

臺中榮總與診所攜手共照健康聯誼會

議程		
時間	Topic	Speaker
14:30-15:10	來賓報到	
15:10-15:20	貴賓及長官致詞	
15:20-15:40	全方位頭頸部達文西手術	臺中榮民總醫院耳鼻喉頭頸部 王仲祺主任
15:40-16:00	青少年高血壓之診斷與治療	臺中榮民總醫院兒童醫學部 林明志主任
16:00-16:20	大台中根除 C 型肝炎最後一哩路	臺中榮民總醫院胃腸肝膽科 楊勝舜主任
16:20-16:40	休息	
16:40-17:00	脊椎微創手術簡介	臺中榮民總醫院骨科部 陳昆輝主任
17:00-17:20	失智症篩檢、診斷及治療	臺中榮民總醫院神經內科 李威儒主任
17:20-17:40	胰臟達文西機械手臂手術	臺中榮民總醫院一般外科 陳怡如醫師

內容摘要：

一、全方位頭頸部達文西手術：

達文西機械手臂在外科的應用已是日新月異，臺中榮總耳鼻喉頭頸部自 2010 年起開始在台灣發展全方位頭頸部達文西手術至今已經超過十個年頭，服務許多病友，學術成果更是亮麗。達文西手術是使用機械手臂來操作內視鏡手術，因此手術過程較人的手臂穩定；在 10 倍放大的立體 3D 內視鏡輔助下，手術剝離腫瘤較傳統目視或 2D 內視鏡更為精確。因此在不同的術式下，病人可以得到更好的喉部功能保留，或頸部美觀的療效。在耳鼻喉頭頸部，可分為”經口上呼吸消化道手術”及”美觀性頸部腫瘤切除手術兩種”。

經口機械手臂上呼吸消化道手術：經口機器手臂手術(Trans-Oral Robotic Surgery: TORS)主要用來切除上呼吸消化道的良性或惡性腫瘤，尤其是無法以肉眼直視，需要大範圍切除的惡性腫瘤。傳統的上呼吸消化道癌症手術方式往往需經由頭頸部皮膚及骨骼對腫瘤做較大範圍的切除，上呼吸消化道呼吸、吞嚥、發聲等重要功能的保留相對較不容易，藉由經口機器手臂手術，如口咽部的扁桃腺癌、舌根癌在台中榮總都已有豐富的手術經驗。2016 年更於國際期刊發表創新的無氣切下咽癌、喉癌等經口機器手臂手術。2020 年更於國際期刊發表全球個案數最多的經口機器手臂手術全喉切除術。

美觀性頸部腫瘤切除手術：頸部良性或惡性腫瘤的切除，傳統上會於頸部可見處留下明顯傷

疤。藉由達文西機械手臂，可將皮膚切口移到距離腫瘤較遠的腋下或耳後，深入內視鏡器械切除腫瘤卻不留下可見的疤痕。譬如甲狀腺、下頷腺、淋巴腺、先天性腫瘤等，都可能利用此術式來避免可見的頸部疤痕。

二、青少年高血壓之診斷與治療：

1.醫師為何需瞭解青少年高血壓的診斷與治療：(1)肥胖導致青少年提早出現成人疾病(2)少子化，兒科醫師提供全家人健康諮詢服務(3)成人病也會發生在小孩身上。

2.高血壓的嚴重性：(1)冠狀動脈心臟病(2)心臟衰竭(3)腦血管疾病(4)腎臟疾病。

3.課程大綱：(1)從 JNC7 談起(2)臺灣高血壓的現況與 guideline(3)青少年及兒童高血壓的特殊考量(4)用藥的原則。

4.Take Home Message：(1)青少年高血壓原發性多(2)次發性腎臟來源最常見 3. 勿忘：先天性心臟病 (CoA)、甲狀腺機能亢進、嗜鉻細胞瘤。

三、大台中根除 C 型肝炎最後一哩路：

30 幾年來從一頭霧水的「非 A 非 B 型肝炎」開始解謎，到正名「C 型肝炎病毒」，到研發出清除 C 肝病毒藥物，是人類科學界驚奇的成就。世界衛生組織宣示要在 2030 年達到消除病毒性肝炎的目標，各國紛紛投入 C 肝篩檢及新藥治療，台灣更是「超前部署」，立下「2025 年消除 C 肝」的目標。此病毒為國人肝病第二號殺手，感染人數預估為 40 萬，過去干擾素治療成功者約 8 萬餘、全口服抗病毒藥物治療成功者約 13 萬餘，國內大約還有將近 20 萬名的「C 肝隱形人」，如果我們希望在 2025 年清除 C 肝，每年至少要治療 4~5 萬人，才能成功攻頂。為了順利達標，衛福部自 2020 年 9 月 28 日起放寬 45 歲 (原住民 40 歲)至 79 歲民眾可接受終身一次的 B、C 型肝炎血清指標篩檢，等同於「普篩」，希望能找出所有 C 肝病毒感染者並成功治癒。自 2017 年 1 月 24 日國內健保給付全口服抗病毒藥至今，C 肝治療已進展至「全基因型口服藥」，此類藥物國人治癒率高達 99%，健保署自 110 年 9 月 28 日開放國內所有醫師都能開立 C 肝處方用藥，期望達到「肝炎篩檢家家催、口服藥品遍地開」的目標，如此一來把 C 肝從「國病」變成「罕病」指日可待。此次與大台中基層醫療醫師的研討會，著眼於 C 肝諸多的「肝外表現」以及治癒 C 肝對病人及人類社會的正面價值，鼓勵基層醫師們加入此世紀大業，共同為清除 C 肝病毒盡上一份心力，創造另一項「台灣之光」。

三、脊椎微創手術簡介：

微創手術的概念在近十幾年來方興未艾，其應用的廣度也與日俱增，脊椎外科手術自不免於外，微創概念也普遍應用脊椎的手術。雖然如此，其應用的程度、內涵及對病患的實際助益事實上仍有不同的效益。加上醫療科技的日新月異，人工智慧及深度學習的應用於脊椎手術相關醫材及設備的研發及進展，也讓脊椎微創手術有著不同的境界。台中榮民總醫院骨科部脊椎外科多年來致力於脊椎相關疾病的精準診斷、手術技術的精進及微創觀念的廣泛應用，並成立脊椎疾病治療暨研究中心，以整合脊椎手術相關之診、治療及研究量能。

在脊創微創手術相關議題上，微創的概念可應用於內視鏡脊椎減壓手術、椎間盤手術、脊椎

融合手術、椎莖骨釘植入手術、脊椎骨折及脊椎變形矯正手術。脊椎微創手術的目的，除了傷口小、美觀及疼痛減輕外，更重要的能同時達到軟組織破壞少、出血量少、骨頭相關重要力學結構的保留、早日術後復健、恢復快速的目地之餘，仍能達到原本脊椎手術核心目的，亦即足夠的減壓、變型的矯正及成功的融合。

四、失智症篩檢、診斷及治療：

Dementia is a clinical syndrome caused by neurodegeneration and characterized by irreversibly progressive cognitive deterioration and impaired function of independent daily living. Alzheimer's disease (AD) is the most important dementia syndromes. In Asia developing countries, including Taiwan, the prevalence of dementia in 65 years old and older was 3% to 10%, and the prevalence of AD was 2% to 5% previously. However, Asia's societies are rapidly aging in tandem with global trends: there was in 2010 an estimated 760 million elderly (≥ 60 years), 11% of the total global population. This number is projected to double to 1.4 billion in 2030 and triple to 2 billion in 2050 (16.5% and 22% of the total global population respectively). Recently, a nationwide survey of mild cognitive impairment (MCI) and dementia in Taiwan showed the age-adjusted prevalence of all-cause dementia was 8.04% (95% CI 7.47-8.61), including a 3.25% (95% CI 2.89-3.61) prevalence of very mild dementia; that of MCI was 18.76% (95% CI 17.91-19.61). The concept and procedure of dementia diagnosis is essential for clinical physicians. In this talk, I will introduce the screening, diagnosis and treatment of dementia.

六、胰臟達文西機械手臂手術：

The general surgery department of Taichung veterans general hospital began to develop Da Vinci surgery in 2011. By December 2021, 329 operations had been completed, including pancreas surgery, liver surgery, biliary tract surgery, gastric cancer resection and thyroid surgery. 180 pancreatic surgery has been completed. Pancreatic surgery is the focus of development because the pancreas is located deep in the abdominal cavity, and usually requires a large wound to perform the operation. After the tumor on the head of the pancreas is removed, the digestive tract needs to be reconstructed: including pancreaticojejunostomy, hepaticojejunostomy and duodenojejunostomy. All are required precise sutures. So pancreatic operation is very suitable for robotic surgery. Pancreatic cancer in Taiwan mostly occurs between the ages of 40 and 70, and the incidence of males is 1.15-1.16 times that of females. According to the National Health Administration's Cancer Registration Report, the number of pancreatic malignant tumor cases accounted for 2.08% of all malignant tumor cases, and the number of deaths accounted for 4.18% of all malignant tumor deaths in 2016. Incidence was ranked 13th in men and 13th in women; mortality was ranked 8th in men and 5th in women. A total of 2,202 people were diagnosed with pancreatic cancer for the first time in 2016, accounting for 6.00% of the digestive organs and peritoneal cases; a total of 1,996

people died of pancreatic cancer that year.

The poor prognosis of pancreatic cancer is mainly due to the lack of early symptoms and screening tools, difficult diagnosis, difficult pancreatic surgery with many complications, and limited progress in chemotherapy. The overall 5-year survival rate of pancreatic cancer is less than 5%. 20% of pancreatic cancer patients can receive surgery when they are first diagnosed, and only 5 to 25% of the patients who can be operated can survive for more than 5 years. Most of the pancreatic cancers are asymptomatic in the early stage. When the tumor grows to a certain extent, there will be non-specific symptoms such as abdominal pain and even back pain.

Still, surgical resection is currently the only way to have a chance of curing pancreatic cancer.

Pancreatic cancers can be surgically removed if they do not have distant metastases or extensive vascular invasion. Da Vinci's robotic arm can imitate human hands to complete operations, requiring only a few small wounds to replace the large wounds of traditional surgery, and patients can return to daily life or receive chemotherapy as soon as possible. The use of Da Vinci to assist pancreatic surgery is a great boon for patients.