaked in the original solution of iodophor disinfectant, and the action time is 2 min~3 min.

b) Wipe the skin surface twice with sterile cotton ball soaked with iodine tincture stock solution, the action time is 1min~3min, and then use ethanol (70%~80%, volume fraction) to deiodize twice after slightly drying.

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c) Wipe the skin surface twice with a sterile cotton ball soaked with the effective content ≥ 2g/L chlorhexidine - ethanol (70%, volume fraction) solution, and the action time follows the product instructions.

d) Other legal and effective skin disinfection products should be used according to the instructions.

6.2.3.2.2 Disinfection scope

Take the treatment point as the center, slowly rotate from the inside to the outside, and gradually smear. The diameter of the sterilized skin should be 15 cm~20 cm.

6.2.3.3 Towel laying

After the skin of the treatment site is disinfected, the appropriate size sterile hole towel should be laid.

6.2.3.4 Anesthesia

If anesthesia is needed, one of the following methods can be used:

a) The treatment site was injected with 0.25% ～ 0.5% lidocaine 1mL ～ 2mL.

b) Other legal and effective anesthetic products should be used according to the instructions.

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6.2.4 During operation

6.2.4.1 Orientation

6.2.5.1.1 For the treatment point where the needle knife can be inserted perpendicular to the skin direction, the needle knife should be inserted perpendicular to the skin direction; The treatment point where the needle knife cannot be inserted perpendicular to the skin direction, such as the treatment point where the needle knife is inserted into the head and neck, should be close to the bone surface. See Annex F for needle knife holding method.

6.2.5.1.2 The needle knife should be aimed at the direction of the focus.

6.2.5.1.3 The direction of the needle knife edge line shall be parallel to the longitudinal axis of the spine.

6.2.4.2 Pressurized separation

Press the finger on the skin at the fixed point, so that the important nerves and blood vessels are squeezed to one side.

6.2.4.3 Penetration

The needle knife quickly penetrates the skin and reaches the subcutaneous area.

6.2.5 Postoperative

6.2.6.1 Clean the blood stains at the treatment point, press for several minutes to stop bleeding and cover with sterile dressing.
6.2.6.2 The patient should lie flat for 10 to 20 minutes, and observe and inquire about the patient's condition every 5 minutes, including the condition of the treatment site and the whole body. The patient can get up after feeling normal.
6.2.6.3 Manual treatment shall be given according to the patient's condition, and corresponding drug treatment shall be given if necessary, and the operation record shall be completed within 6 hours after the operation.

6.3 Rehabilitation guidance

Instruct patients to avoid touching water and other precautions to prevent infection, give rehabilitation guidance suggestions, and make medical records.

6.4 Postoperative follow-up

After the operation, the patients should be paid a return visit and medical records should be made.

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Annex A
(Normative)

Name and description of common diseases

A.1 Class I disease

See Table A.1 for the name and description of common Class I diseases in needle-knife medicine

Table A.1

number	Part name	Name of disease	Description of disease
1	upper limb	Olecranon bursitis of ulna	Sterile inflammation occurring in the olecranon bursa of the ulna, with local pain, limited movement and localized tenderness as the main clinical manifestations.
2		Injury of short head tendon of biceps brachii	Acute injury or chronic strain of the tendon of the short head of the biceps brachii is a disease with pain and functional limitation in the front of the shoulder as the main clinical manifestations.
3		Tendinitis of long head of biceps brachii	Chronic aseptic inflammation of the tendon of the long head of the biceps brachii, with pain in the intertubercular groove of the humerus and limited movement of the shoulder joint as the main clinical manifestations.
4		Humeral epicondylitis	Sterile inflammation of the medial epicondylar and surrounding soft tissue of the humerus, with medial elbow pain as the main clinical manifestation.
5		Lateral epicondylitis of humerus	Sterile inflammation of the lateral epicondylar and surrounding soft tissue of the humerus, with lateral elbow pain as the main clinical manifestation.
6		Subacromial bursitis	Sterile inflammation occurring in the bursa of the descending acromial peak, with shoulder pain, limited movement and localized tenderness as the main clinical manifestations.
7		ganglion	A cystic mass containing gelatinous mucus in the tendon sheath near the joint.
8		Tenosynovi	Because of the frequent movement of the thumb or wrist, the extensor pollicis brevis and abductor pollicis longus

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		tis of radial styloid process	tendons rub each other repeatedly in the tendon sheath of the radial styloid process for a long time, with pain and dysfunction as the main clinical manifestations.
9		Infraspinatus muscle injury	Acute injury or chronic strain of the inferior ganglia muscle, with pain in the infraganglia area, numbness of the shoulder and arm, and functional limitation as the main clinical manifestations.
10	body	Interspinal ligament injury	Acute injury or chronic strain between spinous processes, with localized pain and dysfunction between spinous processes as the main clinical manifestations.
11		Injury of supraspinal ligament	Acute injury or chronic strain of supraspinous ligament is a disease characterized by pain and dysfunction of supraspinous process.
12		Injury of erector spine muscle (lumbar segment)	Acute injury or chronic strain of the lumbar spine erector muscle is a disease characterized by lumbosacral pain, difficulty in bending, inability to sit and stand for a long time, and inability to continue to do slight forward flexion of the spine.
13	the legs	Patellar ligament injury	Acute injury or chronic strain at the starting and ending points or middle segments of the patellar ligament, which is mainly manifested by aggravation when climbing.
14		Subpatellar fat pad injury	Acute injury or chronic strain of infrapatellar fat pad caused by external force, with knee pain, weakness and aggravation when straightening as the main clinical manifestations
15		Goose foot bursitis	Inflammation caused by injury of goose foot bursa is a disease characterized by anteromedial swelling and pain of knee.
16		Heel pain	Sterile inflammation of the calcaneus and surrounding soft tissues is a kind of disease with local pain, tenderness and difficulty in walking as the main clinical manifestations.

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A.2 Class II disease

See Table A.2 for the name and description of common secondary diseases in needle-knife medicine.

Table A.2 Name and description of secondary diseases

num	Part name	Name of disease	Description of disease

ber			
1		Periarthritis of shoulder	Sterile inflammation of soft tissues such as muscles, tendons, ligaments, synovial bursa and joint capsule around the shoulder joint, with shoulder joint pain and limited functional activity as the main clinical manifestations.
2		Supraspinatus tendinitis	Chronic aseptic inflammation of the suprascapular tendon, with shoulder pain and limited shoulder abduction as the main clinical manifestations.
3	upper limb	Injury of levator scapula muscle	Acute injury or chronic strain in the neck and shoulder region, with acid distension and pressure discomfort as the main clinical manifestations.
4		Stenosing tenosynovitis of flexor digitorum	The chronic aseptic inflammation of the flexor tendon sheath results in thickening, adhesion and stenosis of the sheath wall, and the main clinical manifestations are pain, movement dysfunction, and ringing.
5		Carpal tunnel syndrome	The decrease of volume or increase of pressure in the carpal tunnel causes the compression of the median nerve in the carpal tunnel, resulting in the syndrome group with finger pain, numbness and weakness as the main clinical manifestations.
6		Third lumbar transverse process syndrome	Chronic strain of tissues around the third lumbar transverse process is a syndrome group with chronic low back pain and localized tenderness as the main clinical manifestations.
7	body	External oblique muscle injury	Acute injury or chronic strain of the external oblique muscle of the abdomen is a disease with waist pain and limited waist rotation as the main clinical manifestations.
8		Piriformis syndrome	Piriform muscle injury, inflammation, stimulation or compression of the sciatic nerve, causing symptoms with pain and numbness in the buttocks and lower limbs as the main clinical manifestations.
9		Rhomboid muscle injury	Acute injury or chronic strain of rhomboid muscle, resulting in pain or soreness in the spine and scapular region of the injured side, and weakness of the shoulder and arm.

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10		Injury of iliopsoas muscle	Acute injury or chronic strain of iliopsoas muscle, resulting in pain and dysfunction of the lower waist on the injured side.
11		Iliolumbar ligament injury	Acute injury or chronic strain of the iliopsoas ligament, with loss of lumbar 4-5 balance, pain stiffness, and limited lateral rotation function as the main clinical manifestations.
12		Injury of erector spine muscle (cervicothoracic segment)	Acute injury or chronic strain of cervical and thoracic erector muscles, upper chest and back pain, and limited movement function are the clinical manifestations of the disease.
13		Gluteal muscle contracture syndrome	Degeneration and contracture of gluteal muscle and its fascial fibers are diseases with limited hip joint function as the main clinical manifestation.
14		Gluteal epithelial nerve entrapment syndrome	Acute injury or chronic strain of the gluteal epithelial nerve, with lumbago and gluteal pain and difficulty in sitting up as the main clinical manifestations
15		Injury of gluteus medius muscle	Acute injury or chronic strain of the gluteus medius muscle, mainly characterized by leg cramp, ankle numbness and discomfort at the start, reduction after activity, aggravation after long standing, and quasi-intermittent claudication.
16		Injury of splenius capitis	Acute injury or chronic strain of the splenius capitis muscle, with stiffness and heaviness of the neck, may involve diseases with orbital pain as the clinical manifestation.
17		Occipital neuralgia	Acute injury or chronic strain of the occipital nerve is a disease characterized by paroxysmal severe pain and radiating pain to the head (greater occipital nerve), mastoid (lesser occipital nerve) and external ear (greater auricular nerve) in the occipital and posterior neck.
18	Trunk, limbs	Sacroiliac arthritis	Chronic inflammatory disease with sacroiliac joint pain and morning stiffness as the main clinical manifestations.
19		Tendinitis of medial head of	Acute injury or chronic strain of the medial head of the gastrocnemius muscle is a disease characterized by pain

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		gastrocnemius muscle	in the popliteal fossa and the back of the lower leg.
20		Common peroneal nerve compression	Acute injury or chronic strain of the common peroneal nerve is a disease characterized by a series of symptoms and signs caused by compression of the common peroneal nerve and its main branches.
21		Tendon injury of quadriceps femoris	Acute injury or chronic strain of quadriceps femoris tendon is a disease with upper patellar pain and limited function as the main clinical manifestations.
22		Tibial nerve compression	Acute injury or chronic strain of the tibial nerve is a disease with the main clinical manifestations of plantar flexion and pronation and flexion dysfunction.
23		Osteoarthritis of knee joint	Due to degenerative changes, acute and chronic injuries, the main clinical manifestations are swelling of the deep popliteal bursa or retrobulging of the synovial bursa of the knee joint.
28		Synovitis of knee joint	A disease based on degenerative pathological changes. It mainly occurs in middle-aged and elderly people, and its symptoms are mainly swelling and pain in the knee, morning stiffness, pain in going up and down the stairs, pain and discomfort in the knee when sitting up and standing up and walking, as well as ringing and fluid accumulation in some patients.
24		Injury of medial collateral ligament of knee joint	Knee joint valgus is a disease that causes pain at the lower edge of the medial epicondyle of the femur or the medial condyle of the tibia due to improper force.
25		Injury of lateral collateral ligament of knee joint	Knee joint varus is a disease that causes pain at the external epicondylar of femur or fibula capitulum due to improper force.
26		Metatarsal tunnel syndrome	The syndrome characterized by numbness and pain of the plantar metatarsal side of the foot caused by the compression of the posterior tibial nerve in the metatarsal canal at the medial and posterior tibia, and the aggravation of symptoms when the metatarsal canal is compressed.
27		Knee bursitis	Acute and chronic inflammation of the knee joint and its surrounding bursa, with swelling and pain of the knee bursa and limited joint activity as the main clinical

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			manifestations.

A.3 Class III disease

See Table A.3 for the name and description of the common three-level diseases in needle-knife medicine.

Table A.3 Name and description of tertiary diseases

number	**Part name**	**Name of disease**	**Description of disease**
1	body	Mixed cervical spondylosis	The acute injury or chronic strain of cervical vertebrae of mixed cervical spondylosis is a disease with two or more symptoms of cervical spondylosis as the main clinical manifestation.
2	body	Cervical spondylotic radiculopathy	Acute injury or chronic strain of unilateral or bilateral spinal nerve roots, with upper limb numbness and pain as the main clinical manifestations.
3	body	Congenital torticollis	Congenital unilateral sternocleidomastoid muscle contracture is a disease characterized by asymmetry of head and neck.
4	body	Cervical spondylosis of vertebral artery type	Acute injury or chronic strain of cervical sympathetic nerve, with vertigo and nausea as the main clinical manifestations.
5	body	Lumbar disc herniation	It is a disease with lumbar and leg pain as the main clinical manifestation, such as intervertebral disc degeneration, annulus fibrosus rupture, nucleus pulposus protrusion, stimulation or compression of nerves.

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Annex B
(Normative)

Contraindications

B.1 Do not use

Hemophilia.

B.2 Use with caution

B.2.1 Malignant tumor.
B.2.2 Pregnancy.
B.2.3 The treatment site has redness, burning, skin ulceration, muscle necrosis or deep abscess
B.2.4 There are important nerves and vessels and/or important organs at the treatment site.
B.2.5 Serious visceral insufficiency.
B.2.6 Hypertension crisis.
B.2.7 Liver cirrhosis, active tuberculosis, diabetes, lysosomal storage disease, mitochondrial disease, and metabolic small molecule diseases.
B.2.8 Intracranial diseases, including but not limited to cerebral hemorrhage, subarachnoid hemorrhage, extradural and subdural hemorrhage, cerebral infarction, transient ischemic attack, and various cerebral arteritis, cerebral artery ischemic syndrome, intracranial venous sinus, venous thrombosis, etc.
B. 2.9 Infectious diseases, including but not limited to syphilis, AIDS, hepatitis C, hepatitis B, etc.
B.2.10 Fever caused by mycoplasma and chlamydia, or fever caused by viruses and bacteria.
B.2.11 Extremely weak or nervous.

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Annex C
(Normative)

Accident prevention and treatment

C.1 Halo needle knife

C.1.1 Prevention of dizziness

C.1.1.1 For those who have received needle-knife treatment for the first time and are nervous, the explanation work should be done first.
C.1.1.2 The patient should try to take a comfortable and durable position, such as lying position.
C.1.1.3 During needle knife treatment, pay close attention to the overall situation of the patient, and stop the treatment immediately if there is any sign of needle knife dizziness.

C.1.2 Treatment of dizzy needle knife

C.1.2.1 Stop the treatment immediately, take out the needle knife quickly, and cover the treated part of the needle knife with sterile dressing or bandage.
C.1.2.2 Let the patient lie on his back, lower his head, loosen his belt and keep warm.
C.1.2.3 Let the patient drink warm water immediately and rest quietly.
C.1.2.4 In light condition, acupuncture or finger-pressing shall be performed on the patient's ditches, Hegu, Neiguan and other acupoints.
C.1.2.5 If the condition is serious, oxygen inhalation or artificial respiration, and/or intravenous injection of 10 mL of 50% glucose injection should be performed.

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C.2 Needle breaking knife

C.2.1 Prevention of broken needle knife

C.2.1.1 Before operation, carefully check the condition of the needle knife to ensure that the needle knife is free of rust and crack, and has good rigidity and toughness.
C.2.1.2 During needle knife operation, the patient should not change the body position at will.
C.2.1.3 When the needle knife penetrates into the deep part of the human body or the bone joint, it should avoid excessive force; When the needle knife body is bent in the body, do not take out the needle knife by force.

C.2.2 Treatment of needle cutter

C.2.2.1 The performer should calm down and instruct the patient not to fear, keep the original position, and prevent the residual end of the needle knife body from sinking into the deep muscle.
C.2.2.2 If the residual end of the needle body is still exposed outside the skin, tweezers can be used to clamp it out.
C.2.2.3 If the residual end of the needle knife body is parallel to or slightly lower than the skin, but the residual end can still be seen, press the skin beside the needle knife with your thumb and forefinger to make it sink, so that the residual end is exposed to the skin, and then clamp out the needle knife with tweezers.
C.2.2.4 The residual end of the needle knife body is completely submerged under the skin. If there is a hard bone surface under the residual end, the skin on both sides of the needle knife hole can be pressed hard, and the residual end will be pushed out of the skin by the bone surface; If there is soft tissue under the stump, you can pinch the muscle and lift the stump up; If the broken end is very short, buried in the deep part of the body, and the body surface cannot be touched, it should be taken out by surgical method. The operation should be performed on the spot instead of moving and shifting. If necessary, X-ray positioning can be used.

C.3 Bleeding

C.3.1 Prevention of bleeding

C.3.1.1 The operator should master the fine and three-dimensional anatomical knowledge of the treatment site, and clarify the position of blood vessels around the treatment site and the body surface projection.
C.3.1.2 Before operation, patient should be asked about the patient's condition, understand the medical history in detail, and check the bleeding and clotting time.
C.3.1.3 Observe the patient's reaction closely during needle-knife treatment. If there is a sense of elastic resistance under the needle knife and the patient feels tingling, the needle knife should be slightly lifted and the needle direction should be changed before inserting; If the treatment site is on the bone surface, the blade cannot leave the bone surface when loosening, let alone lift and insert it greatly.

C.3.2 Treatment of bleeding

C.3.2.1 Superficial vascular hemorrhage

Use sterile cotton ball to compress and stop bleeding. At places with abundant small blood vessels such as hands and feet, head and face, back occipital, etc., after the release of the needle knife, whether bleeding or not, the needle hole should be pressed routinely for 3 to 5 minutes. If a small amount of bleeding causes subcutaneous purplish ecchymosis, special treatment is not necessary, and generally it can subside by itself.

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C.3.2.2 Deep hematoma

Generally small hematoma, without special treatment, can be absorbed by itself after 1 to 2 weeks. If local swelling and pain are obvious, or continue to worsen, local cold compress or intramuscular injection of hemostatic sensitivity can be done first. After 48 hours, local hot compress and external application of blood-activating and stasis-removing drugs can be used to accelerate the regression and absorption of blood stasis. Larger haematomas can be punctured and removed under the positioning of B-ultrasound, and locally bandaged with elastic bandage. If the puncture treatment is ineffective, and the hematoma does not disappear or continues to increase, the drainage can be cut and the bleeding can be stopped.

C.3.2.3 Bleeding at the site with important organs

If there is much bleeding in the spinal canal, chest and abdominal cavity or it is difficult to stop bleeding, immediate surgical operation is required.

C.4 Pneumothorax

C.4.1 Prevention of pneumothorax

C.4.1.1 The operator should be familiar with and master the anatomical knowledge of the back, and clarify the body surface projection of the lung boundary at the operation site.

C.4.1.2 Before performing needle-knife operation on the back of the neck, the operator should know whether the patient has lung disease.

C.4.2 Treatment of pneumothorax

C.4.2.1 When the patient has chest discomfort or difficulty in breathing, the needle knife operation should be stopped immediately, and the patient should be transferred to the respiratory ward for observation and treatment.

C.5 Infection

If there is redness, swelling, heat and pain in the needle eye after operation, blood routine test and bacterial culture test should be carried out immediately, and the corresponding anti-infection treatment should be carried out after a clear diagnosis

C.6 Anesthesia accident

C.6.1 Lidocaine allergy

If lidocaine allergy occurs during anesthesia, the administration should be stopped immediately and the normal saline infusion should be replaced. We should also let the patient lie flat, give oxygen inhalation and ECG monitoring,

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and closely observe the vital signs. Diphenhydramine is commonly used as an antiallergic drug. Secondly, glucocorticoids, such as dexamethasone or methylprednisolone, are given to treat allergy and shock. If the symptoms of anaphylactic shock, accompanied by coma and blood pressure drop, can be treated with epinephrine. In case of malignant arrhythmia caused by lidocaine, ventricular fibrillation and ventricular tachycardia, electric defibrillation treatment shall be given immediately. If there are more serious symptoms, such as sudden respiratory and cardiac arrest, emergency treatment such as cardiopulmonary resuscitation and tracheal intubation should be given immediately.

C.6.2 Injection of narcotic drugs into blood vessels

Before anesthesia, it should be withdrawn first to ensure that it does not enter the blood vessel, and the drug should be administered while withdrawing the needle. If it has entered, the drug should be stopped immediately, the needle should be pulled out, and the patient should be lying flat for observation, monitoring vital signs, and symptomatic treatment.

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Annex D
(Informative)

Needle knife treatment room

D.1 Environmental requirements

D.1.1 The treatment room should have good ventilation and lighting conditions. Natural ventilation and/or mechanical ventilation can be used to ensure air circulation.
D.1.2 The floor, wall, ceiling and table of the treatment room should be smooth and clean for cleaning and disinfection.
D.1.3 The treatment room should be divided into sterile preparation area and treatment area, with actual partition between the areas.
D.1.4 The temperature of the treatment room should be controlled at 26 ° C (± 1).
D.1.5 The total number of air bacterial colonies in the treatment room should meet the requirements of Class IV environment in GB 15982-2012.

D.2 Equipment configuration

D.2.1 Sterile preparation area

Hand-washing facilities, hand hygiene and dry hand items, including flowing water, non-hand tap, hand soap, hand sanitizer, etc., should be provided. Disposable hand sanitizer should be used, and refilled hand sanitizer containers should be cleaned and disinfected every day.
Hand-washing flow chart and instruction chart shall be provided. Disposable hand towel or disinfected towel should be used for hand drying.
Hand hygiene facilities and supplies, changing cabinets, mobile shadowless lamps, hats, masks, isolation clothing, sterile gloves, sterile disposable needles and knives, surgical hand disinfectants, disposable hole towels, medical garbage cans, and first-aid drugs and equipment (such as oxygen cylinders, dopamine, suprarenal hormone, life pathway drugs, etc.) shall be provided.
D.2.2 Treatment area
Treatment bed, treatment vehicle, sterile storage cabinet and medical garbage can shall be equipped.

D.3 Cleaning and disinfection

D.3.1 Routine cleaning

D.3.1.1 Cleaning tools made of non-falling fabric materials shall be used and shall not be mixed with other rooms.

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D.3.1.2 Wet cleaning of the floor and desktop should be carried out after acupotomy treatment every day, and the chandeliers and walls should be wiped every week.

D.3.2 Disinfection of environment and object surface

Disinfect the environment and object surface of the treatment room according to 5.5 of GB 15982-2012.

D.3.3 Air disinfection

Air disinfection should be carried out before and after treatment activities or after receiving patients with respiratory infectious diseases. According to the actual situation, the air purification method provided in Chapter 5 of WS/T 368-2012 can be selected for operation. Chemical spray should not be routinely used for air disinfection.

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Annex E
(Informative)

Body surface positioning method

E.1 Identification of body surface signs

Common body surface signs include:
——Bone markers: bony protrusions, the attachment of tendons, ligaments and other tissues, are the most commonly used body surface markers. It is easy to find, clear and accurate. It is usually the location of the lesion.
——Muscle markers: When there is no bone marker in some parts of the body, the edge of the muscle can be used as the body surface marker.
——Texture marks: The lines on the epidermis of the limbs are clearly visible and relatively fixed, which can be used to find the body surface location marks of deep lesions.
——Venous sign: judge the position of deep tissue according to the route and position of superficial veins. Because each person's superficial veins show different degrees, they should be treated differently when positioning the body surface.
——Hairline mark: When performing needle knife treatment on the head, you can perform fixed point treatment according to the hairline. However, the height of the hairline varies greatly, and it is difficult to achieve accurate positioning.

E.2 Determine body surface projection

Use body surface markers to determine the projection range of deep tissue on the body surface, and judge the direction of blood vessels and nerves to help the positioning of needle knife.

E.3 Body surface points

Positive spots were found and marked in the body surface of the diseased tissue.

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Annex F
(Informative)

Needle knife holding methods

F.1 Needle knife method with both hands

F.1.1 Holding needle knife with both hands

The performer holds the handle of the needle knife with his thumb and forefinger, and holds the needle knife body with his middle finger and ring finger. The thumb and forefinger of the auxiliary hand hold the position of the needle knife body 1cm away from the blade.

F.1.2 Holding the needle knife with both hands without holding the needle

The performer holds the handle of the pinch needle with his thumb and forefinger. Assist the thumb and forefinger of the hand to hold the position of the needle knife body 1cm away from the blade.
Note: The auxiliary hand controls the depth of the first needle knife to prevent unnecessary damage.

F.2 Single-held needle knife method

F.2.1 Single-held needle knife holding method

The performer holds the handle of the needle knife with his thumb and forefinger, and the middle finger and ring finger hold the position of the needle knife body 1cm away from the knife edge.

F.2.2 Single-held needle knife without holding the needle

The performer holds the handle of the needle knife with the thumb and forefinger of the operator.

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