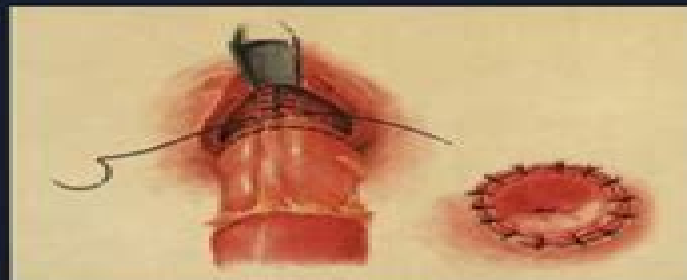


Comprehensive Manuals of Surgical Specialties

Manual of Lower Gastrointestinal Surgery

Claude E. Welch Leslie W. Ottinger John P. Welch



Springer-Verlag New York Heidelberg Berlin

Manual Of Lower Gastrointestinal Surgery

A. T. K. Cockett, K. Koshiba



Manual Of Lower Gastrointestinal Surgery:

Manual of Lower Gastrointestinal Surgery Claude E. Welch, Leslie W. Ottinger, John P. Welch, 2012-12-06 The surgeon who desires an atlas of techniques covering operations on the colon and rectum almost surely prefers a concise volume rather than an encyclopedic compilation of the innumerable procedures that have been described in the literature This book includes the operations that have proved to be useful and have survived the test of time They now are in general use in the Massachusetts General Hospital Space limitations have necessitated exclusion of detailed illustrations of a number of infrequently performed procedures such as pelvic exenter ation for cancer of the rectum In such instances bibliographic references have been provided for ready reference The bibliography emphasizes recent contributions because they are easily available to the reader Critical comments by the authors concerning certain technical pro cedures may be due to personal bias and certainly do not imply that the alternative methods are undesirable Furthermore the brevity of discus sion of anatomy physiology and pathology and the neglect of details of medical therapy of numerous colorectal diseases must be attributed to the fact that this volume is directed primarily toward the practicing surgeon Thanks are due to the artists Mrs Edith Tagrin and Mr Robert Galla and to Miss Evelyn Hall for help in the preparation of the manuscript Claude E Welch M D Leslie W Ottinger M D John P Welch M D **Manual of Cardiac Surgery** B. J. Harlan, A. Starr, F. M. Harwin, 2013-11-11

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 il lustrated Manual of StlrRery 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 sur geon resident or practitioner who wishes to refresh his memory or to bring himself abreast of current thinking and technics The carefully planned format and the elegant color illustrations of Mr Robert Reed per mit this with the expenditure of a minimum of time and effort and sur geons 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 proce dures most commonly performed by general surgeons In most hospitals cholecystectomy is the most frequently performed operation within the ab domen 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 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 commu nication Previously black and white renderings were standard because color printing had not been perfected and its cost was prohibitive We be lieve 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 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 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 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 DIAGNOSIS 11 PREOPERATIVE LOCALIZATION STUDIES 22 TREATMENT 27 Secondary Hyperparathyroidism 35 SIGNS SYMPTOMS COMPLICATIONS 35 CLINICAL MANAGEMENT 36 Tertiary Hyperparathyroidism 37 Operative Technique 38 CERVICAL EXPLORATION WITH REMOVAL OF A PARATHYROID ADENOMA 46 SUBTOTAL PARATHYROIDECTOMY FOR HYPERPLASIA 59 PARATHYROIDECTOMY FOR CARCINOMA 60 MEDIASTINAL EXPLORATION FOR PARATHYROID TUMOR 61 References 66 2 Surgery of the Thyroid 71 General Introduction 71 SURGICAL ANATOMY 72 Nodular Goiter and Thyroid Carcinoma 79 PATHOLOGY 79 DIAGNOSIS 82 TREATMENT OF THYROID NODULES 94 TREATMENT OF THYROID CANCER RELATED TO PATHOLOGIC TYPE 97 Hyperthyroidism 110 Graves Disease 111 PATHOLOGY 111 DIAGNOSIS 112 TREATMENT 115 Plummer's Disease 120 PATHOLOGY 120 DIAGNOSIS 120 TREATMENT 122 Complications of Thyroid Surgery 123 PREVENTION AND MANAGEMENT 123 viii CONTENTS 127 Operative Techniques TOTAL THYROID LOBECTOMY 127 REMOVAL OF A SUBSTERNAL GOITER 134 SUBTOTAL THYROID LOBECTOMY 136 MODIFIED NECK DISSECTION FOR PAPILLARY THYROID CARCINOMA 141 References 144 3 Surgery of the Adrenals 151 151 General Introduction SURGICAL ANATOMY 152 Pheochromocytoma 155 PATHOLOGY 155 156 DIAGNOSIS PREOPERATIVE 162 TREATMENT 166 172 Primary Aldosteronism PATHOLOGY 172 DIAGNOSIS 174 178 PREOPERATIVE LOCALIZATION STUDIES TREATMENT 180 Cushing's Syndrome 181 CLASSIFICATION 182 DIAGNOSIS 187 PREOPERATIVE LOCALIZATION STUDIES 192 TREATMENT 194 Adrenal Gland and Metastatic Breast Carcinoma 198 Adrenocortical Carcinoma 200 DIAGNOSIS 201 PREOPERATIVE LOCALIZATION STUDIES AND STAGING 201 TREATMENT 202 PROGNOSIS 203 Nonfunctioning Adrenal Tumors 203

Manual of Gynecologic Surgery B.J. Masterson, 2013-12-01 The Mallila qf Gyn c%Ric SurRery 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 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 is missed by all of us in the Department of Obstetrics and Gynecology at the University of Louisville.

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 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

Manual of Aesthetic Surgery J.C. Fisher, J. Guerrerosantos, M. 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 Comprehensive 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 Vascular Surgery Edwin J. Wylie, Ronald J. Stoney, William F. Ehrenfeld, David J. Effene, 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 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 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 authors 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. **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. Warren's

Operation G.P. Marzoli, S. Vesentini, 2012-12-06 I have particular pleasure in introducing this publication by Gian Pietro Marzoli and Sergio Vesentini. Years ago they enthusiastically accepted my suggestion that they should take specific interest in the clinical and surgical problem of portal hypertension and assess the proposals of surgical experience with regard to this debated physiopathological picture. These thanks are all the more real because in this way the school's attention remained fixed on a subject that had already attracted it profoundly from the start, with Giovanni Castiglioni and Vittorio Pettinari as heads of the school and then threatened to die away into general conformism. In Italy, precariousness is easily extended to the concept of school continuity. In Warren's proposal of 1967 of distal spleno-renal anastomosis with disconnection of the spleno-oesophageal from the mesenteric district, I felt there was an intelligent attempt to solve all the basic problems albeit in different ways. An attempt that is to say at alleviating the gastro-oesophageal circulation, thus avoiding haemorrhage and at ensuring that the liver would maintain the circulatory efficiency with which it was still endowed. The spleen was re

tained but there was reason to think that by reducing blood stasis within its ambit it would be possible to manage or alleviate any hypersplenism not an absurd hypothesis if the Americans had sometimes noted in their material functional and even anatomical reversion of the splenopathy after a simple portacaval shunt *Current Catalog* National Library of Medicine (U.S.),1980 First multi year cumulation covers six years 1965 70 **The Greater OMENTUM** D. Liebermann-Meffert,H. White,E. Vaubel,2012-12-06 Since RUTHERFORD MORISON left us with the concept of the Omentum being the abdominal policeman clinicians have tacitly assumed that they know sufficient about the structure and function of this organ However interest in the omentum and its relationship to clinical surgery has recently been developing This book examines all aspects with special reference to surgery and should provide a welcome impetus in research and clinical practice The editors and contributors have produced a book which is comprehensive and well illustrated and contains detailed references to the important original sources so essential in a work of this nature It is written for those who wish to share the delight of acquiring knowledge even about a comparatively humble organ as well as for practical surgeons Both will find ample information to arouse their interest and expand their surgical horizons in exciting ways of which they will almost certainly not have dreamt I welcome a book of this calibre on a subject which deserves our increasing interest I delight in the fact that it is dedicated to my friend and colleague MARTIN ALLGOWER

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