

微創手術的優點

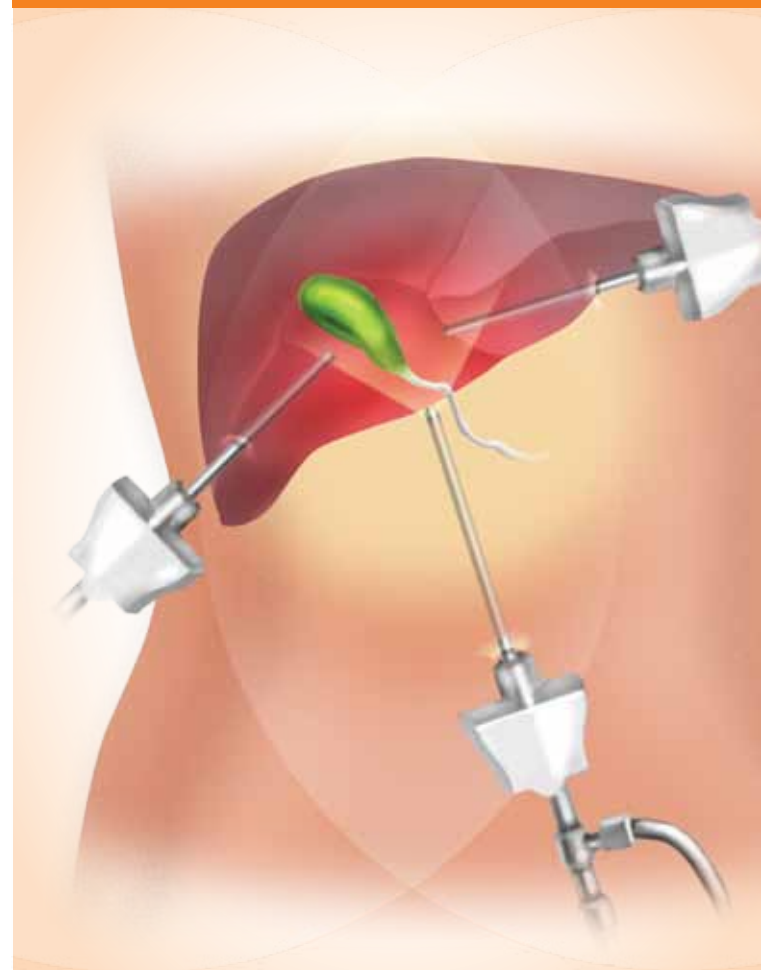
腹腔鏡手術與傳統手術所達致的手術效果無異，但腹腔鏡膽囊切除術的最大好處是傷口細、失血少，利用超聲刀切除組織時，能同時將血管凝結，大大減低患者痛楚及傷口受感染的機會，同時可減少因剖腹手術引致的腸道黏連後遺症。內鏡逆行膽道手術毋須任何腹部切口，能將患者所受的創傷減至最低。

微創腹腔鏡膽囊切除術及內鏡逆行膽道手術可互相配合，若病者驗出同時患有膽囊結石及膽管結石，外科醫生可安排患者第一日透過內鏡逆行膽道手術將膽管結石取出，第二日以腹腔鏡膽囊切除術，替患者切除膽囊，第三日病者已可以恢復日常生活。

養和醫院承諾為病人提供最好的醫療服務。本中心的專科醫生全面顧及病人需要和安全，在使用微創手術治療膽結石方面，均具備豐富經驗和超卓技術。

外科中心 Surgery Centre

膽結石



查詢或預約，歡迎聯絡我們

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辦公時間

星期一至星期五：上午九時至下午五時
星期六：上午九時至下午一時
星期日及公眾假期休息

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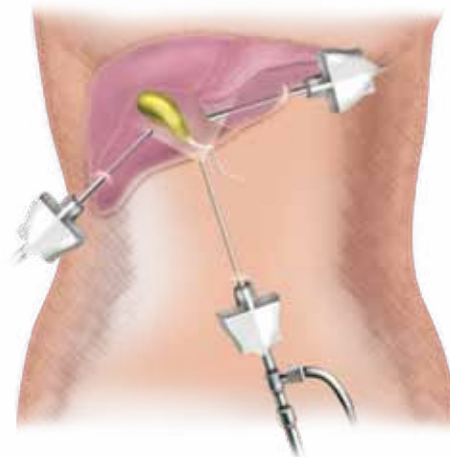


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膽結石是在膽囊或膽管內積聚之膽固醇、膽色素及鈣鹽等形成的結晶體，亦可分為膽固醇石或黃膽素石。如一般人士平日多進食高脂肪的食物，令膽汁內的膽固醇含量上升，便會容易形成膽囊結石。當膽囊結石排出膽管內，或由於膽管梗阻，患者有機會同時患上膽管結石；或因膽囊結石引發細菌感染時，患者膽管內壓力增加，則可能出現膽管炎的症狀。

膽結石所引起之問題

一般的膽囊結石患者均無明顯病徵，病徵與一般上消化系統疾病相似，故大部份患者多誤以為吃得太多或進食大量肥膩食物引致的消化不良、上腹飽脹、反胃、噯氣等毛病，而忽略了問題的根本，直至出現上腹絞痛、發熱及面黃等急性膽囊或膽管炎徵狀或急性胰腺炎，才會發現。



切除膽囊的微創手術（內鏡放置位置）

治療膽結石之方法

治療膽囊結石的最有效方法，是進行膽囊切除術將膽囊整個切除，以避免併發急性膽囊炎，或因膽囊結石貫穿膽囊，跌進十二指腸，引致腸道閉塞，或引發急性膽管炎或胰腺炎。

傳統的外科手術須在腹部切開約10厘米切口，把膽囊取出，一直被視為一項大手術，而患者更須在術後多留院一星期待切口癒合。傳統的膽管手術在切開膽管取結石後，還要放入一條引流管將膽汁引出體外，待兩星期後，當膽管傷口完全癒合才可將引流管拆除。現今外科手術已可採用微創及內鏡技術治療膽囊結石和膽管結石。

治療膽結石的微創手術

1. **腹腔鏡膽囊切除術**：此手術只需在患者腹部刺穿幾個約一公分或更微細的切口，將內鏡及各種精細的儀器放入體內，透過屏幕上的清晰顯示，進行精密的膽囊切除手術。



2. **內鏡逆行膽道手術（簡稱 ERCP）**：此手術用於治療膽管結石，外科醫生首先從患者口腔放入內鏡，到達與十二指腸連接的膽道口，用電刀開一個細小的切口，將一個網籃形儀器伸入膽管內；接著透過X光造影術，找出膽管結石的位置，把結石取出。



Advantages of Minimally Invasive Surgery

An operation performed laparoscopically effects the same magnitude of operations as in open conventional surgery, while the former has advantages including less blood loss, smaller surgical scars, less wound pain, less wound infection, quicker recovery and shorter hospital stay (if any). When ERCP operation is performed, no incision of the abdomen is required and the surgical trauma is minimum.

Hong Kong Sanatorium & Hospital is committed to providing the most up-to-date and the best service to our patients. Experienced specialists in our Centre can offer the most patient-friendly approach for treating gallstones safely using minimally invasive technique.

外科中心 Surgery Centre

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Service Hours

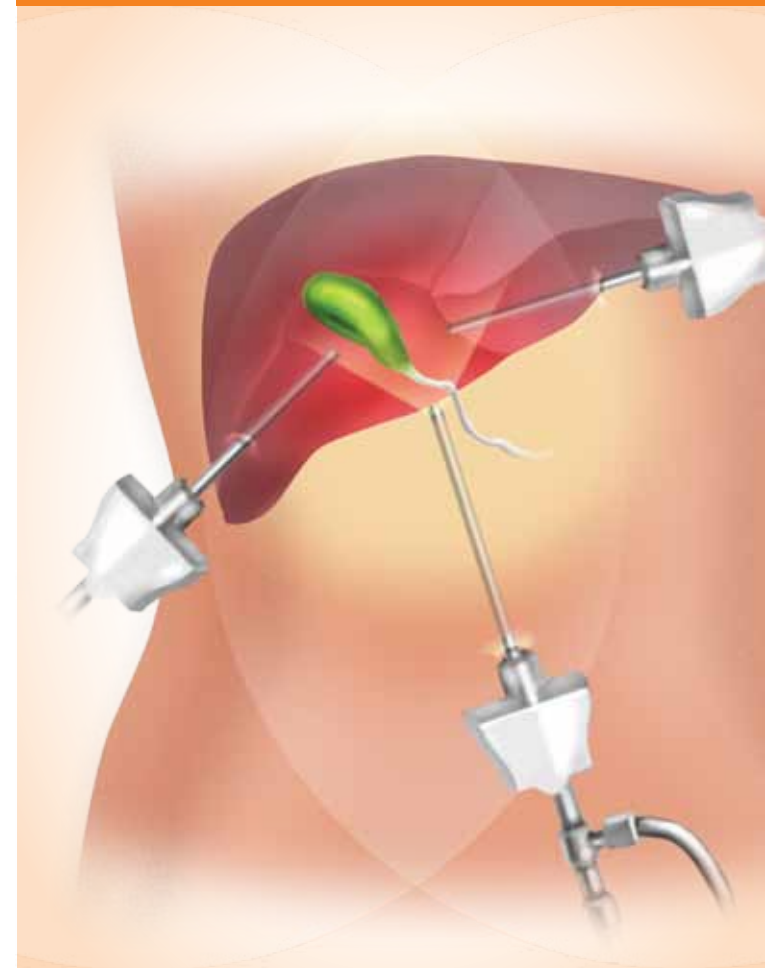
Monday to Friday: 9:00 am – 5:00 pm
Saturday: 9:00 am – 1:00 pm
Closed on Sundays and Public Holidays

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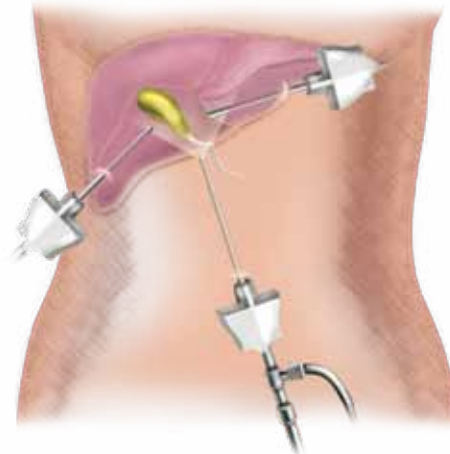
Gallstone



Gallstones are formed when the liquid stored in the gall bladder crystallizes into pieces of stone-like materials. The liquid called bile, which is made in the liver and stored in the gall bladder, helps the body to digest fats. When the body needs to digest fats, the gall bladder contracts and pushes bile into a tube, called the common bile duct, and drains bile to the small intestine for lipid digestion. Cholesterol stones are formed when bile contains excessive cholesterol or bilirubin, or not enough bile salts, or when the gall bladder does not empty well. Gallstones may exist in the gall bladder or in the bile duct.

Problems Associated with Gallstones

Gallstone symptoms are similar to those of peptic ulcers, indigestion and irritable bowel syndrome. So accurate diagnosis is important.



Ways to Treat Gallstones

The use of surgical method to remove the gall bladder, called cholecystectomy, is the commonest way to treat symptomatic gallstones.

Conventionally, operations to remove the gall bladder are performed through an abdominal incision of 10cm. It is a major surgery and may require about 2-7 days of hospital stay. For operations to remove the gall bladder and gallstones in the bile duct, a drainage tube is required to put inside the bile duct to direct the bile temporarily with another tube draining fluid inside the abdomen. The bile duct tube may need to stay inside the body for about ten days before removal. Patients then have to stay for 2 weeks in the hospital. Nowadays, these operations can be performed using minimally invasive technique.

Treating Gallstones by Minimally Invasive Surgery

1. Laparoscopic cholecystectomy can be performed by utilizing several small incisions of 1cm or smaller in the abdomen and insert surgical instruments and a miniature video camera into the abdomen. The camera sends a magnified image from inside the body to a video monitor, giving the surgeon a close-up view of the organs and tissues. While watching the monitor, the surgeon uses the instruments to separate the gall bladder from the liver, ducts and other structures carefully. Then the cystic duct is cut and the gall bladder removed through one of the small incisions.



2. Endoscopic retrograde cholangiopancreatography (ERCP) is performed when the gallstones are in the bile ducts using an endoscopic apparatus. An endoscope is a thin, flexible tube connected to a computer and TV monitor that enables the surgeon to see inside the bowels. The surgeon guides the endoscope to pass through the mouth, esophagus and stomach into the second part of the duodenum. X-rays with contrast medium are taken during ERCP to locate the affected bile duct. Then an instrument via the endoscope is used to enlarge the duct opening, through which the gallstones are captured and removed with a tiny basket.

