



## 楷和肝膽胰中心正式開業 Grand Opening of Chiron HBP Centre

楷和肝膽胰中心於上月正式啟用。中心專注提供肝臟、膽囊及胰臟疾病的專科診斷與治療，致力為患者帶來更精準且全面的醫療服務。

開幕當天，中心舉行了簡單但極具意義的儀式，多位嘉賓及醫療專業團隊出席，一同見證這項重要里程碑。

楷和肝膽胰中心是楷和醫療集團旗下專科服務據點的延展，進一步完善我們的跨專科協作平台，為病人提供更全面的健康支援。



The Chiron HBP Centre commenced operations last month, dedicated to providing specialized diagnostics and treatments for liver, gallbladder, and pancreatic diseases, aiming to deliver precise and comprehensive medical care for our patients.

To commemorate this significant milestone, a simple but meaningful opening ceremony was held, attended by members of our clinical team and invited guests, who witnessed this important moment together.

As the latest addition to Chiron Medical Group's expanding network of specialty services, the centre reinforces our mission to provide comprehensive, patient-centered care across a wide spectrum of medical disciplines.



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# 脊椎滑脫保守治療不果 或需手術解除神經壓迫並穩定脊椎

脊椎滑脫，指的是由頸至尾椎之間的椎骨因退化、椎間關節的纖維鬆弛或外傷出現錯位向前移或向後移的現象，常見於腰椎第四及第五節之間或第五腰椎與薦骨間。楷和醫療集團神經外科專科李世偉醫生指出，患者可以完全沒有徵狀，因此診斷時應透過問症影像檢查雙管齊下，缺一不可。若藥物和物理治療效果不彰、痛楚嚴重影響日常生活，可透過微創手術解決。

## 根據病徵嚴重性治療滑脫

李世偉醫生分享，如果輕微的頸椎滑脫，無須立即處理；但腰椎滑脫則有程度之分，主要透過椎體滑動的比例來區分：第一級是滑脫25%以內、第二級25%~50%、第三級50%~75%、第四級75%~100%，而第五級為大於100%。

至於是否需要接受手術，最重要是根據病人的實際病徵，而不是僅以滑脫級數作判斷。即使是第一、二級的病人，也可能出現嚴重痛楚；相反，即使是第三級或更高程度的病人，也可能完全沒有明顯症狀。一般而言，早期病人多表現為局部痠痛，或在長時間站立、走動時感到不適，透過保守治療往往能獲得明顯改善。若病徵加劇，痛楚延伸至臀部和腿部，並伴隨麻木、刺痛、無力，甚至出現「間歇性跛行」，則可能需要考慮手術。是否需要接受手術，仍需由專科醫生根據病人的實際病徵作全面評估，再提出合適建議。

## 問症與影像 全面了解病情

李醫生指出X光或磁力共振能清楚看見脊椎滑脫的情況，但還需配合臨床的問症，了解病人的痛處、進行臨床的身體活動度測試，看看疼痛程度是否與影像檢查吻合，是否該條神經分支出來的位置有痛楚。

## 病情反復 嚴重需靠手術

李醫生指出，如果患者在接受了8至12週的保守治療（包括止痛藥、物理治療或脊醫治療）後仍未見改善，建議聽從醫生的意見考慮手術緩解神經壓迫並穩定脊椎，否則拖延時間越長，恢復所需的時間也會越久。

當前針對脊椎滑脫的常見手術包括微創減壓手術和脊椎融合術。如果患者的腰椎已經穩定，且只是因椎管狹窄引起的腿部疼痛，可以透過微創神經減壓手術來處理。這種手術會用直徑16至18毫米的小管進入脊椎，移除壓迫神經的黃韌帶。另一方面，如果脊椎本身不穩定，則要進行脊椎融合手術。手術過程中會先移除滑脫關節的椎間盤，然後放入支架，並加上患者自身的骨頭及生物因子以促進愈合，最後用螺絲固定脊椎以提升穩定性。手術後，患者一般需要住院一到三晚便可出院。

李醫生最後提醒，預防脊椎滑脫或防止惡化，應維持正確姿勢、加強核心肌群運動、避免過度用腰、規律運動、控制體重，並在有症狀時盡早就醫。

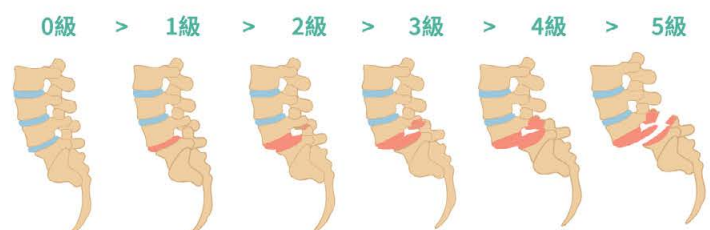


李世偉醫生  
Dr. Lee Sai Wai, Simon

神經外科專科  
Specialist in Neurosurgery

楷和醫療  
Chiron Medical

圖：脊椎（腰椎）滑脫的不同等級





## ***Spondylolisthesis: When Conservative Treatment Fails, Surgery May Be Necessary to Relieve Nerve Pressure and Stabilize the Spine***

Spondylolisthesis is a condition characterized by the forward or backward misalignment of vertebrae between the cervical and sacral spine. This misalignment can result from degeneration, loosening of intervertebral joint fibers, or trauma. It is most commonly observed between the fourth and fifth lumbar vertebrae or between the fifth lumbar vertebra and the sacrum. Dr. LEE Sai Wai Simon, a Specialist in Neurosurgery at Chiron Medical Group, notes that many patients may exhibit no symptoms. Therefore, a dual approach that combines thorough symptom inquiry and imaging examinations is essential for an accurate diagnosis. If medications and physical therapy do not yield improvement, and if pain significantly impacts daily life, minimally invasive surgery may be warranted.

### **Treating Spondylolisthesis Based on Severity of Symptoms**

Dr. Lee explains that while minor cervical spondylolisthesis typically doesn't require immediate intervention, lumbar spondylolisthesis varies in severity based on the extent of vertebral displacement. The classification is as follows: Grade one involves less than 25% slippage, grade two is 25% to 50%, grade three is 50% to 75%, grade four is 75% to 100%, and grade five exceeds 100%.

Whether surgery is needed depends mainly on the patient's symptoms, not just the grade of slippage. Even those with Grade I or II may experience severe pain, while some with Grade III or IV may have no obvious symptoms at all. In the early stages, patients often feel localized soreness or discomfort after standing or walking for long periods, and conservative treatment usually brings good relief. If symptoms worsen — with pain spreading to the buttocks and thighs, along with numbness, tingling, weakness, or even "intermittent claudication", surgery may need to be considered. The decision should be guided by a specialist's thorough assessment of the patient's condition, followed by appropriate recommendations.

### **Integrating Inquiry and Imaging for Comprehensive Assessment**

Dr. Lee emphasizes that while X-rays or MRI scans can effectively reveal spondylolisthesis, it is crucial to combine these findings with clinical inquiry to assess the patient's pain. This helps in conducting physical activity evaluations and determining whether the pain correlates with imaging results, especially at the specific locations where nerve branches exit.

### **Surgical Intervention for Persistent Symptoms**

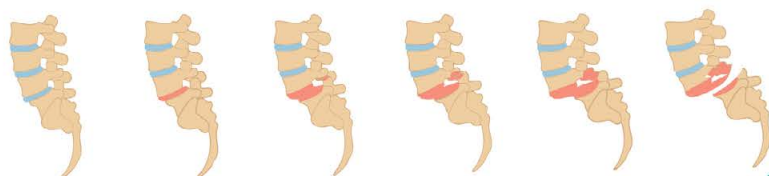
If a patient has undergone 8 to 12 weeks of conservative treatment—including painkillers, physical therapy, or chiropractic care—without improvement, Dr. Lee advises considering surgery to alleviate nerve pressure and stabilize the spine, as delaying treatment can lead to prolonged recovery times.

Common surgical options for spondylolisthesis include minimally invasive decompression and spinal fusion. If the lumbar spine is stable, and leg pain is solely due to canal narrowing, minimally invasive nerve decompression may be performed. This technique involves introducing a 16-18mm diameter tube into the spine to remove the ligamentum flavum pressing on the nerves. Conversely, if spinal instability is present, spinal fusion surgery becomes necessary. This involves removing the intervertebral disc at the slipped joint, inserting a spacer, and incorporating the patient's own bone and biological factors to promote healing. Lastly, screws are used to stabilize the vertebrae. Typically, patients remain hospitalized for one to three nights following surgery before being discharged.

Dr. Lee concludes by asserting that to prevent spondylolisthesis or stop its progression, it is essential to maintain proper posture, strengthen core muscles, avoid excessive strain on the back, exercise regularly, manage weight, and seek medical attention promptly when symptoms arise.

#### **Illustration of the different grades of spondylolisthesis (lumbar spine)**

**Grade 0 > Grade 1 > Grade 2 > Grade 3 > Grade 4 > Grade 5**





# 歡迎蔡汝嘉醫生加入楷和醫療！

Welcome, Dr. Chai Yu Ka, Victoria, to Join Chiron Medical!

蔡汝嘉醫生為婦產科專科醫生，服務範疇涵蓋癌前病變管理、婦科癌症管理、常見婦科問題治療、腹腔鏡手術、剖腹手術、專門化的微創手術、全面的婦科檢查及早期懷孕檢查。蔡醫生的加入，將為楷和醫療的婦產科專科團隊增添實力，進一步提升我們的服務。

Dr. Chai Yu Ka, Victoria, is a specialist in obstetrics and gynaecology, providing services including management for precancerous lesions, management for gynaecological cancers, treatment of common gynaecological issues, laparoscopic surgery, as well as open surgery, specialized minimally invasive procedures, comprehensive gynaecological examinations and early pregnancy assessment. Dr. Chai's addition provides substantial strength to the obstetrics and gynaecology specialist team, further enhancing our service.



蔡汝嘉醫生  
Dr. Chai Yu Ka, Victoria

婦產科專科  
Specialist in Obstetrics and Gynaecology

楷和醫療  
Chiron Medical

## 「瞳行未來」社區護眼日 守護兒童視力 Eye Wellness Day Safeguarding Children's Vision



「瞳行未來」社區護眼日於上月順利舉行。活動由楷和醫療聯同香港島婦女聯會、金玲議員辦事處合辦。兩位眼科專科陳家傑醫生及劉承樂醫生解構兒童眼疾、眼科檢查的最佳時機，以及從預防到治療的全面方案。活動設提問環節、小童工作坊、一對一檢查及諮詢，兩位醫生提供專業建議，協助家長了解及監測子女眼部狀況。守護視力，邁向更光明的未來。

The Eye Wellness Day, co-organized by Chiron Medical, the Office of Jin Ling (Central and Western District Councilor), and the Hong Kong Island Women's Association, was successfully held last month. Two specialists in ophthalmology from Chiron Medical, Dr. Orlando Chan Chia Chieh and Dr. Charles Lau Sing Lok, delivered clear and accessible explanations on pediatric eye conditions, optimal timing for eye examinations, and comprehensive strategies ranging from prevention to treatment.

The event featured an interactive Q&A session, a children's workshop, and one-on-one check-ups and consultations. Our doctors provided professional advice to help families better understand and monitor their children's eye health, ultimately protecting their vision for a brighter future.



### ■ 專科中心及普通科

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### ■ 女性健康中心

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