

4 Robotic Colorectal Resection 機械臂大腸癌切除術

Minimally invasive resection has become one of the standard treatments for colorectal cancer with less blood loss, a smaller wound, quicker recovery and fewer possible complications. The robotic surgical system is able to deal with complicated rectal cancer and avoid side effects such as impotency by preserving the pelvic nerve plexus.

The surgical system also allows the surgeon to operate deeper into the pelvis to effectively remove hard-to-reach tumors while preserving anal muscle function.

For most patients, robotic colorectal surgery has the following advantages:

- + Faster recovery and shorter hospital stays
- + Smaller wound without injury to muscles and fascias
- + Less burden on the respiratory system
- + Less pain and lower chance of infection
- + Less blood loss (fewer transfusions)

微創大腸癌切除術現已成為其中一種標準治療方法，好處是出血少、創傷較少，復原較快，併發症風險較低。使用機器臂系統，甚至可處理病情較複雜的直腸癌，還能避免因觸及神經線而出現的副作用，例如影響盆腔神經的功能。

此系統還可以讓醫生深入盆腔清除腫瘤，同時又保留肛門肌肉的功能。

對大部份患者而言，機械臂大腸癌切除術有以下優點：

- + 住院期間較短，康復較快
- + 傷口較小，避免傷及肌肉與筋膜
- + 減低呼吸系統負擔
- + 疼痛減少，感染機率較低
- + 出血較少，輸血機會較低



Map 路線圖



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Robotic Colorectal Surgery 機械臂大腸癌切除術



4 da Vinci Robotic Surgery 達文西機械臂手術

As part of its mission to serve the community with the most advanced medical equipment and technology available, Hong Kong Adventist Hospital – Stubbs Road launched the DaVinci Xi Robotic Surgical System.

香港安醫院—司徒拔道現已引進達文西Xi機械臂高清手術輔助系統，期以最先進的儀器及技術來服務大家。

+ Advantages 優點

- + The system incorporates a magnified 3D high-definition vision system, ensuring enhanced visibility, enabling surgeons to perform complex procedures with greater accuracy
- + Its advanced robotic arms and wristed instruments allows surgeons control the robotic arms with exceptional dexterity, thus provides more precise manipulation of tissues, better visualization, and improved surgical outcomes
- + Range of minimally invasive surgeries is expanded, and the effectiveness and safety of surgery increased
- + 高解像度的立體（3D）影像有助於提升醫生在手術過程中的視野，並且能夠更準確和穩定地執行複雜的手術。
- + 機身較上代纖巧，較容易旋轉至不同位置，活動範圍較廣。
- + 其先進的旋轉機械臂能從多個角度及位置進入病人體內，使醫生能以更靈活方式操控機械臂，從而提供更好的治療效果和病人安全性。



4 Colorectal Cancer 大腸癌

Colorectal cancer is currently the most common type of cancer in Hong Kong¹. Prevalence increases with age, and people aged 50 or above are at high risk. It takes seven to 10 years for polyps to develop into cancer, and the earlier the cancer is found, the better the patient's prognosis.

大腸癌是現時香港最常見的癌症¹，年齡愈大，患病機會愈高，尤其是五十歲以上人士。大腸癌發展緩慢，由瘰肉發展至惡性腫瘤約需七至十年，愈早發現，治癒的機會愈高。



+ Major Risk Factors 主要風險因素

- + Aged 50 or above
- + Previous personal or family history of colorectal cancer
- + Frequent consumption of foods with high animal fat, high protein and low dietary fiber
- + Smoking, obesity and lack of exercise
- + Polyps in the large intestines
- + 五十歲或以上
- + 個人或家族成員曾患大腸癌
- + 常吃高動物性脂肪、蛋白質和低纖維的食物
- + 吸煙、少運動、癡肥
- + 大腸長有瘰肉

+ Symptoms 症狀

Symptoms of colorectal cancer very often do not emerge until a later stage. They include:

- + Darker-colored feces with blood and mucus
- + Significant reduction in body weight
- + Anemia
- + Feeling of unfinished defecation
- + Change in bowel movement habits (form and frequency of feces)

You should consult your doctor once any of the above conditions occur.

大腸癌往往到晚期才會出現較明顯的病徵，其中包括：

- + 糞便帶血、呈黑色，附有黏液
- + 體重明顯下降
- + 貧血
- + 排便後仍感到腸內有糞便
- + 排便習慣改變，包括排泄物的外觀和次數

一旦發現上述任何徵狀，應該盡快求醫。

+ Examination and Diagnosis 檢查和確診

Colonoscopy is the recommended mode of screening for colorectal polyps and cancer, ideally starting from the age of 50, and earlier for high-risk individuals. Alternative examinations include fecal occult blood tests, computed tomography (virtual colonoscopy) and barium enemas.

建議由五十歲起，定期作大腸鏡檢查，有助及早發現大腸瘰肉和惡性腫瘤。不過，高危一族宜更早開始接受檢查。其他檢查有大便隱血、虛擬大腸鏡電腦掃描和鋇劑灌腸檢查等。



+ Treatment 治療

Surgical resection of the affected colon / rectum area is the treatment of choice for colorectal cancer. Other treatments include radiotherapy, chemotherapy and targeted therapy.

透過手術將長有腫瘤的結腸或直腸組織切除是標準治療方案，其他治療方法包括放射治療、化學治療和標靶治療。

¹ Latest available information from Hong Kong Cancer Registry of Hospital Authority.
資料來源：醫管局香港癌症資料統計中心