

Translabyrinthine Excision of Acoustic Neuroma 經迷路聽神經瘤切除術

Introduction 簡介

Removal of tumour from the internal acoustic canal and /or cerebellopontine angle

把腫瘤從內聽道及／或小腦腦橋角清除

Indications 適應病症

1. Excision of tumour in patients with poor hearing on the tumour side
切除影響聽力一方的腫瘤

Intended Benefits and Expected Outcome 預期結果

1. Ideally, complete removal of tumour with no neurological consequence
最理想情況是把腫瘤完全切除，同時不發生神經性後遺症
2. There is chance of residual disease and recurrence 手術後可能有殘餘病變及復發
3. Further treatment modality may be required 或有必要進行其他手術或治療

Contraindication to the Procedure 不適用於以下情況

1. Elderly patient with high surgical or anaesthetic risks 有高手術或麻醉風險的高齡人士
2. Small tumour with no significant interval change of size and little or no pressure effect to adjacent structures 腫瘤細小，而且體積並無重大變化，亦沒有壓迫鄰近組織
3. Medically unfit patient 有其他嚴重內科問題的病人
4. Patients with good hearing on the tumour side and suitable for alternative surgical approaches or other treatment modalities 聽力良好及有其他手術或治療選擇

The Procedure 手術過程

1. Incision is made behind the ear 切開耳背的皮膚
2. Drill away the labyrinthine bone after safeguarding the facial nerve
移除骨迷路組織，並保留面部神經
3. Remove tumour and fill the defect with soft tissues 清除腫瘤，並以軟組織填補
4. Close the wound 縫合傷口
5. Apply pressure dressing for few days 手術後數天會加壓包紮傷口

Risk and Complication 手術風險和併發症

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood

手術有一些副作用和併發症風險，醫務人員將盡力減少副作用和併發症風險

Common Risks and Complications 常見副作用和併發症(≥1% risk/風險)

1. Complete destruction of residual hearing 剩餘聽力完全受到破壞
2. Postoperative vertigo-usually temporary 手術後暈眩—通常是短暫性
3. Intracranial haematoma-requires a second operation to evacuate
腦內暈出血，並需以手術清除

4. Facial nerve temporary or permanent paralysis-inability to smile, frown and close the eyes
面神經癱瘓受傷, 引致一邊面短暫或永久性未能作出笑, 皺眉, 或閉眼等動作
5. Cerebrospinal fluid leakage-may need a second operation to stop the leak
腦脊液漏, 或需手術再修補
6. Wound breakdown 傷口裂開
7. Hypertrophic scar and keloid 疤痕增生及疤痕瘤
8. Residual tumour 未能把腫瘤完全切除
9. Meningitis 腦膜炎

Uncommon Risks with Serious Consequences 不常見的嚴重風險或併發症 (<1% risk/風險)

1. Cerebellar and brainstem stroke 小腦及腦幹中風
2. Other cranial nerve injury-difficulty with swallowing and speaking
其他腦底神經受損引致吞嚥及說話困難
3. Death 死亡

Before the Procedure 手術前準備

Patient should: 病人應該:

1. Inform doctor of any medical condition e.g. diabetes mellitus, heart disease, hypertension and any regular medication, including herbs and dietary supplement.
告知醫生其本身患有的其他疾病, 如糖尿病、心臟病、高血壓及定時服用的藥物, 包括中藥及保健食品
2. Stop food and drink if needed as instructed by doctor or nurse
遵從醫護人員指示, 在需要時禁食
3. Other special preparation or investigation before the procedure
其他手術前準備或檢查

After the Procedure 手術後須知

1. May need to stay in intensive care unit for one day or two for observation
或需在深切治療部留醫一至兩天接受觀察
2. Wound pain and discomfort
傷口痛楚或不適
3. Lie in a slightly head up position may help reduce oedema after the procedure
睡覺時頭部略為墊高, 可有助減少手術後出現水腫情況
4. Do not lift or strain during early postoperative period
手術後初期不應做拉、舉動作

Alternative Treatment 其他治療方法

1. Stereotactic radiosurgery 立體定位放射手術
2. Observation 持續觀察腫瘤的變化
3. Other surgical approaches 其他手術選擇

Consequences of No Treatment 不治療的後果

1. Progression of disease with time 腫瘤持續增大
2. Further impairment of hearing and speech perception and worsening of otological symptom such as tinnitus 聽覺及言語感知能力進一步受損，耳症狀更嚴重，例如耳鳴
3. Pressure effect to surrounding vital structures, e.g. brain stem, cerebellum 壓迫四周重要組織，例如腦幹、小腦
4. Obstruction of flow of cerebrospinal fluid with hydrocephalus, causing impairment of cognitive or sensorimotor function and even death 腦脊液流動阻礙及腦積水，以致認知或感覺運動功能受損，甚至死亡

Follow Up 手術後跟進

1. See the doctor as scheduled 依時覆診
2. Seek immediate medical attention if you have any excessive bleeding, collapse, severe pain, fever or signs of wound infection. 如嚴重出血、虛脫、劇痛、發燒或有傷口感染跡象，應立即求醫
3. Periodic MRI scanning may be required if tumour is not completely removed 如未能把腫瘤完全切除，或有需要定期進行磁力共振掃描

Remarks 備註

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

本單張只提供有關手術的基本資料，可能發生的風險或併發症不能盡錄。某類病人的風險程度亦為不同。如有查詢，請聯絡你的醫生。