2014 外科雲嘉區地方月會

主辦單位：大林慈濟醫院外科部、台灣外科醫學會

時間：民國 103 年 10 月 25 日 星期六 09：00~11：00

地點：大林慈濟醫院大愛樓 2 樓第二會議室 (嘉義縣大林鎮民生路 2 號)

座長：外科部 黃介琦主任

教育積分：台灣外科醫學會 20 分、台灣整形外科醫學會、台灣消化系外科醫學會
中華民國骨科醫學會、中華民國護理師護士公會全國聯合會
台灣專科護理師學會、台灣神經外科醫學會 (申請中)

時間	題目	主講者
0900-0910	Arthroplasty in neglected traumatic hip dislocation	骨科 劉耿彰主任
0910-0915	**Discussion**	
0915-0925	Difficult approach: Laparoscopic Distal Pancreatectomy with or without Spleen Preservation for the Huge (>5cm) Benign or Low Grade Malignant Tumors – Preliminary reports	一般外科 陳建翰醫師
0925-0930	**Discussion**	
0930-0940	EVAR for challenging anatomies of the aortic tortuosity	血管外科 劉庭銘醫師
0940-0945	**Discussion**	
0945-1000	自發性腦出血-個案回顧	神經外科 駱子文醫師
0955-1000	**Discussion**	
1000-1015	**Coffee Break**	
1015-1030	The Video Clip of Laparoscopic Peritoneal Lavage of Generalized Peritonitis Caused by Ruptured Appenditicitis	大腸直腸外科 吳晉嘉醫師
1015-1025	**Discussion**	
1030-1045	Simultaneous Triple Free Tissue Transfers For Salvage of Advanced Oral Cancer With Orbital and Maxillofacial-Cutaneous Involvement: A Case Report	整形外科 黃介琦醫師
1040-1045	**Discussion**	
1045-1100	Sequential Two Free Muscle Flaps for Reconstruction of Inframalleolar Vessel-Depleted Diabetic Foot Gangrene in a Uremic Patient: A Case Report	整形外科 黃介琦醫師
1055-1100	**Discussion**	

2014 外科雲嘉月會講者 CV 及課程摘要

姓　名	劉耿彰	身分證字號：D120742585	
聯絡電話	05-2648000#5247	Mail: KCLIU@tzuchi.com.tw	
住址	嘉義縣大林鎮民生路 2 號		
最高學歷	成大醫學院醫學系	學 位： 醫學士　　畢業年份：83 年	
教育部審定講師資格	無		
專科醫師通過年份	民國 88 年		
除醫師外須符合	□碩士，經歷三年以上	■大學，經歷五年以上	□專科，經歷七年以上
專長	退化性關節炎、人工關節置換、脊椎手術、關節鏡手術		
現　　職	職稱	服務機構	起迄年月
	主任	大林慈濟骨科	890801 至今

經歷	專業　名稱	專業經歷（含職稱、服務機構及服務起迄年月）		
		職稱	服務機構	起迄年月
		主治醫師	成大附設醫院骨科	881101-890831
		主治醫師	佳里綜合醫院骨科	881101-890731
		住院醫師	成大附設醫院骨科	830701-881031

授課摘要 (50-200 字)	We treated a 60-year-old patient with unreduced hip dislocations for more than 50 years at our hospital; he sustained an accident at the age of 10 and did not receive definite treatment. He presented with high riding dislocation of femoral head and dysplasia of acetabulum; leg length shortening was more than 6 cm. He walked with a limp and hurt on every step. He underwent 1-stage total hip arthroplasty with cemetless stem. Subtrochanter shortening ostectomy or bone grafting which was usually preformed in patients with hip dysplasia was not needed during procedure. He has been monitored for 6 months and had significantly decreased pain, increased function and increased range-of-motion; besides, leg length was restored as well. Bone ongrowth of cup and stem has been achieved by radiographic examination. There was no complication related to dislocation, peroneal nerve palsy, or infection. Based on this patient, total hip arthroplasty without shortening is effective for relieving pain and restoring function in selected patients with chronic unreduced hip dislocations.
專長及研究領域	退化性關節炎、人工關節置換、脊椎手術、關節鏡手術

＊ 其他有助於審查之著作資料亦歡迎提供

2014 外科雲嘉月會講者 CV 及課程摘要

姓　名	陳建翰	身分證字號：U121336254	
聯絡電話	05-2648000#5247	Mail: dm336254@tzuchi.com.tw	
住址	嘉義縣大林鎮民生路 2 號		
最高學歷	慈濟大學醫學系	學 位： 醫學士　畢業年份：96 年	
教育部審定講師資格	無		
專科醫師通過年份	民國 101 年		
除醫師外須符合	□碩士，經歷三年以上	■大學，經歷五年以上	□專科，經歷七年以上
專長	一般外科手術、消化道及腹腔鏡微創手術、肝膽胰手術、乳癌篩檢及診斷 乳房超音波檢查及乳　房手術、甲狀腺手術、疝氣修補手術		
現　職	職稱	服務機構	起迄年月
	住院醫師	大林慈濟一般外科	970922 至今

經歷	專業名稱	專業經歷（含職稱、服務機構及服務起迄年月）		
		職稱	服務機構	起迄年月
		住院醫師	大林慈濟醫院一般外科	970922-1020930

授課摘要 (50-200 字)	**BACKGROUND**：Although laparoscopic distal pancreatectomy with or without spleen preservation was tried mostly in benign lesions in recent years, the study emphasizing on the huge pancreatic tumor more than 5cm and surgery of patient with severe portal hypertension was not discussed before. **MATERIALS & METHODS**：Three patients underwent laparoscopic distal pancreatectomy for the huge distal tumors. Two of them had benign serous cysadnoma and the remainder had a low-grade malignant neuroendocrine tumor. One patient with serous cystadenoma underwent spleen preservation surgery. **RESULTS**：All were female patients and two were elderly patients with 75 and 82 years old. The third one was 50 year-old but thin with low body weight (BMI - 17). Operative time and intraoperative blood loss were significantly higher for the patient with portal hypertension lasting 7 hours versus 4 hours and measuring 1200 cc versus 200cc respectively. No significant differences among them regarding the hospital stays and were discharged uneventfully without any pancreatic fistula **CONCLUSIONS**：Our results suggest that laparoscopic distal pancreatectomy is safe and feasible for patients with benign or low-grade malignant pancreatic lesions even in portal hypertension though we need more attention on meticulous dissection and hemostasis.
專長及研究領域	一般外科手術、消化道及腹腔鏡微創手術、肝膽胰手術、乳癌篩檢及診斷 乳房超音波檢查及乳　房手術、甲狀腺手術、疝氣修補手術

＊ 其他有助於審查之著作資料亦歡迎提供

2014 外科雲嘉月會講者 CV 及課程摘要

<table>
<tr><td>姓　名</td><td colspan="3">劉庭銘</td><td colspan="2">身分證字號：J121626316</td></tr>
<tr><td>聯絡電話</td><td colspan="3">05-2648000#5247</td><td colspan="2">Mail: J121626@tzuchi.com.tw</td></tr>
<tr><td>住址</td><td colspan="5">嘉義縣大林鎮民生路 2 號</td></tr>
<tr><td>最高學歷</td><td colspan="3">中國醫藥大學醫學系</td><td colspan="2">學 位： 醫學士　畢業年份：94 年</td></tr>
<tr><td>教育部審定講師資格</td><td colspan="5">無</td></tr>
<tr><td>專科醫師通過年份</td><td colspan="5">民國 98 年</td></tr>
<tr><td>除醫師外須符合</td><td colspan="2">□碩士，經歷三年以上</td><td colspan="2">■大學，經歷五年以上</td><td>□專科，經歷七年以上</td></tr>
<tr><td>專長</td><td colspan="5">1.冠心症冠狀動脈繞道手術 2.心臟微創手術 3.心臟瓣膜疾病 4.二尖瓣修補手術
5.心律不整手術矯治 6.主動脈瘤及主動脈剝離手術及主動脈支架置放
7.腎衰竭患者洗腎導管動靜脈廔管建立及維護 8.下肢無力痛麻週邊動脈疾病微創手術及支架治療 9.下肢靜脈廔曲張微創手術瓣皮雷射治療 10.深層靜脈阻塞疾病</td></tr>
<tr><td rowspan="2">現職</td><td colspan="2">職稱</td><td>服務機構</td><td colspan="2">起迄年月</td></tr>
<tr><td colspan="2">血管外科主治醫師</td><td>大林慈濟醫院</td><td colspan="2">1030317 至今</td></tr>
<tr><td rowspan="5">經歷</td><td>專業名稱</td><td colspan="4">專業經歷（含職稱、服務機構及服務起迄年月）</td></tr>
<tr><td rowspan="4"></td><td>職稱</td><td>服務機構</td><td colspan="2">起迄年月</td></tr>
<tr><td>主治醫師</td><td>嘉義基督教醫院心臟外科</td><td colspan="2">1020301-1030228</td></tr>
<tr><td>研究醫師</td><td>振興醫院心臟外科</td><td colspan="2">1010101-1020228</td></tr>
<tr><td>住院醫師</td><td>中國醫藥大學附設醫院心臟外科</td><td colspan="2">0940801-1001231</td></tr>
<tr><td>授課摘要
(50-200 字)</td><td colspan="5">Contraindications for endovascular treatment are most often related to anatomic consideration. Challenging anatomies of the aorta are encountered, and aortic tortuosity may be a major impediment to the propulsion of the stent-graft.
The technique of a brachio-femoral wire traction is a easy and time saving method to overcome the problem of aortic tortuosity .It should be used by a glide wire with a guiding sheath protecting the subclavian vessels to prevent shearing the vessel when traction on the wire.</td></tr>
<tr><td>專長及研究領域</td><td colspan="5">1.冠心症冠狀動脈繞道手術 2.心臟微創手術 3.心臟瓣膜疾病 4.二尖瓣修補手術
5.心律不整手術矯治 6.主動脈瘤及主動脈剝離手術及主動脈支架置放
7.腎衰竭患者洗腎導管動靜脈廔管建立及維護 8.下肢無力痛麻週邊動脈疾病微創手術及支架治療 9.下肢靜脈廔曲張微創手術瓣皮雷射治療 10.深層靜脈阻塞疾病</td></tr>
</table>

＊ 其他有助於審查之著作資料亦歡迎提供

2014 外科雲嘉月會講者 CV 及課程摘要

姓　名	駱子文	身分證字號：D121319320	
聯絡電話	05-2648000#5247	Mail: dm319320@tzuchi.com.tw	
住址	嘉義縣大林鎮民生路 2 號		
最高學歷	中正大學企業管理學系 慈濟大學醫學系	學 位： 碩士　畢業年份：102 年 學 位： 醫學士　畢業年份：91 年	
教育部審定講師資格	無		
專科醫師通過年份	民國 96 年		
除醫師外須符合	□碩士，經歷三年以上	■大學，經歷五年以上	□專科，經歷七年以上
專長	頭部外傷手術併重症照護、神經腫瘤導航切除手術、腦下垂體腫瘤內視鏡摘除手術 加馬刀腫瘤手術、腦內視鏡手術、加馬刀動靜脈異常手術、脊髓損傷治療、脊椎顯微手術		
現　職	職稱	服務機構	起迄年月
	主治醫師	大林慈院神經外科	**990901** 至今

經歷	專業名稱	專業經歷（含職稱、服務機構及服務起迄年月）		
		職稱	服務機構	起迄年月
		1. 花蓮慈濟醫學中心外科住院醫師 910901-960630 2. 花蓮慈濟醫學中心神經外科總醫師、住院醫師 910901-980630 3. 花蓮慈濟醫學中心神經外科主治醫師 970901-980630 4. 台南郭綜合醫院神經外科主治醫師 980801-990630 5. 瑞典卡羅林斯卡大學附屬醫院加馬刀手術訓練 6. 美國羅格斯大學脊髓損傷治療研究 7. 比利時根特大學附屬醫院腦內視鏡訓練 8. 台北榮民總醫院神經外科腦內視鏡訓練		

授課摘要 (50-200 字)	Spontaneous intracerebral hemorrhage is the second most common cause of stroke, following ischemic stroke. Management of intracerebral hemorrhage includes both medical and surgical interventions. Initial goals of treatment include preventing hemorrhage extension, as well as the prevention and management of elevated intracranial pressure along with other neurologic and medical complications. Meanwhile, those spontaneous intracerebral haemorrhages within supratentorial regions account for 20% of all stroke-related sudden neurological deficits, has the highest morbidity and mortality of all stroke, and the role of surgery remains controversial. The surgical treatment and prognosis of spontaneous supratentorial intracerebral hemorrhage will be reviewed, and we would undertake a retrospective collation of our own experiences in Dalin Tzuchi hopsital so as to compare early surgery with initial conservative treatment for patients with spontaneous supratentorial intracerebral haemorrhage.
專長及研究領域	頭部外傷手術併重症照護、神經腫瘤導航切除手術、腦下垂體腫瘤內視鏡摘除手術 加馬刀腫瘤手術、腦內視鏡手術、加馬刀動靜脈異常手術、脊髓損傷治療、脊椎顯微手術

2014 外科雲嘉月會講者 CV 及課程摘要

姓　名	吳晉嘉	身分證字號：P122708213	
聯絡電話	05-2648000#5247	Mail: jimmywcc@tzuchi.com.tw	
住址	嘉義縣大林鎮民生路 2 號		
最高學歷	慈濟大學醫學系	學 位： 醫學士　畢業年份：94 年	
教育部審定講師資格	無		
專科醫師通過年份	民國 99 年		
除醫師外須符合	□碩士，經歷三年以上	■大學，經歷五年以上	□專科，經歷七年以上
專長	肛門痔瘡及廔管手術、大腸直腸手術、大腸鏡檢查、腹腔鏡微創手術		
現　職	職稱	服務機構	起迄年月
	主治醫師	大林慈院一般外科	1011001 至今

經歷	專業名稱	專業經歷（含職稱、服務機構及服務起迄年月）		
		職稱	服務機構	起迄年月
		住院醫師	花蓮慈院大腸直腸外科	1010101-1010930
		住院醫師	花蓮慈院一般外科	951101-1001231

授課摘要 (50-200 字)	The most known complications of laparoscopic approach to general peritonitis is intra-abdominal collection and limited the use of application of laparoscopy in emergent settings. In selected cases, adequate laparoscopic lavage will prevent intra-abdominal collection and infection. There is no absolute contraindication to laparoscopic approach. The relative contraindications are: diffuse distension of bowel loops, unstable hemodynamic status and previous abdominal surgery. The volume of warm saline is important and there are some tips. First, the dependent parts are: Morrison pouch, bilateral subphrenic region, bilateral paracolic gutter, pelvic cavity (rectovesicular or rectouteral recess). Second, the bowel loops should be mobilized to prevent inter-loop abscess. We will like to show a video clip performed by a young surgeon to demonstrate that in selected patients, laparoscopic approach to generalized peritonitis is possible and beneficial to patients.
專長及研究領域	肛門痔瘡及廔管手術、大腸直腸手術、大腸鏡檢查、腹腔鏡微創手術

＊ 其他有助於審查之著作資料亦歡迎提供

2014 外科雲嘉月會講者 CV 及課程摘要

<table>
<tr><td>姓　名</td><td colspan="3">黃介琦</td><td colspan="2">身分證字號：Q121289005</td></tr>
<tr><td>聯絡電話</td><td colspan="3">05-2648000#5247</td><td colspan="2">Mail: GEORGE@tzuchi.com.tw</td></tr>
<tr><td>住址</td><td colspan="5">嘉義縣大林鎮民生路 2 號</td></tr>
<tr><td>最高學歷</td><td colspan="3">台灣大學醫學系</td><td colspan="2">學 位： 醫學士</td></tr>
<tr><td>教育部審定講師資格</td><td colspan="5">講師</td></tr>
<tr><td>專科醫師通過年份</td><td colspan="5">民國 88 年</td></tr>
<tr><td>除醫師外須符合</td><td colspan="2">□碩士，經歷三年以上</td><td colspan="2">■大學，經歷五年以上</td><td>□專科，經歷七年以上</td></tr>
<tr><td>專長</td><td colspan="5">顯微手術、美容、雷射治療手術內視鏡手術、肢體重建手術</td></tr>
<tr><td rowspan="2">現　　職</td><td colspan="2">職稱</td><td colspan="2">服務機構</td><td>起迄年月</td></tr>
<tr><td colspan="2">主任</td><td colspan="2">大林慈濟整形外科</td><td>890701 至今</td></tr>
<tr><td rowspan="3">經歷</td><td>專業名稱</td><td colspan="4">專業經歷（含職稱、服務機構及服務起迄年月）</td></tr>
<tr><td rowspan="2"></td><td>職稱</td><td colspan="2">服務機構</td><td>起迄年月</td></tr>
<tr><td>住院醫師</td><td colspan="2">.台大醫院整形外科</td><td>0830601-0890630</td></tr>
<tr><td>授課摘要
(50-200 字)</td><td colspan="5">Severe ischemic foot due to calcific uremic arteriolopathy remains a challenge to the plastic and vascular surgeon. Pedal arterial calcification and occlusion was frequently observed in the patients with diabetes mellitus and hemodialysis. We presented a 61-year-old diabetic man on hemodialysis with progressive left diabetic foot gangrene.The first free vastus lateralis muscle flap was used for salvage of ischemic foot defect after radical debridement for necrotizing infection. The muscle flap survived completely despite severe mural calcification of the recipient anterior tibial artery.Patent flap pedicle was the only pedal vessel in the follow-up angiography. Piggy-back design on the pedicle of the previous free muscle flap was prepared as the recipient of the subsequent second free vastus lateralis muscle flap for treatment of refractory plantar foot gangrene. Free muscle flaps offer vascularized tissues to treat infection and increase neovascularization as nutrient flap in vessel-depleted ischemic foot defect. The second muscle flap utilizes the 1st free flap pedicle as vascular grafts to bypass forefoot scar tissues for covering the distal plantar defect. The successful treatment and timing of subsequent two free flap surgery in the refractory diabetic foot ischemia will be discussed.</td></tr>
<tr><td>專長及研究領域</td><td colspan="5">顯微手術、美容、雷射治療手術內視鏡手術、肢體重建手術</td></tr>
</table>

＊ 其他有助於審查之著作資料亦歡迎提供

2014 外科雲嘉月會講者 CV 及課程摘要

<table>
<tr><td>姓　名</td><td colspan="2">黃介琦</td><td colspan="2">身分證字號：Q121289005</td></tr>
<tr><td>聯絡電話</td><td colspan="2">05-2648000#5247</td><td colspan="2">Mail: GEORGE@tzuchi.com.tw</td></tr>
<tr><td>住址</td><td colspan="4">嘉義縣大林鎮民生路 2 號</td></tr>
<tr><td>最高學歷</td><td colspan="2">台灣大學醫學系</td><td colspan="2">學 位： 醫學士</td></tr>
<tr><td>教育部審定講師資格</td><td colspan="4">講師</td></tr>
<tr><td>專科醫師通過年份</td><td colspan="4">民國 88 年</td></tr>
<tr><td>除醫師外須符合</td><td colspan="2">□碩士，經歷三年以上</td><td colspan="2">■大學，經歷五年以上　□專科，經歷七年以上</td></tr>
<tr><td>專長</td><td colspan="4">顯微手術、美容、雷射治療手術內視鏡手術、肢體重建手術</td></tr>
<tr><td rowspan="2">現　職</td><td colspan="2">職稱</td><td>服務機構</td><td>起迄年月</td></tr>
<tr><td colspan="2">主任</td><td>大林慈濟整形外科</td><td>890701 至今</td></tr>
<tr><td rowspan="3">經歷</td><td>專業名稱</td><td colspan="3">專業經歷（含職稱、服務機構及服務起迄年月）</td></tr>
<tr><td rowspan="2"></td><td>職稱</td><td>服務機構</td><td>起迄年月</td></tr>
<tr><td>住院醫師</td><td>.台大醫院整形外科</td><td>0830601-0890630</td></tr>
<tr><td>授課摘要
(50-200 字)</td><td colspan="4">Advanced head and neck cancers such as T4b tumors have changed from unresectable tumors to very advanced local disease. Radical surgical resection remains the preferred treatment modalities despite of poor resectability and the difficulty of obtaining clear margins. Reconstruction after tumor ablation for advanced oral cancer involving the oromandibular-maxillofacial region and skin poses a significant challenge. We reported a 65-year-old man with a progressive fungating mass from the buccal side to the cheek for a period of 10 months. The operating time of free flap surgery was 9 hours and he recovered well without flap complications. He remained recurrence-free at 7-month follow-up and aesthetic outcomes was satisfactory. The goal of curative surgical oncology is to remove the primary tumor with a wide margin of normal tissues and to prepare for a rational reconstruction in consideration of a functional defect of anatomical units. Combinations of three- flap surgery have the advantages of variable tissue components for extensive defects, easy flap design and inset, and two-team approaches. The recipient vessel preparations and the sequence of flap tissue transfers play an important role in achieving better outcomes and avoiding complications.</td></tr>
<tr><td>專長及研究領域</td><td colspan="4">顯微手術、美容、雷射治療手術內視鏡手術、肢體重建手術</td></tr>
</table>

＊ 其他有助於審查之著作資料亦歡迎提供