



與腦外科醫生對談

今次的訪問是由兩位腦瘤康復者 May 和 Shirley 向與專責腦外科手術的潘偉生教授提問，盡釋病人有關手術風險和後遺症等疑團。



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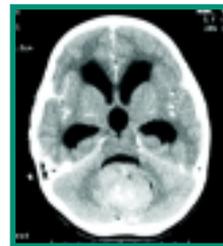
切除腦瘤手術是否風險很高？成功率有多少？

每種切除腦瘤手術的風險不同，其中以良性腦膜瘤的風險最低；與大腦幹接連的惡性腫瘤的風險最高，併發症較多及康復時間亦較長。以 May 的神經管細胞瘤為例，屬中度風險外科手術，風險比切除盲腸手術為高，危及生命的機會只為 1-2%。由於要完全切除，所以出現功能損害的機會為 5-10%，May 腿部便出現較難平衡的毛病，手術後亦要接受化療及電療。

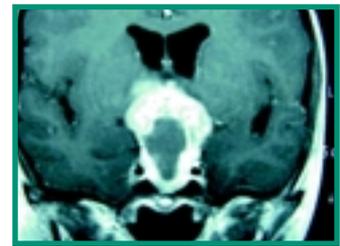
為患者大多是兒童，他們的父母都十分擔憂。作為外科醫生，要替病人切除 95% 以上的腫瘤，走進手術室必定戰戰兢兢。一方面怕切得太多，會損害病人身體功能；另一方面，又怕切得太少，可能會復發。

手術後有什麼後遺症？是否要長期打針服藥？

腦瘤的性質及生長位置不同，手術後遺症亦不盡相同，並不是每個病人都要長期打針服藥。以 Shirley 胚胎細胞瘤為例，腫瘤生長在腦下垂體頂部，要打開頭骨作部分切除，然後接受電療及化療，所以手術危險性不及 May 的高。不過，由於手術破壞了荷爾蒙分泌，必須長期服食甲狀腺素、女性荷爾蒙，及注射生長激素。



神經管細胞瘤的電子掃描
Imaging of a medulloblastoma similar to May's case



腫瘤生長在腦下垂體頂部的電子掃描
Imaging of a pituitary region tumour similar to Shirley's case

未來的腦外科手術將有什麼新的發展？

目前香港的腦瘤治療已經很先進，患上跟 May 一樣的腫瘤五年存活率是 50%，而患 Shirley 類型的腫瘤五年存活率是 90%。將來的趨勢是發展細胞治療及免疫治療，將藥物直接打入腦部患處，減少外科手術帶來的風險。目前這些治療方法仍在臨床研究階段，還未正式使用。

後記

生病後，我常感到上天對我不公平。透過這次採訪，增加了腦瘤外科手術的認識。原來有些康復者要長期打針服藥；相對來說，我的情況已算幸運，只是腳部出現平衡問題，及要服食荷爾蒙補充劑。啊！做醫生真是殊不簡單！

May

你曾為不少病人做手術，有什麼感受？

作為醫生，當然以病人的福祉為依歸。遇到 Shirley 情況的病人，心情比較輕鬆，因為毋須完全切除腫瘤，加上化療，根治機會很高。可是，若病人體內的鈉變化太大，情況會很危險，所以也不敢掉以輕心。

遇上 May 情況的病人，心情會較為複雜。因

原來腦瘤的性質及生長位置不同，其後遺症及康復時間亦有異。盼望日後科技進步，能減少後遺症，使痊愈時間加快。藉此感謝醫護人員的照料，使我可以早日康復。

Shirley



In Conversation with a Brain Surgeon

This interview was conducted by two brain tumour survivors, May and Shirley, with Professor Poon Wai-sang, who specializes in brain surgery. Professor Poon explains to us the risk and residual defects of brain surgery.

Is the operation to remove a brain tumour very risky? What about the success rate?

Each tumour resection carries different risk levels. The resection of a benign tumor carries the lowest risk, while resection of a malignant tumor connecting to the brain stem not only carries the highest risk but also entails a higher chance of complications, requiring a longer period to heal.

Take May's case, for example. Her medulloblastoma was an intermediate risk operation. Carrying a higher risk than an appendicectomy, there is a 98-99% chance of success. However, the surgery requires a complete resection of the tumor, with a 5-10% chance of causing functional damage. In May's case, she found it hard to balance on her legs after the surgery, chemotherapy and radiotherapy treatment.

Are there any residual defects after brain surgery? Does one need to take long-term medication after the surgery?

It depends on the nature and location of the brain tumour. For example, Shirley's germ cell tumor was located above the pituitary gland on top of the nasal sinuses. We only had to open her skull to remove part of the tumour and destroy the remaining part by radiotherapy. Therefore, the risk level of Shirley's surgery was not as high as May's. However, the surgery did cause damage to her ability to secrete hormones. As a result, she now takes long-term medication of anti-diuretic hormone, thyroxine and oestrogen, and receives regular injections of growth hormone.

What are the new developments in brain surgery?

Brain tumour treatment in Hong Kong is already very established. The 5-year survival rate for May's disease is 50%, while that for Shirley's is 90%. The latest technologies in brain tumour treatment include cell therapy and immunotherapy. These methods are designed to improve long term outcome. Instead, drugs are injected directly into the brain tumour. At present, the new therapies are still under clinical tests.

You have operated on many patients. What are your feelings towards them?

As a doctor, of course, I always place the well-being of my patients first and foremost. I feel more optimistic for

patients like Shirley as it is not necessary to completely remove the tumour. With the help of radiotherapy, the cure rate is very high. Yet, I'll always be watchful of the patient's condition. For example, a massive change in the body sodium level indicates a serious condition that can cause irreversible brain damage. With close monitoring, we can avoid this situation.

For cases similar to May's, it is very difficult to describe my feelings. Most of my patients who are diagnosed with that kind of disease are children and their parents are, understandably, very anxious about the treatment. Every time I go into the operating theatre, I am fully aware of the fact that it requires total concentration and great skill to remove over 95% of the patient's tumour in one operation. I have to take great care in removing as much of the tumour as possible without causing any damage to the patient's bodily functions.

Behind the Scenes

I always thought that it was so unfair for me to have got this disease. But my self-pity has now largely dissipated. I know that there are survivors who need to take medication and have injections for the rest of their lives in order to maintain the normal function of their bodies. Compared to them, I think that I was lucky to have only had a small problem in balancing that required relatively minor treatment. It is really not easy to be a doctor!

May

I didn't know that the residual defects and recovery time from brain surgery depends on the nature and location of the tumours. I hope that the advances made in medical science will further reduce the chances of residual defects and shorten the recovery time in the future. I wish to take this opportunity to thank the medical staff, whose support and help were crucial to my early recovery.

Shirley