

Comprehensive Manuals of Surgical Specialties

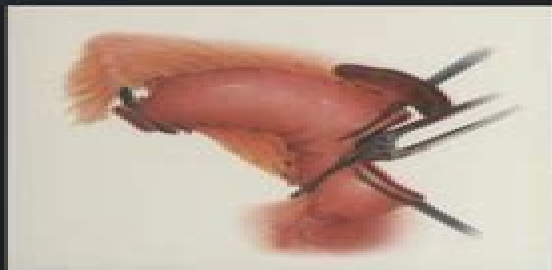
Manual of Upper Gastrointestinal Surgery

William H. ReMine

W. Spencer Payne

Jon A. van Heerden

Illustrated by Floyd E. Hosmer



Springer-Verlag New York Berlin Heidelberg Tokyo

Manual Of Upper Gastrointestinal Surgery

A. J. Edis, C. S. Grant, R. H. Egdahl



Manual Of Upper Gastrointestinal Surgery:

Manual of Upper Gastrointestinal Surgery William H. ReMine, W. Spencer Payne, Jon A. van Heerden, 2012-12-06 The Manual of Upper Gastrointestinal Surgery was compiled as an aid to surgeons residents and students who want to acquire a broader knowledge of the surgical techniques used in the upper gastrointestinal area. Of necessity a considerable amount of the work of a general surgeon will be confined to this region. The techniques described herein are those preferred by the authors and most but not all of their colleagues at the Mayo Clinic. No attempt has been made to include all of the available possibilities and technical variations. Likewise no attempt has been made to include many of the stapling techniques. Although they are good and quite useful their inclusion would require a complete and separate volume. The omission of an accepted procedure is not meant as a criticism; our aim was to emphasize only the techniques that are most commonly used in day to day practice. Gains in knowledge about the anatomy and physiology of the esophagus, stomach and duodenum have been highly instrumental in the development of surgical procedures in these areas, particularly the techniques for benign diseases, for example ulcer, gastritis and esophagitis.

Manual of Upper Gastrointestinal Surgery William H. ReMine, W. Spencer Payne, Jon A. van Heerden, 1986-12-16 The Manual of Upper Gastrointestinal Surgery was compiled as an aid to surgeons residents and students who want to acquire a broader knowledge of the surgical techniques used in the upper gastrointestinal area. Of necessity a considerable amount of the work of a general surgeon will be confined to this region. The techniques described herein are those preferred by the authors and most but not all of their colleagues at the Mayo Clinic. No attempt has been made to include all of the available possibilities and technical variations. Likewise no attempt has been made to include many of the stapling techniques. Although they are good and quite useful their inclusion would require a complete and separate volume. The omission of an accepted procedure is not meant as a criticism; our aim was to emphasize only the techniques that are most commonly used in day to day practice. Gains in knowledge about the anatomy and physiology of the esophagus, stomach and duodenum have been highly instrumental in the development of surgical procedures in these areas, particularly the techniques for benign diseases, for example ulcer, gastritis and esophagitis.

Manual of Upper Gastrointestinal Surgery William Hervey ReMine, William Spencer Payne, Jonathan A. Van Heerden, 1985

Manual of Urologic Surgery A. T. K. Cockett, K. Koshiba, 2012-12-06 The color photographs and illustrations appearing in select monographs over the past decade represent a significant advance in surgical communication. Previously black and white renderings were standard because color printing had not been perfected and its cost was prohibitive. We believe the gradual change from black and white etchings and reproductions to detailed color illustrations represents a tremendous twentieth century achievement. In our own urologic practices it became evident that the use of black and white sketches for teaching operative urology while helpful left too much to the surgeon's imagination. Even the dimension of depth produced by varying the intensity of shading often was inadequate in demonstrating subtle surgical

details in a fossa or bed Since color photography recently has been used to demonstrate operative techniques we climbed on the bandwagon and photographed in color many of the major operative procedures However the reflection of light caused by normal tissue fluid significantly reduces the clarity of photographs Not infrequently the crucial operative step is obscured by light reflected on a trickle of blood Even when meticulous care is taken to irrigate and clean the surgical field the tissue sheen obscures portions of the field Color paintings by a gifted artist are not only unique but can be extraordinary the vividness with which subtleties can thus be portrayed cannot be matched by photography black and white or color

Manual of Surgery of the Gallbladder, Bile Ducts, and Exocrine Pancreas R.E. Hermann, 2012-12-06 It is appropriate that a surgical teacher Robert E Hermann M D with a large experience in a specialized field should author the beautifully illustrated Manual of Surgery of the Gallbladder Bile Ducts and Exocrine Pancreas This manual which takes its place in the distinguished series sponsored by Richard H Egdahl M D is designed for the working surgeon resident or practitioner who wishes to refresh his memory or to bring himself abreast of current thinking and techniques The carefully planned format and the elegant color illustrations of Mr Robert Reed permit this with the expenditure of a minimum of time and effort and surgeons who must operate on the organs and structures it covers will wish to have it available for reference Stanley O Hoerr M D former Chairman Division of Surgery Cleveland Clinic Chairman Department of Surgery Fairview General Hospital Cleveland Ohio Preface Operations on the gallbladder and bile ducts are among the surgical procedures most commonly performed by general surgeons In most hospitals cholecystectomy is the most frequently performed operation within the abdomen approximately 6 000 are performed each year in the United States In addition an estimated 120 000 bile duct operations are performed yearly Pancreatic surgery is less frequent but because of the close relation between the biliary system and the pancreas knowledge of pancreatic problems is equally essential to the surgeon

Manual of Ambulatory Surgery K.J. Kassity, J.E. McKittrick, F.W. Preston, 2012-12-06 The first hospital affiliated surgical unit designed specifically for ambulatory surgery in the state of California began functioning as part of Santa Barbara Cottage Hospital in 1973 As this text is readied for publication the unit is in its tenth year of operation More than 20 000 patients have undergone surgery there The enthusiasm generated by its experience in Santa Barbara along with the widespread growing interest in ambulatory surgery prompted us to undertake this volume The first three chapters cover principles and administrative aspects anesthesiology and nursing in the ambulatory surgical center Subsequent chapters the major portion of the text provide detailed meticulously illustrated descriptions of surgical procedures as they are done in the Santa Barbara Cottage Hospital Outpatient Surgical Center by the surgeons who work there They reflect current practice and emphasize the techniques found most reliable by the surgeons who use them in the outpatient setting This manual includes many of the operations most commonly performed in our facility and emphasizes the unique aspects of surgery and patient care in outpatient practice The text is concise practical and based on our collective experience The illustrations are for the most part drawn

from the surgeon's perspective and faithfully render the actual appearance of the operative field during surgery. Supplementary cross sectional and conceptual drawings are included to orient the reader. **Manual of Gynecologic Surgery** B.J. Masterson, 2013-12-01. The *Manual of Gynecologic Surgery* is a comprehensive guide for operative decision making and technique in female pelvic surgery. For a wide array of problems requiring surgical intervention, this volume examines the anatomy, preoperative evaluation, surgical strategy, details of technique, postoperative management, and anticipated results. The management of operative complications and injuries to the bowel, urinary system, and pelvic vessels is discussed. This volume is divided into three sections: ambulatory vaginal and abdominal surgery. The ambulatory section will be particularly useful to the family physician. The abdominal section explains complication management for the gynecologist whose surgical background may not include gastrointestinal or urinary tract surgery. The section on ovarian surgery contains additional data for the general surgeon who may encounter unexpected ovarian lesions. Although the book should be most useful to gynecologic residents in training and practicing gynecologists, it will also be of use to general surgeons who perform gynecologic operations and to all physicians who perform ambulatory gynecologic procedures. The operative techniques depicted are currently used procedures based on the newer concepts of wound healing and suturing utilizing modern surgical instrumentation. When several techniques are available, the author's personal preference is described. This book, which was produced by the project manager system, represents the efforts of 21 persons in three cities. Christine G. Williamson managed the project with drive, understanding, and skill. She was responsible also for coordinating information retrieval, organizing the chapters, and editing the text. **Manual of Gynecologic Surgery** Byron J. Masterson, 2012-12-06. For a significant portion of the new information in this book, his ability to select the important developments from the literature of the last five years was essential to the completion of this second edition. Further, Dr. Stone's original research on wounds and sutures is included in this volume. Dr. Felix Rutledge and Dr. Laman Gray, Sr., in addition to all the named authors, made valuable comments. Their years of experience were especially helpful in updating the chapters on ovarian surgery and vaginal hysterectomy. My personal Administrative Assistant, Elizabeth Davies, successfully coordinated my various clinical schedules, speaking engagements, and department obligations, providing me the time necessary for writing this book. The advice and support of Jerry Stone, Senior Medical Editor, Springer Verlag, also were invaluable in the production of this edition. Lastly, one of our team became ill while we were preparing this book and subsequently died of a rare malignancy. Her outstanding work while with us and her continued interest and encouragement, even though quite of us, Mrs. Sue Koenig, was a bright, competent, ill was an inspiration to all and an effective co-worker whom we miss by all of us in the Department of Obstetrics and Gynecology at the University of Louisville. **Manual of Endocrine Surgery** A. J. Edis, C. S. Grant, R. H. Egdahl, 2012-12-06. Introduction: Anthony J. Edis, Richard H. Egdahl, Tracy K. McIntosh. Contents: Lester F. Williams. xi. 1. Surgery of the Parathyroids. General Introduction. 1. SURGICAL ANATOMY. Primary Hyperparathyroidism. 7. PATHOLOGY. 7.

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 Gleason,2012-12-06 Initially we asked Springer Verlag why they thought the world needed another book about aesthetic
 surgery They pointed to the popularity of the Compre hensive Manual of Surgical Specialties Series suggesting that
 completeness required our contribution We recalled the current masters of aesthetic surgery Rees Sheen among others Each
 had produced his own monograph all of them established classics What could we add Furthermore none of us was recognized
 exclusively for aesthetic surgery achievements Nevertheless each of us was committed to the challenge of teaching residents
 aesthetic surgery during their residency not afterward as was done in the past Furthermore Dick Egdahl Senior Editor and
 designer of CMSS made clear to us the specific orientation of the manuals to residents in training as did Springer Verlag well
 known for their commitment He won our support to high quality color illustrations We appreciate being asked by Dr Egdahl
 to contribute to CMSS We were not even offended by his original plan to embrace all of plastic surgery in one volume He
 should have known better The Manual of Reconstructive Surgery will follow this volume in 2 years Defining its scope remains
 an unmet challenge Limiting the scope of Manual of Aesthetic Surgery has been an easier task It is a sourcebook for
 beginning residents not an encyclopedic reference **Manual of Cardiac Surgery** B. J. Harlan,A. Starr,F. M.
 Harwin,2013-11-11 Manual of Vascular Surgery Edwin J. Wylie,Ronald J. Stoney,William F. Ehrenfeld,David J.

Effeney,2012-12-06 Of all the developing fields of surgery few have had the impact of vascular surgery in affecting so large a section of the population by offering the potential relief of disability and the prolongation of life As would be anticipated the interest of surgeons in this evolving specialty has largely been focused upon the selection of the most appropriate operations and the development of modifications or new procedures that overcome the limitations of previous ones The literature contains numerous conflicting claims about the relative merits of various procedures and those approaching this field for the first time may understandably be confused Yet if one were to approach any single vascular surgeon at any given time he would upon request be given a firm and precise listing of preferred procedures The procedures described in this two volume publication are those that we currently favor Their selection is the result of continuing analyses of our own experience during the past 30 years All patients have been available for prolonged follow up evaluation Late failures often helped us to identify techniques that lessened the durability of an initially satisfactory operation and they became a stimulus for the development of modifications or trials with alternative operations Particular attention is directed to the manner in which knowledge of the natural history of disease influences the choice of operations *Manual of Soft-Tissue Tumor Surgery* W.jr. Lawrence,J.P.

Neifeld,J.J. Terz,2012-12-06 The management of soft tissue neoplasms has always had an aura of mystique due to the relative rarity of these lesions in comparison to the more common cancers occurring in man There are many variations in technique of the operations employed for these tumors as well In this volume we have illustrated our own personal preferences in approach to soft tissue sarcomas with the hope it will serve as a useful guide to the surgeon who is faced with one or more of these problems None of the operations depicted in this manual are original with us but they are procedures and approaches we have found effective for the clinical management of this family of tumors In presenting this volume we wish to acknowledge our gratitude to our surgical teachers our present and past associates in surgical oncology our colleagues in the other oncologic disciplines and our patients whose treatment is illustrated herein We are indebted to Dr Saul Kay Professor of Pathology and Dr James Walsh Associate Professor of Radiology for providing the illustrations of histopathology and radiologic imaging in the early chapters We particularly appreciate the superb artwork of our enthusiastic teammates Trudy Nicholson and Jane Hurd as their contribution is the crux of our endeavor Walter Lawrence Jr M D James P Neifeld M D Jose J Terz M D *Manual of Sports Surgery* Clarence L. Jr. Shields,2012-12-06 This manual presents the operations most often performed by surgeons at the Kerlan Jobe Orthopaedic Clinic Inglewood California 90301 in treating sports injuries These operations constitute a complete series of basic surgical procedures for the orthopaedist In its step by step drawings the manual guides surgeons through the operative techniques of specific procedures It also provides what is equally important for practitioners the protocols for postoperative care of patients including the rehabilitation of those who have and have not had to undergo surgery It must also be said that this manual is not a be all and end all of surgical interventions and rehabilitative programs for athletes amateur or professional who sustain injuries on the playing field That elusive goal can

only be reached by practitioners who attend strictly to all the diagnostic detail available who select carefully those patients most likely to benefit from their attention and care and who share with other practitioners their experience and expertise As far as diagnosis is concerned there has been a great improvement in the recent past in both noninvasive and invasive procedures that help to establish specific diagnoses and to determine which patients will be served best by a given operation These new diagnostic tools include the arthrogram in conjunction with the tomogram and the CT scan the CT scan itself the arthroscope and most recently the Magnetic Resonance Imaging machine

Manual of Pulmonary Surgery E.W. Humphrey, D.L. McKeown, 2012-12-06 The *Manual of Pulmonary Surgery* has been designed primarily as a guide to the techniques of surgery on the lungs of adults and older children The information included and the technical points stressed are those in which in more than 20 years of teaching thoracic surgery I have found residents to most commonly need instruction An effort has been made to depict the usual anatomy of the lung and its more frequent variations as it is encountered by the surgeon This was necessary because a detailed description of pulmonary anatomy is not readily available The excellent monograph on Segmental Anatomy of the Lung by Professor Edward Boyden one of my teachers is no longer in print The techniques illustrated are those preferred by the author no attempt has been made to describe all of the possible variations Deanne McKeown has illustrated the entire book Her drawings of the procedures are based on sketches or photographs made in the operating room The use of full color illustrations to emphasize important technical or anatomical detail adds to the ease of understanding the text A section on the indications for pulmonary resection that contains the information commonly used for surgical decision making has been included

Manual of Liver Surgery W.P. Longmire, R.K. Tompkins, 2012-12-06 As research in liver disease has greatly expanded over the past few decades the etiology pathology and natural history of many hepatic disorders have been clearly defined Many new and accurate diagnostic tools are now available In spite of all this progress the treatment of many liver diseases remains ameliorative Nevertheless a more aggressive and successful surgical approach has taken place in regard to many diseases of the liver in part due to the pioneering work of Dr William P Longmire Jr and his colleagues Dr Longmire was among the early advocates of liver resection of neoplasms successfully removing a large benign tumor of the liver in 1946 In the following decades his contributions covered the surgical treatment of trauma tumors cysts and other congenital abnormalities He has performed hundreds of operations on patients with these disorders In 1948 he reported a procedure now named for him in which intractable common duct obstruction was relieved by partial left hepatectomy and cholangiojejunostomy He was one of the first to advocate side to side portacaval shunt for portal hypertension Other essential contributions by this master surgeon were the periodic reviews that covered the advances in his field Dr Longmire with his scholarly approach and broad background of knowledge in all aspects of hepatic surgery is exceptionally qualified to write this book He and his colleague Dr Ronald K Tompkins are to be congratulated on this complete treatise

Surgery of the Stomach T. Effenberger, Horst D.

Becker,B. Kremer,Christian Herfarth,Werner Lierse,Hans W. Schreiber,2013-11-09 This is a carefully illustrated volume of surgical procedures Well known standard as well as alternative procedures in surgery of the stomach and the proximal duodenum are depicted with anatomical exactness Possible complications errors and dangers and how to avoid them are discussed in detail Each operative step is illustrated superbly and accompanied by a short precise text Both illustrations and text stem from the practical experience in the operating theater of the many renowned surgeons who have contributed to this volume The book serves as an indispensable reference for surgeons likewise gastroenterologists radiologists pathologists and anatomists will find this volume of immeasurable value in their daily work **Manual of Burns** W.S. McDougal,C.L.

Slade,B.A.Jr. Pruitt,2012-12-06 This manual is intended as a comprehensive guide to the diagnosis and management of the burn patient The author s feel that this volume can serve as a practical reference for the wide range of physician and allied health personnel involved in the care of these critically ill patients The Manual of Burns was planned and written by the authors when they were on staff together at the United States Army Institute of Surgical Research Brooke Army Medical Center Fort Sam Houston Texas The authors support the concept that appropriate therapy of the burn patient requires a multidisciplinary approach The talents of physicians from many medical specialties supported by nurses therapists and other allied health science personnel must be coordinated if such a patient is to receive optimum care Although the main thrust of this manual is directed at current techniques of diagnosis and treatment and therefore of primary interest to the physician the authors also hope that the photographic and illustrative material will make this book useful to any member performing service in a burn treatment unit **Manual of Vascular Access, Organ Donation, and Transplantation** A.J.

Henriksen,R.L. Simmons,M.E. Finch,N.L. Ascher,J.S. Najarian,2012-12-06 This book is a compilation of common and uncommon surgical and ancillary techniques that we have found useful in the multiorgan transplantation program at the University of Minnesota Descriptions of these techniques are not available at a single source elsewhere Use the book as a teaching aid a source of workable techniques and as a reference for individuals with relatively little experience in a particular area of transplantation Because of the varying levels of expertise of our readers vascular access is described in exquisite detail as it is aimed at an audience of individuals who want to learn the fine points about how to prolong the function of shunts The chapter on organ preservation is aimed at the surgeon or beginning technician who must learn how to do it from scratch even the catalogue numbers of the necessary equipment are included In contrast the chapters on heart liver and pancreas transplantation while omitting fine points of suture technique concentrate on the essential principles and safeguards Individuals contemplating such transplants are presumably already schooled in the fine points of surgical technique The chapters on cadaver organ donation are perhaps the most innovative They represent our attempt to reorganize organ donation in a way that will provide the greatest usefulness of each donor as a source for multiple organs for transplantation We hope that the book will become available to centers that while not performing liver pancreas or heart

transplants wish to serve as donation centers

The SAGES / ERAS® Society Manual of Enhanced Recovery Programs for Gastrointestinal Surgery

Liane S. Feldman, Conor P. Delaney, Olle Ljungqvist, Francesco Carli, 2015-08-31

This volume presents a comprehensive up to date and practical approach to creating an ERAS program for GI surgery The first sections review the evidence underlying individual elements of ERAS including evidence from laparoscopic procedures when available or pointing to evidence gaps where more research is required These are written by experts in the field including surgeons anesthesiologists nurses and physiotherapists The format is in the style of a narrative review with narrative evidence review and concluding with a table with take home messages and 3 5 key references for readers interested in more depth in each topic Each chapter also addresses management of common complications and patient selection or exceptions Subsequent chapters address practical concerns including creation of a pathway team project management and engaging administration Experts contribute real world examples of their pathways for a variety of procedures including colorectal surgery bariatric surgery upper GI and hepatobiliary surgery enabling the user to have a starting point for creating their own programs The SAGES Manual of Enhanced Recovery Programs for Gastrointestinal Surgery will be of great value to fully trained surgeons anesthesiologists nurses and administrators interested in initiating an ERAS program

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Manual Of Upper Gastrointestinal Surgery Introduction

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