

腰椎手術病人護理須知

簡介

- ◆ 進行腰椎手術的作用是為了解緩痛楚、麻痺及四肢軟弱等症狀和/或穩定脊椎。這可能是由於腰椎神經線受壓而引致，原因包括退化、創傷、感染和腫瘤。
- ◆ **脊椎前路手術**是一項脊骨手術，是指切口通過身體前側到達施手術的位置。
- ◆ **脊椎後路手術**是一項脊骨手術，是指切口通過身體後側到達施手術的位置。最常見的脊椎後路手術是椎間盤切除術，腰椎後路減壓及腰椎後路減壓附加脊椎融合術。
- ◆ 醫生會根據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，可能包括：
 - 血液化驗及配血
 - X光
 - 心電圖
 - 電腦掃描(CT)/磁力共振(MRI)
 - 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：胸腰骶椎矯形器)，以便手術後使用



胸腰骶椎矯形器

- ◆ 手術前最少六小時禁食
- ◆ 手術前須要沐浴
- ◆ 由麻醉科及骨科醫生作術前評估
- ◆ 簽署手術同意書

手術後護理

- ◆ 大部分病人會在普通病房或加護病房接受緊密監察，並會拔除氣道插管並自行呼吸，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，便需要在深切治療病房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。
- ◆ 護士會密切監察生命表徵，包括神智、血壓、脈搏、血氧、小便量。
- ◆ **神經系統評估**：護士會監察病人的神經系統，包括定時作四肢活動和觸感評估。
- ◆ **止痛**：手術後醫生會以口服止痛藥、注射止痛針或可能使用止痛機，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**：進行手術期間，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。
- ◆ 病人或需要配帶胸腰骶椎矯形器以作保護，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
- ◆ 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形及創傷外科提供。



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腰椎手術病人護理須知 NURSING EDUCATION ON LUMBAR SPINE SURGERY

 瑪麗醫院 Queen Mary Hospital	Pamphlet Topic & Department Code
Ownership	QMH/Orthopaedics & Traumatology-17
Last review/revision	Oct/2022
Approval	HKWC Information Pamphlet Working Group
Distribution	As requested

NURSING EDUCATION ON LUMBAR SPINE SURGERY

Introduction

- ◆ Lumbar 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 tumor.
- ◆ **Anterior surgery** is a spinal surgery which utilizes a skin incision over the front of the body to approach the spine.
- ◆ **Posterior surgery** is a spinal surgery which utilizes a skin incision at the back of the body to approach the spine. The most common procedures are discectomy, decompression & decompression with fusion of 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 may include:
 - Blood tests and cross match
 - X-rays, Electrocardiography (ECG)
 - Computed Tomography (CT)/Magnetic Resonance Imaging (MRI)
 - Motor and sensory chart
 - Urinalysis etc
- ◆ Arrange customized external supportive device for spine immobilization after surgery if necessary, e.g. Thoracolumbosacral orthosis (TLSO)



TLSO

- ◆ Fast for at least 6 hours before surgery
- ◆ Pre-operative bathing

- ◆ Assess by Anesthetist and Orthopedics surgeon
- ◆ An informed consent will be signed.

Post-operative care

- ◆ Most patients will be extubated and breath by themselves under close supervision in either the general ward or high-dependency unit; some may be kept intubated if the anesthetist anticipates there maybe airway difficulties after the surgery in the intensive care unit
- ◆ 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, oxygen saturation and urine output.
- ◆ **Neurological assessment:** Nurse will monitor the neurology of the patient which include motor and sensation assessment of four limbs regularly.
- ◆ **Pain control:** Doctor will prescribe oral, injection analgesics. Patient Control Analgesic (PCA) machine maybe used for better pain control.

- ◆ **Wound & drain:** Keep wound dressing dry and intact. No need for regular change unless the dressing is detached. The drainage bag 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 of 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 mobilized with TLSO depending on the condition.
- ◆ After all the drains have been removed, and if medical condition allows, patients 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
- ◆ 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 and Traumatology, Queen Mary Hospital.