



Flu and Pneumonia Vaccines
Guard Against Illness and Prevent Risk

2026 / 2027年度 流感疫苗接種

Seasonal Influenza Vaccination



預防季節性流感及併發症
Prevents seasonal influenza and its complications



減低因流感而入院留醫和死亡個案
Reduces hospitalisations and deaths due to influenza



適用於年滿6個月或以上人士
(除個別有已知禁忌症)
Suitable for individuals aged 6 months or older (except those with known contraindications)



可同時接種，立即預約

Can be administered together. Book your appointment now.

中環
Central
2155 2355

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2601-04 & 06-08室
Room 2601-04 & 06-08,
26/F, 9 Queen's Road Central,
Central, Hong Kong

15價 / 20價肺炎球菌疫苗 PCV 15 / 20



能有效預防由肺炎球菌引起的併發症
Effectively prevents complications caused by pneumococcal infection



適用於年滿兩個月或以上人士
(除個別有已知禁忌症)
Suitable for individuals aged 2 months or older (except those with known contraindications)



免疫力受損、慢性病患者或長者，建議諮詢醫生以選擇合適的疫苗組合
For individuals with compromised immunity, chronic illnesses, or older adults, consultation with a doctor is recommended to select the appropriate vaccine combination

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Tsim Sha Tsui
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條款及細則 Terms & Conditions:

- 有關疫苗詳情，請向醫生查詢 For the information about the vaccines, please consult your doctor for details
- 疫苗數量有限，售完即止 The number of vaccines is limited, available while stock lasts
- 我們將登記參與季節性流感「疫苗資助計劃」，計劃開始日期及安排有待政府於2026年9月份公佈 We will register to participate in the seasonal influenza "Vaccine Subsidy Scheme". The start date and arrangements of the scheme will be announced by the government in September 2026
- 如有任何爭議，楷和醫療集團保留最終決定權 Chiron Healthcare Group reserves the right of final decision in case of any disputes

深層靜脈血栓暗藏致命隱憂

新式微創治療降低猝死風險



顏令朱醫生
Dr. Yien Ling Chu,
Renny

血管外科專科
Specialist in
Vascular Surgery

楷和醫療
Chiron Medical

小腿在血液循環中扮演重要角色，所以有「第二心臟」之稱；腿部腫脹、酸軟、水腫，背後可能隱藏深層靜脈血栓（DVT）。楷和醫療血管外科專科顏令朱醫生解釋，所謂深層靜脈血栓，就是深層的靜脈血管內形成血塊，阻塞血液順利回流心臟，多發於下肢；一旦血塊脫落隨血液流往肺部堵塞血管，隨時引發突發致命情況。醫生呼籲認清自身患病風險，出現可疑症狀時及時治療，減輕重症帶來的威脅。

認清三大黃金危險因子 出現症狀盡早求醫

顏醫生補充，血栓形成離不開三大關鍵因素：1. 靜脈血流停滯：長時間維持同一姿勢會讓下肢血液淤滯不流；2. 血管壁受損：手術創傷、體內導管會損傷血管內壁；3. 血液高凝狀態：荷爾蒙藥、腫瘤影響、先天遺傳體質，都會令血液變得更容易凝固。

顏醫生指出細小血栓未必為患者帶來不適而不自覺，但當出現單邊小腿酸軟、肌肉按痛、下肢浮腫便需引起關注，盡快諮詢醫生；一旦血塊游移引致肺栓塞，情況會急轉直下，如突發胸口刺痛、持續喘氣、心跳飆升，部分人更會伴隨咳血，嚴重可誘發休克，屬於需要緊急求醫的急症。臨床上會透過血管超聲波、抽血測試、電腦斷層掃描，精準定位血塊、血管堵塞範圍及成因。

多元治療方案升級 微創技術減少後遺症

過往處理血栓主要分兩類方式：傳統口服抗凝藥，日常需要注意忌口；皮下注射低分子肝素，則要每日定時打針。現時臨床更常採用新一代口服抗凝藥，出血副作用更低，對癌症病人亦相對合適。

針對範圍廣泛的重度深靜脈血栓，近年多項微創介入治療成為突破。透過導管機械抽出血塊、局部溶栓輸送，或是植入靜脈支架疏通血管，都能快速恢復下肢血流，相比過往溶栓治療，大幅降低出血風險，同時減低日後出現血栓後遺症、長期腫痛的機會。

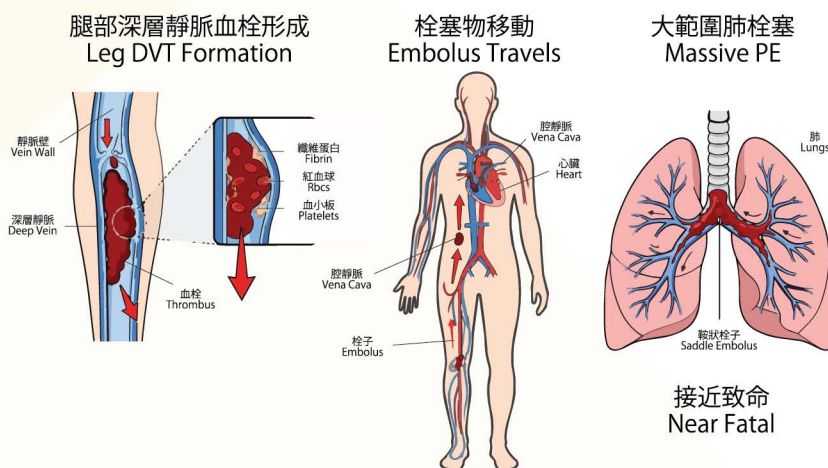
日常簡易預防守則 從源頭減低發病

醫生分享簡單「三多一少」保護與活化第二心臟：

三多：每 1 至 2 小時起身活動，坐著時多做勾腳、轉動腳踝；每日多喝清水以稀釋血液；多進食蔬果、維持恆常輕度運動，保持血管彈性。

一少：減少久坐翹腳習慣，盡量戒煙，避免大量飲酒、濃咖啡。

腫瘤、術後、懷孕等高風險人士，可跟從醫生指示穿戴醫用壓力襪；血管一旦受損很難完全復原，高危人士有不適應及早求醫、及早處理血栓，遠離致命風險。



此為深層靜脈血栓形成路徑，血栓一旦脫落流至肺部可引致致命肺栓塞。This illustrates the pathway of deep vein thrombosis. If a clot breaks loose and travels to the lungs, it can cause a potentially fatal pulmonary embolism.

Deep Vein Thrombosis: A Hidden, Potentially Fatal Threat

New Minimally Invasive Treatments Reduce the Risk of Sudden Death

The calf muscles play an important role in blood circulation and are often referred to as the “second heart.” Swelling, soreness, weakness or oedema in the legs may indicate an underlying deep vein thrombosis (DVT). Dr. Yien Ling Chu Renny, specialist in Vascular Surgery from Chiron Medical, explained that DVT occurs when a blood clot forms inside a deep vein, obstructing the smooth return of the blood to the heart, most commonly in the lower limbs. If a clot breaks away and travels through the bloodstream to the lungs, it may block a blood vessel and trigger a sudden, life-threatening event. Dr. Yien urged people to understand their individual risk factors and seek medical attention promptly if suspicious symptoms appear, in order to reduce the threat of serious complications.

Recognise the Three Major Risk Factors and Seek Medical Attention Early

Dr. Yien added that blood clots generally form due to three key factors: 1. Stasis of venous blood flow: Remaining in the same position for a prolonged period can cause blood to pool in the lower limbs; 2. Damage to the vessel wall: Surgical trauma and indwelling catheters may damage the inner lining of blood vessels; 3. A hypercoagulable state: Hormonal medication, cancer and inherited predisposition can make the blood more likely to clot.

Small clots may not cause noticeable discomfort, meaning that patients may be unaware of them. However, symptoms such as soreness or weakness in one calf, tenderness when the muscle is pressed, or swelling in one lower limb should not be ignored. Patients should consult a doctor as soon as possible.

If a clot migrates and causes a pulmonary embolism, the condition can deteriorate rapidly. Warning signs include sudden stabbing chest pain, persistent shortness of breath, a rapid heartbeat and, in some cases, coughing up blood. Severe cases may lead to shock and require emergency medical attention. Clinically, vascular ultrasound, blood tests and computed tomography (CT) scans may be used to accurately locate the clot, assess the extent of vascular blockage and identify its underlying cause.

Expanded Treatment Options and Minimally Invasive Techniques

In the past, treatment for blood clots mainly involved two approaches: traditional oral anticoagulants, which required patients to observe dietary restrictions, and subcutaneous injections of low-molecular-weight heparin, which had to be administered at set times every day. Today, newer-generation oral anticoagulants are more commonly used in clinical practice. They have a lower risk of bleeding side effects and may also be relatively suitable for cancer patients.

For extensive or severe DVT, a number of minimally invasive interventional treatments have emerged in recent years. These include using a catheter to mechanically remove the clot, delivering clot-dissolving medication directly to the affected area, and implanting a venous stent to reopen the blood vessel. These procedures can rapidly restore blood flow to the lower limbs.

Compared with conventional thrombolytic treatment, they can significantly reduce the risk of bleeding while also lowering the likelihood of long-term complications such as persistent swelling and pain following DVT.

Simple Daily Prevention Tips

Doctors recommend a simple “three more, one less” approach to protect and activate the “second heart”: Three more: 1. Get up and move around every one to two hours. When seated, flex your feet and rotate your ankles regularly; 2. Drink more water daily to help prevent dehydration and blood thickening; 3. Eat more fruit and vegetables and engage in regular, moderate-intensity exercise to maintain blood vessel elasticity.

One less: Reduce prolonged sitting and avoid crossing your legs for extended periods. Quit smoking whenever possible, and avoid excessive alcohol consumption and large amounts of strong coffee.

People at higher risk—including those with cancer, individuals recovering from surgery, and pregnant women—may wear medical compression stockings as directed by their doctors to support blood flow back from the lower limbs. Once blood vessels are damaged, they may be difficult to restore completely. People in high-risk groups should seek medical attention early if they experience discomfort and receive timely treatment for blood clots to reduce the risk of life-threatening complications.

持續醫學進修講座(CME)：

外用 JAK 抑制劑於白蝕症治療的應用

Continuing Medical Education (CME): Topical JAK Inhibitors in The Management of Skin Disease - Vitiligo

上月，由楷和皮膚科專科馬少鵬醫生主講的持續醫學進修講座「外用JAK抑制劑於白蝕症治療的應用」圓滿舉行。是次活動聚焦探討外用 JAK 抑制劑於白蝕症管理中的臨床應用、治療原理及最新發展，並結合實際病例分享，讓參加者對白蝕症的治療方案有更深入而全面的認識。

是次講座為醫護專業人員提供了寶貴的交流機會，讓大家分享臨床見解，並進一步提升對白蝕症管理的認識。

Last month, the Continuing Medical Education (CME) seminar entitled “Topical JAK Inhibitors in the Management of Skin Disease: Vitiligo” was presented by Dr. Ma Siu Pang, Dennis, Specialist in Dermatology at Chiron Medical. The seminar focused on the clinical application, treatment mechanism, and latest developments of topical JAK inhibitors in the management of vitiligo, and included case-sharing sessions, providing participants with a deeper and more comprehensive understanding of treatment options for vitiligo.

The session provided a valuable opportunity for healthcare professionals to exchange clinical insights and enhance their understanding of vitiligo management.



耳朵的「求救信號」：

耳鼻喉科醫生拆解突發性失聰、耳鳴、耳悶與耳痛

The Ear's “Distress Signals”: Our ENT Specialist Decodes Sudden Hearing Loss, Tinnitus, Ear Fullness, and Ear Pain

耳朵不只是用來聽聲音，它還是身體健康的「雷達」。近日，楷和醫療耳鼻喉科專科李瑞光醫生受邀出席由唯聽香港聽覺及言語治療中心主辦的健康關注日，為參加者深入解析四大常見耳部問題——突發性失聰、耳鳴、耳悶及耳痛，並分享何時應盡快求醫，以免錯過黃金治療期。

The ear is not only for hearing—it also serves as a “radar” for overall health. Recently, Dr. Lee Shui-kwong, Specialist in Otorhinolaryngology at Chiron Medical, was invited to speak at a Health Awareness Day organized by Widex Hong Kong Hearing & Speech Therapy Centre. He provided an in-depth explanation of four common ear conditions—sudden hearing loss, tinnitus, ear fullness, and ear pain—and shared guidance on when to seek medical attention promptly to avoid missing the critical window for treatment.



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