

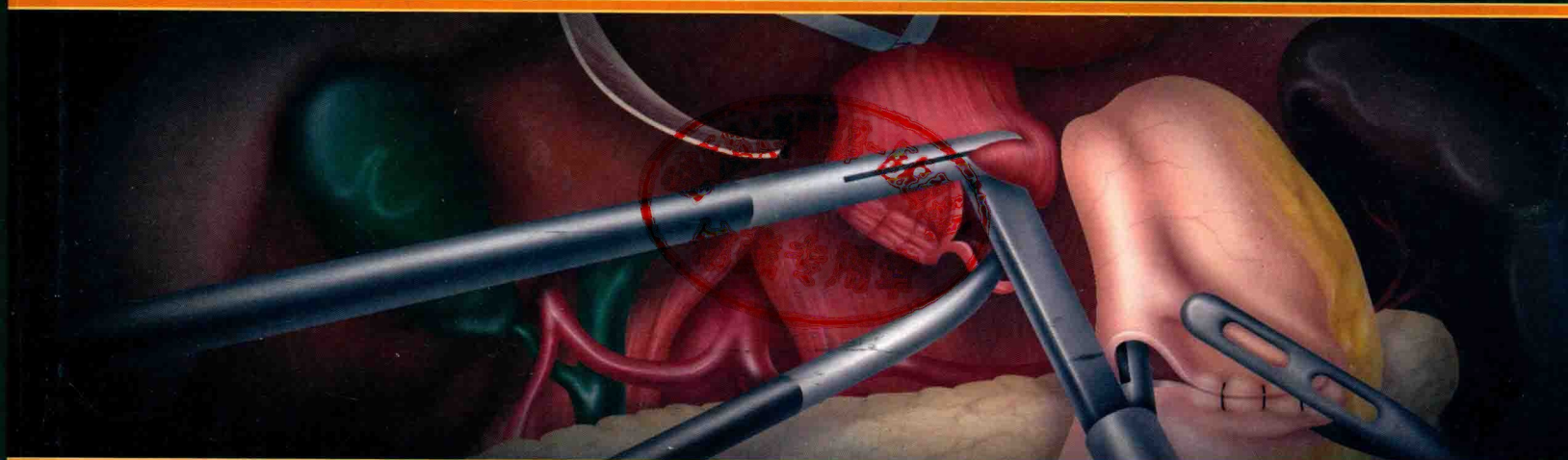


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# Maingot 腹部手术学

## Maingot's Abdominal Operations

(第12版)



原 著 Michael J. Zinner  
Stanley W. Ashley  
主 译 王西墨 金中奎



北京大学医学出版社

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作为天津市 2012 年 20 项“民心工程”之一——大肠癌筛查项目的技术指导，为早期发现并遏制大肠癌发展提供了传统医学与循证医学证据，在国内、外产生巨大反响，并引起普遍关注。

从事医院管理工作 10 余年，曾担任天津市人民医院普通外科主任等职务，2007 年任天津市人民医院副院长，2012 年起担任天津市大肠肛门病研究所所长，2013 年起担任天津市南开医院院长。



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从事外科（腹部外科）工作 24 年，长期致力于肝、胰腺、胆管疾病的临床与基础研究；近年来研究重点集中于肝、胆、胰腺肿瘤性疾病的微创治疗，终末期肝病肝移植的临床与基础研究。

主编外科学术专著 10 部，参编外科学术专著 6 部，发表本专业学术论文 40 余篇，获首都医科大学校长基金 1 项，参加国家自然科学基金及北京市自然基金 1 项；获省级科技奖 2 项，厅级科技奖 2 项；多次获得北京市局级与首都医科大学附属北京朝阳医院院级先进个人荣誉称号。





译者在医学生时期即听医学前辈讲述 *Maingot's Abdominal Operations* (《Maingot 腹部手术学》) 是一本指导腹部外科疾病治疗与手术的经典之作, 总是于图书馆中寻找、借阅此书以汲取其丰富的营养。后来机缘巧合与中华国际医学交流基金会海外优秀医学专著引进项目编辑部、北京大学医学出版社合作, 使得我们有机会于第一时间接触最新版本的《Maingot 腹部手术学》并有幸成为该书的主译。在译校过程中, 我们深深体会到此书已较先前版本有巨大提升, 其中涉及的腹部外科学学科背景大幅度增加, 手术难度与技巧进一步提升, 并结合了最新科研进展, 使腹部疾病的治疗更为规范化、微创化。我们非常期待通过本书的翻译出版, 将这本与时俱进的经典巨作的优雅、精深展现给中国读者。

诚如本书原著前言所述, 目前腹部外科进一步细分, 腹部疾病越来越多地被划分为胃肠、肝胆、胰腺、结直肠、内分泌、急腹症以及血管等多个部分。虽然每个系统疾病的特点各有不同, 但外科处理的基本原则仍然是共同点多于区别。目前, 本书仍按各脏器的不同病种展开描述。

本书作者认为, 微创外科不应作为一门单独的次级学科, 微创技术只是应用于按解剖结构或病种划

分的各次级专科中的工具与手段。这一点我们深为认同, 腹腔镜、胸腔镜、机器人外科与内镜外科等微创外科技术仅是可供选择的外科治疗手段之一, 与传统开放手术的目的是相同的。在疾病阐述中, 本书作者保留了不同专家的意见, 尤其是一些有争议的观点与方法, 并增加了不同意见专家的“观点”注释。译者对这一思路极为赞赏。这种阐述方式可以让读者了解关于某个疾病治疗的多种观点, 并结合自己的经验加以总结、判断, 进而应用于临床实践。

医学发展的最终目的是推动人类最终战胜疾病。本书的另一精彩之处便在于每个疾病章节之后均附有未来展望部分。该部分结合医学科学的发展对疾病的未来诊断、治疗提出可能的思路与方向, 对我们科研方向的制订大有裨益。

出于对经典的敬畏, 译者邀请了相关领域经验丰富的资深专家对本书进行译校。他们在百忙之中对原文精研透读, 以力求在完整表达原版观点的同时保持中文版的通畅顺达。

在本书付梓之际, 我们对所有参与本书编译出版的专家、工作人员致以崇高的敬意, 有了你们的辛勤工作, 我们才能有机会将本书呈现给广大读者。

王西墨 金中奎

2016年12月





《Maingot 腹部手术学》总能填补一个独特领域的空白。对于包括编者在内的多数外科医师而言，本书针对腹部外科疾病，尤其在手术策略与手术技巧方面进行了综合探讨。本书在我们进行常规手术或准备一台非常规手术之前可作为参考，以帮助我们复习相关知识。本版的预期读者与先前版本一样，既包括实习生，亦包括正在执业的外科医生。我们继续将该书推向海外读者，尽可能地使该书不论是对马来西亚人，还是对蒙大拿人而言都具有同等价值。这是我们第3次有机会一起编写这本经典教材（第12版），对我们大家而言，这既是荣誉，又是特权。

自从1940年Rodney Maingot的第1版面世以来，腹部外科有了明显的变化，不仅仅是我们的学科背景有了大幅度进展，手术本身亦变得更为复杂。目前，腹部外科进一步细分，对综合性教材提出了挑战。腹部疾病越来越多地被划分为胃肠、肝胆、胰腺、结直肠、内分泌、急腹症以及血管疾病等部分，但是，我们认为对于这些不同的解剖区域而言，外科护理的基本原则仍然是共同点多于区别。任何一种脏器上的经验均能帮助我们巩固对其他脏器的了解。极少有人质疑腹部外科医生是否应精通于处理计划性手术中遇到的突发情况，对我们中的大多数人而言，《Maingot 腹部手术学》一如既往地帮助我们满足这方面的需要。在本书中，我们依然保留按各脏器的不同病种进行论述的格式。越来越多的观念认为，微创外科不应作为一个单独的次级学科，而只是应用于按解剖结构或病种划分的各次级专科的工具与手段，为与此观念保持一致，在这一版本中，我们将微创外科与各相应章节合并，而非作为一个单独的部分论述。

本版本进行了较多修订，大部分内容甚至可以说是全新的教材。在本书中，我们不仅重点介绍手术技巧，同时亦介绍关于腹部疾病诊断与治疗的新观念。虽然这是新的版本，但与先前版本一样，依然与先前版本进行简要的对比。我们继续保持介绍多位专家的意见和观点，为强化这一特色，在一些有争议的观点

和方法方面，我们对该领域我们认为可能有不同意见的专家的“观点”进行了注释。为兼顾国际读者，我们加入一些先前版本中删除的部分，这部分内容包括胃肠道出血、腹部创伤以及血管急症。我们努力想要保持该书的国际性，编写时既邀请经验丰富的高年资专家，亦包括胃肠外科领域新的领导者。我们继续保持了该书的时代性，让该书涵盖所有消化外科疾病目前最新的诊断程序以及手术技巧。

本版中引用大量插图，一些素描图用来反映作者施行一些外科操作时的选择，一部分图是全新的，使得该书更具现代感，同时整体来看亦更统一；另外，本版本首次采用全彩色图文印刷。

在第6版前言中，Rodney Maingot提出，由于所有文献都是个人的，在各自所在章节，我们对编者给予一定的自由度，但在风格与形式上有一定限制，这样更能唤起读者的兴趣；同样，在本版本中，我们试图为读者保持这种形式与风格上的一致性，但同时我们对编者在各自的章节给予了一定自由发挥的余地。

我们由衷地感谢出版商McGraw-Hill，尤其是Robert Pancotti，感谢他们长期以来对本项目的发展坚定不移的支持。他们的指导对于在单一综合卷中完成此项目而言是非常宝贵的，他们对细节的建议与关注帮助我们克服出版这样一本庞大教材过程中所出现的无数问题。

最后，编写本书中历经考验的助理编辑Linda Smith亦是如此之重要，如没有她，我们可能无法完成此项工作。Partina Tucher和Colleen Larkin亦促进此项目的完成，在这个项目的每一个阶段——从键入原稿、编辑直至审校，均给我们提供了帮助，在这本书的长期准备过程中给予了我们鼓励，我们欠他们一个大人情。

对所有参与编写和出版本书的人们，我们表示衷心的感谢。

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