

香港勞工處在1997年至2001年間所做的一項調查發現，辦公室一族感到上半身不適的人數有上升趨勢，這些不適包括背痛、頸部及肩膀繃緊。慢性頸部及背部疼痛對許多辦公室一族來說，日漸普遍，因為他們大都要長時間坐著，而且坐姿並不正確。

欠佳的坐姿、肥胖、壓力而造成的肌肉繃緊以及虛弱的腹部肌肉都經常擾亂脊柱的平衡，引致頸部和下背向前彎曲。一旦以上的情況變成慢性疾病，便會加重椎間盤的負擔而造成退化。



CERVICAL DISC DEGENERATION

頸椎間盤退化症



甚麼是椎間盤退化？

頸椎椎間盤退化是頸部痛症的常見病因，患者通常感覺頸部僵硬。跌倒或扭傷骨骼容易引起退化，椎間盤長時間勞損亦會導致由椎間盤退化造成的頸部痛症。

頸椎椎間盤退化有何症狀？

除了頸部僵硬或不靈活所造成的輕微疼痛外，許多頸椎椎間盤退化患者的頸部、手臂或肩部亦會出現麻痺、刺痛甚至無力的感覺，這是因為頸椎神經受刺激或壓迫而引致的。

頸椎椎間盤退化亦會導致椎管狹窄，或引致其他不同的問題及突發性的椎間盤突出。

如何診斷頸椎椎間盤退化症？

要成功診斷頸椎椎間盤退化症，首先要了解患者過往的症狀，透過身體檢查測量頸部的伸展性及靈活性。

接受身體檢查後，如需要進一步查明病因，可進行X光、磁力共振或CT掃描等影像檢查。這些診斷圖像可以確定是否出現退化及指出退化的部位，並確認引起症狀的其他原因（例如鈣化或關節炎）。

如何治療頸椎椎間盤退化症？

最初建議採用傳統治療（非手術治療）。如果多種傳統治療也無法減輕病人的痛楚或是嚴重影響日常活動，才會考慮施手術。

非手術治療

• 傳統治療

患者可以透過冷敷或熱敷、服用止痛消炎藥以及活動頸部和肩部（自己活動或尋求頸部護理專家的協助）以減輕僵硬及保持頸部靈活。此外，亦可使用頸部康復輔助器或進行頸部牽引治療。

• 口服藥物

口服藥物可以減輕痛楚，其中包括非類固醇消炎藥以及用於止痛的對乙酰氨基酚（如Tylenol），亦可使用處方藥物治療，如肌肉鬆弛劑或麻醉止痛藥。

• 運動

有規律的運動，尤其是盡可能全方位地伸展頸部，對維持頸部靈活並舒緩慢性僵硬症狀十分重要。醫生或物理治療師亦可為您制定相應的頸部運動計劃。

• 物理治療

物理治療可以幫助患者伸展頸部及肩部，暫時擴大頸椎患處的椎間隙，從而舒緩痛楚。

手術

如果連續六星期採用傳統治療仍未能消除痛症，並且日常活動變得困難，那麼就需要接受手術治療。如果症狀及神經損傷與掃描結果一致，透過手術就能有效減輕手臂或頸部痛楚，出現併發症的機率亦較低。可能出現的併發症包括四肢無力及失禁。

我們特別建議採用「頸椎融合術」來停止受影響部分的頸椎活動，其中包括切除椎間盤、在外科顯微鏡下對神經根進行減壓及植入人工籠狀裝置，以幫助、維持或重建椎間隙的正常高度、穩定頸部及維持頸部正常弧度。使用頸椎鈦板則可以促進兩節頸椎骨的融合。切除椎間盤的外科手術有兩種：

1. 於頸前部開刀—椎間隙下陷時，採用這一方法或會較佳，因為這方法可以讓外科醫生擴闊椎間隙，並植入骨骼使其保持張開。此步驟為神經根提供更多空間。

2. 於頸後背開刀—如果較大而軟的椎間盤在頸管旁邊突出，使用這種方法可能會較佳。

接受以上兩種脊柱手術的患者通常都須留院一晚。

怎樣預防頸椎椎間盤退化？

及早預防可減低慢性問題的發生。為有效預防頸部及背痛楚以及一些慢性疾病，您應：



- 減壓及舒緩緊張
- 保持坐立姿勢正確
- 定時進行頸部及身體運動（尤其是帶氧運動）
- 達到並保持健康的體重
- 停止吸煙
- 注意飲食健康及攝取足夠鈣質
- 學習正確搬重物技巧
- 運用適當的體育器材
- 在工作期間進行伸展運動，以舒緩肌肉緊張

從今天起，您可以運用正確的身體力學，去改善您的背部健康。戒除頭部傾前及駝背亦可以改善您的姿勢。

改變生活習慣是邁向健康的最佳之路。因此，您應多做頸部運動，花時間學習、適應和養成可以長遠保護頸部及脊椎的習慣。

您也可以做這個簡單的運動：把下巴向內收，再把肩胛骨一同向內收，同時在背後緊握雙手。保持這個姿勢五秒，再每天重複練習數遍。

歡迎致電預約或查詢：

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A study conducted by the Hong Kong Labour Department from 1997 to 2001 revealed a gradual increase in the number of desk workers having upper body discomfort such as backache, neck and shoulder tension. Chronic neck and back pain is becoming more prevalent in office workers as many sit for long hours with poor ergonomics.

Poor posture, obesity, tense muscles from stress and weak abdominal muscles often disrupt the spine's balance, causing the neck and lower back to bend forward to compensate. When this situation becomes chronic, there is extra load on the intervertebral disc causing disc degeneration.



What is neck (cervical) disc degeneration?

Cervical disc degeneration is a common cause of neck pain, most frequently felt as a stiff neck. A fall or a twisting injury to the disc space can spur degeneration, and accumulated wear and tear on the disc over time can also lead to neck pain caused by disc degeneration.

What are the symptoms?

In addition to having the low-grade pain of a stiff or inflexible neck, many patients with cervical disc degeneration have numbness, tingling, or even weakness in the neck, arms, or shoulders as a result of nerves in the cervical area becoming irritated or pinched.

Cervical disc degeneration can also contribute to spinal stenosis, other progressive conditions and a more sudden disc herniation.

How is it diagnosed?

Successful diagnosis of cervical degenerative disc disease begins with a review of the patient's history of symptoms and performing a physical examination to measure neck extension and flexibility.

If a physical examination warrants further investigation, imaging studies such as X-Ray, MRI and possibly a CT scan will be taken. These diagnostic images can confirm whether and where degeneration is occurring, and can identify other conditions (such as calcification or arthritis) that could be causing the symptoms.

Can the disease be treated?

Conservative care (non-surgical) is recommended as the primary strategy and surgery is only considered if a concerted effort at conservative care fails to provide adequate pain relief or daily activity has been significantly compromised.

Non-surgical treatment

- **Conservative care**
Patients may find relief by applying ice or heat, using medications to control pain and inflammation, and exercising the neck and shoulder areas (alone or with the help of a professional familiar with neck conditions) to relieve stiffness and maintain flexibility. In addition, neck appliances or traction may be prescribed.
- **Oral medications**
Oral medications can provide relief. These include non-steroidal anti-inflammatories (NSAIDs) and pain relievers like acetaminophen (such as Tylenol). Prescription medications such as muscle relaxants or narcotic pain medications may also be used.
- **Exercise**
Regular exercise, specifically stretching as many dimensions of the neck as possible, is essential to maintain flexibility in the neck and relieve chronic stiffness. A specific set of exercises should be developed by a physician or a physiotherapist.
- **Physiotherapy**
Physiotherapy may also provide relief by helping patients lengthen the neck and shoulders to increase, at least temporarily, the disc space in the affected vertebral segment.

Surgical treatment

If pain is not relieved adequately with six weeks of conservative care and daily activities become difficult, surgery will become the treatment of choice. Providing that the symptoms and neurological deficit match the results of the scan, surgery is reliable in terms of relieving arm or neck pain and has a low complication rate. Possible complications include limb weakness and incontinence.

Specifically fusion may be recommended to stop the motion of the affected cervical vertebral segment. This entails removal of the disc, decompression of the nerve root under a surgical microscope, and insertion of a synthetic cage device to help maintain or reestablish the normal height of the disc space as well as neck stability and alignment. A titanium cervical plate may be used to promote fusion between the two vertebrae.

There are 2 surgical approaches for disc removal:

1. **Anterior surgical approach for a cervical disc herniation** may be favoured if there is any disc space collapse, as the approach allows the surgeon to open the disc space and place a bone graft to keep it open. This procedure gives the exiting nerve root more room.

2. **Posterior surgical approach for a cervical disc herniation** may be favoured for a large soft disc that is to the side of the canal.

Both spinal surgeries can usually be done with an overnight stay in the hospital.

How can I prevent disc degeneration?

Early intervention helps to reduce long term chronic problems. In order to prevent neck and back pain, you should:



- reduce stress and tension
- maintain a good sitting and standing posture
- exercise both your neck and body regularly (aerobic exercise is especially good)
- attain and maintain a healthy weight
- stop smoking
- eat healthily and get enough calcium
- learn correct lifting and handling techniques
- use proper sports equipment
- stretch in between your work to release muscle tension

You can start improving your back today by using proper body mechanics. Improve your posture by eliminating a forward head position and rounded shoulders.

Lifestyle changes are the best road to wellness. So "stick your neck out" and take time to learn, adjust to, and adopt habits that will help preserve your neck and spine for years to come.

You can also do this simple exercise: Tuck your chin in, bring your arms behind your neck and squeeze your shoulder blades together. Hold for a count of five, and repeat several times a day.

For booking and enquiries, please call our

Matilda Health Centre

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8:00am - 10:00pm every day

† By appointment only

