

## 頸椎手術病人護理須知

### 簡介

- ◇ 進行頸椎手術的作用是為了舒緩痛楚、麻痺及四肢軟弱等症狀和/或穩定脊椎。這可能是由於頸椎神經線受壓而引致，原因包括退化、創傷、感染和腫瘤。最常見的頸椎手術是脊椎前路減壓及融合術(ASF)，椎板整形術去為脊椎後路減壓 或結合椎板切除術和脊椎融合術。
- ◇ **脊椎前路減壓及融合術(ASF)** 是一項脊骨手術，是指切口通過頸部前側到達施手術的位置。
- ◇ **脊椎後路減壓及融合術(PSF)**是一項脊骨手術，是指切口通過頸部後側到達施手術的位置。
- ◇ 醫生會根據個別病人的病況去選擇適當的手術治療。

### 手術前的準備

- ◇ 矯正及穩定原有的疾病，例如心臟病、高血壓、糖尿病、貧血、哮喘等。
- ◇ 化驗檢查，包括：
  - 血液化驗及配血
  - X光
  - 心電圖
  - 磁力共振

- 四肢肌肉力量及觸感測試
- 尿液分析等
- ◇ 有需要會安排訂造合適的外固定裝置(例如：頸箍)，以便手術後使用
- ◇ 手術前最少六小時禁食
- ◇ 手術前須要沐浴
- ◇ 進行頸椎後路減壓及融合手術者，或需剃除手術部位之毛髮
- ◇ 由麻醉科及骨科醫生作術前評估
- ◇ 簽署手術同意書



頸箍

### 手術後護理

- ◇ 大部分病人會在加護病房接受緊密監察，並會拔除氣道插管以便自行呼吸，如果麻醉科醫生預計有小部分病人手術後會有呼吸困難的情況，便需要保持氣道插管以輔助呼吸。
- ◇ 一般情況下，手術後第一天需要保持禁食或只容許微量飲水。
- ◇ 護士會密切監察病情生命表徵，例如神智、血壓、脈搏、血氧、及四肢活動能力和感覺功能等。

- ◇ **吞嚥困難**：護士會監察病人有沒有吞嚥困難。
- ◇ **聲線沙啞，氣道或呼吸有困難**：護士會監察病人有沒有以上症狀情況，特別是接受了ASF手術的病人。
- ◇ **止痛**：手術後醫生會以止痛藥、注射止痛針或使用止痛機，以減輕傷口痛楚。
- ◇ **傷口及引流**：傷口敷料要保持乾爽及完整。除非敷料鬆脫，否則不須更換。引流管會放在傷口之下或掛在與床一樣的水平高度，以便排出滲液，當引流流量逐漸減少便會拆除。



引流管

- ◇ **排泄**：進行手術其間，如病人需要嚴密監察其小便量，便需要用導尿管。根據病人情況，導尿管一般會在手術後盡快拔除。
- ◇ **活動**：一般情況下，病人手術後在可接受痛楚情況下是容許在床上坐高。
- ◇ 病人或需要配帶頸箍以作保護，視乎個別情況而定。
- ◇ 當所有引流拔除和病情許可，病人可先慢慢坐起，在物理治療師的協助下離床坐，繼而

練習站立和步行運動。

- ◇ 大部分病人會留在急症醫院直至各方面的病況穩定。
- ◇ 根據醫生或醫護人員的評估，病人會被安排直接出院回家或轉往復康醫院作進一步訓練。

### 觀察和報告：

病人須注意如以下情況發生應向主理護士報告

- ◇ 四肢活動能力下降或麻痺感覺增加
- ◇ 呼吸困難
- ◇ 聲線沙啞
- ◇ 吞嚥困難
- ◇ 不能排尿
- ◇ 傷口痛楚增加或腫脹
- ◇ 小腿感到痛楚或腫脹


如有任何查詢，請與你的主診醫生聯絡。

以上資料由瑪麗醫院矯型及創傷外科提供。



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## 頸椎手術病人護理須知 NURSING EDUCATION ON CERVICAL SPINE SURGERY

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## NURSING EDUCATION ON CERVICAL SPINE SURGERY

### Introduction

- ✧ Cervical spine surgery is performed to relieve symptoms of pain, numbness and weakness of limbs and/or to stabilize the spinal column. There may be compression of spinal cord or spinal nerves due to degeneration, trauma, infection and tumour. The most common procedures are Anterior decompression & fusion of spine (ASF), posterior decompression by laminoplasty, or laminectomy combine with spinal fusion.
- ✧ **Anterior decompression & fusion of spine (ASF)** is a spinal surgery which utilizes a skin incision over the front of the neck to approach the spine.
- ✧ **Posterior decompression & fusion of spine (PSF)** is a spinal surgery which utilizes a skin incision at the back of the neck to approach the spine.
- ✧ Doctor will choose to perform surgery according to individual patient's condition.

### Pre-operative preparations

- ✧ Optimization of pre-existing medical conditions, e.g. heart disease, hypertension, diabetes mellitus, anaemia, asthma etc
- ✧ Investigations include:
  - Blood tests and cross match
  - X-rays
  - ECG
  - MRI
  - Motor and sensory chart
  - Urinalysis etc
- ✧ Arrange customized external supportive device for spine immobilization after surgery if necessary, e.g. neck collar.
- ✧ Fast for at least 6 hours before surgery.
- ✧ Pre-operative bathing
- ✧ Cleaning and shaving of hair may be needed for posterior cervical surgery.
- ✧ Assess by Anaesthetist and Orthopaedics surgeon.
- ✧ An informed consent will be signed.



Neck collar

### Post-operative care

- ✧ Most patients will be extubated and self-ventilated under closed supervision in the high-dependency unit; some may be kept intubated if the anaesthetist anticipates there may be airway difficulties after the surgery.
- ✧ The first day after surgery usually keep fasting or allow sips of water only.
- ✧ Nurse will monitor patient's vital signs including conscious level, blood pressure, pulse, saturation, motor and sensory function of four limbs.
- ✧ **Dysphagia:** nurse will observe any difficulty in swallowing.
- ✧ **Hoarseness of voice, airway or breathing difficulties:** nurse will observe for these symptoms especially for ASF patients.
- ✧ **Pain control:** doctor will prescribe oral, injection analgesics or Patient Control Analgesic (PCA) machine will be used for better pain control.
- ✧ **Wound & drain:** keep wound dressing dry and intact. No need for regular change unless the dressing detached. The drainage tube will be put either beneath the wound or at bed level to drain any discharge. It will be removed when output is minimal.



Drain

- ✧ **Elimination:** urinary catheter may be inserted for close monitoring for urine output at the time of surgery. It will be removed shortly after surgery according to patient's condition.
- ✧ **Mobilization:** Patients are usually allowed to be propped up as tolerated in bed immediately post-op.
- ✧ Patients may need to be immobilized in a neck collar depending on the condition.
- ✧ After all the drains have been removed, and if medical condition allows, they are encouraged to gradually sit up, sit out, perform standing and walking exercise under the supervision of the physiotherapists.
- ✧ Most patients will stay in the acute hospital until all the medical conditions are settled.
- ✧ Patients can either be discharged home or transfer to a rehabilitation hospital for further training, depending on the doctors' and other health professional assessments.

### Observations & report

Patients should alert and report to nurses if the following conditions occur:

- ✧ Decrease of limb power or increase numbness of the limbs
- ✧ Difficulty in breathing
- ✧ Hoarseness of voice
- ✧ Difficulty in swallowing
- ✧ Unable to pass urine
- ✧ Increase pain, swelling of wound
- ✧ Pain or swelling of calf

**Should you have any queries, please consult your doctor-in-charge.**

Information provided by Department of Orthopaedics & Traumatology, Queen Mary Hospital