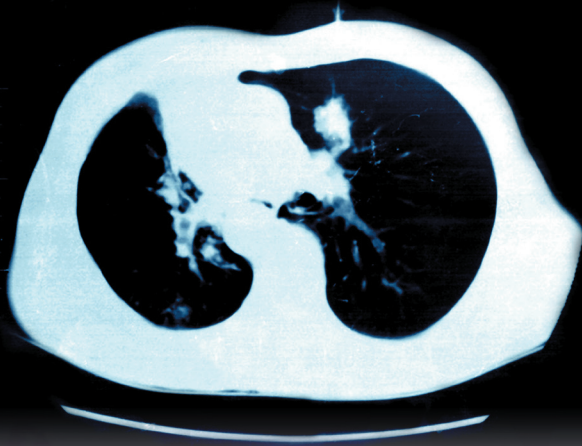




顯像導引介入治療



診斷及介入放射部

什麼是顯像導引介入治療?

顯像導引介入治療 (Interventional Radiology)，是一門急速發展的放射學科。這類手術，很適宜在X光室內進行。此治療傷口很小，需要X光或超聲波的引導進行。施行這種手術大大減少對病人的創傷，減少痛苦，加速復原，效果顯著。手術費用也較為廉宜。例如：放射診斷科醫生在超聲波的監察下，放入一條小管，把肝內的膿瘡抽乾，病人很快便痊癒。

手術的用途應用於那方面?

這項手術的種類很多。用途十分廣泛，包括治療和診斷。

1. 診斷

抽取組織化驗
微針穿刺組織檢查

2. 爲了舒緩病情

放入導管，引出積存體內的腹水、膿、血或體液等

3. 治療

擴闊過窄的管道，如膽管、輸尿管等。利用顯像導引，預先做一個導管通道。然後在手術室內，把內視鏡放入通道，在肉眼看見的情況下取出結石。傳統上，取腎石是大手術，甚至要切除一小段肋骨。現在，傷口只是一個針孔而已。

4. 血管的介入治療，更是另一個專科

栓塞出血或病變的血管，擴張過窄的血管或透過動脈道管注射化療或電療藥。顯像導引介入治療可以在病情危急時，提供即時、有效的治療，使病人性命更有保障。

病人在檢查前須作什麼準備?

手術前的準備篇

大部份病人需要入院，準備包括：

1. 驗血；如血液凝固過慢，手術中可能會出血。這些情況須預先改正
2. 主診醫生會解釋手術詳情。病人要簽署同意書
3. 如需接受靜脈造影劑注射，需確定有無過敏病歷
4. 手術前4小時開始禁食
5. X光片、電腦掃描、超聲波及對手術有參考價值的照片

鎮痛

由於這是穿刺或擴張手術，難免會有輕微創傷帶來的痛楚。

- 在穿刺的位置，醫生會注射局部麻醉劑
- 有需要時，術前、術中、或術後會給予止痛劑
- 在特殊情況下(例如病人是幼童)，可能進行全身麻醉

手術後的護理

1. 大部份病人需要短期留院觀察
2. 跟進檢驗，導管的護理

手術有沒有危險?

手術的危險

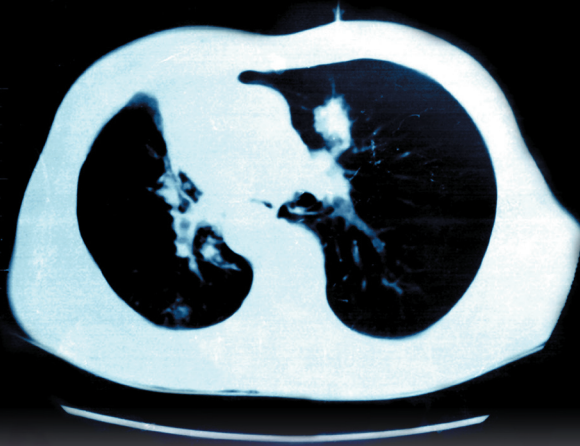
這些手術一般很安全。以下的併發症是很少發生的：

1. 傷口發炎
2. 術中或術後感染，出血
4. 肺部穿刺後可能有氣胸的情況



Hong Kong Sanatorium & Hospital

Interventional Radiology (IR)



Department of Diagnostic &
Interventional Radiology

Introduction

Interventional radiology is a rapidly evolving branch of radiology. The advantages of interventional radiology over traditional type of surgical operations include: less painful procedure to the patient, more rapid recovery, no scar or very small scar, less expense for the procedure and above all equivalent therapeutic effect. Take the example of ultrasound guided drainage of abscess in the liver. In this procedure, the pus is aspirated and a small catheter, the size of a spaghetti noodle, is placed in the abscess cavity and the catheter will be put out a few days later when the abscess resolves.

There are various types of procedures with wide range of applications. They include:

1. Diagnostic :

Core biopsy of masses.

Fine needle aspiration cytology (biopsy) of masses.

2. Palliative measures :

Drainage of ascites, pleural effusion or other body fluids.

3. Therapeutic uses :

Nephrostomy.

PTBD (percutaneous transhepatic biliary drainage).

Percutaneous dilatation of ureteric or biliary stricture.

Percutaneous removal of renal stones
(PCNL - Percutaneous Nephrolithotomy)

Only a small wound is needed to make a tract for percutaneous stone removal from nephrostomy. This has replaced previous major surgical operation which even involved the rib resection for stone removal.

Percutaneous removal of bile duct stones

Create a tract under fluoroscopy before removal of bile duct stone through endoscopic means so that we can actually visualize the stone during its removal.

4. Vascular Interventional Radiology:

Embolisation : to occlude the bleeding vessels or tumour vessels.

Percutaneous Angioplasty : Dilatation of stenotic segment in blood vessel.

Injection of chemotherapeutic or radiotherapeutic agents during angiography.

Pre-operative preparation:

Majority of patients needs to be admitted. Patients' preparation include:

1. Evaluation of blood clotting status prior to the procedure.
2. Clinician-in-charge will explain the details of procedure to the patient. Patients need to sign consent form for the procedure.
3. If the patient needs IV contrast, his/her allergic history will be taken.
4. Nil by mouth 4 hours prior to procedure.
5. Patients need to bring prior patient's films.

Analgesia :

Patient might experience pain during the puncture or dilatation procedure.

- Local anesthesia is given at the puncture site.
- Analgesia will also be given before, during or after the procedure if necessary.
- Under special circumstances, general anesthesia may be used e.g. in children.

Aftercare :

1. Observation: Short period of hospitalization may be necessary in majority of cases.
2. Follow up wound or catheter care.

Possible complication of the procedures :

The procedures describes above are generally safe. The following complications can arise in rare occasions:

1. Infection of the wound.
2. Post procedural infection or bleeding.
3. Pneumothorax after needle puncture of the lungs.

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