

主題：脊椎側彎的外科治療

日期：108年2月20日(星期三)

時間：13:00~14:00

地點：烏日林新醫院(2樓大會議室)

講師：骨科 謝博欽主任

對象：全體醫護同仁

時間	節目排程	
13:00~14:00	講師介紹暨致詞	外科 鍾偉安主任
	講師演講	骨科 謝博欽主任
14:00~14:05	Q&A 問題討論	

# 謝博欽主任

現任 骨科主任

## 主治項目

一般骨科、骨外傷、坐骨神經痛、脊椎側彎、脊椎畸形、脊椎骨折、人工關節置換、關節鏡手術、骨關節炎手術

## 學歷

高雄醫學大學醫學系、成大醫學工程所碩士

## 經歷

長庚醫院骨科主治醫師

奇美醫院骨科主治醫師

聖馬爾定脊椎外科主任、骨科主任

## 主題：脊椎側彎的外科治療

### 摘要：

The scoliotic deformity comprised congenital, neuromuscular and most commonly idiopathic origin. For adolescent idiopathic scoliosis skeletally immature patient, treatment commenced with corrective brace if the curve angle between 20-40 degrees., and was progressive. The surgical indications for A.I.S if immature patients with Cobb angle larger than 40 degrees. And was progressive. For mature patients, the curve could be wait until 50 -55 deg. But, if for cosmetic consideration or for saving the fusion segments, the surgery could be done if the curve reached 40 degrees.

The Lenke classification of the AIS was universally accepted. Which included six types, three lumbar spine modifiers, and three thoracic sagittal profiles were used to determine the fusion levels. The principles of determination of the fusion segments of the A.I.S. were fusion the whole Cobb angle, fused any kyphotic disc, and fusion must stop in the safe zone. The upper instrumented vertebra should be in the centered vertebra which usually one segment above the upper end vertebra. Lower instrumented vertebra in the vertebra bisected by the CSVL.

The surgical techniques were performed by surgeon's preference and by the unique characteristics of the spinal implant. The correction of the deformity could be done from the concave side with pedicle screws in the strategic vertebrae as foundation, All pedicle screw method could be used for more effective correction with de-rotation maneuver. The new technology of the U-clamp could replace the screw as a corrective tool which was safe and powerful.

Cantilever technique using all pedicle screws inserted in the convex side, with powerful cantilever bending which corrected the curve from the convex side produced satisfactory cosmetic effect.

The neuromuscular scoliosis curve usually was very stiff and highly progressive, the principles of the surgical treatment were the same, but fusion to the sacrum was contraindicated. Anterior release was necessary if the curve larger than 90 degrees

The scoliotic surgery is complicated and requires learning curve. Cases will be presented with different correction method during the meeting.