

VASCULAR SURGERY

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This book is dedicated, with deep appreciation, to our teachers and those colleagues who have contributed so much to our knowledge and practice of vascular surgery.

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PREFACE

This book was conceived as a comprehensive treatise on the surgical management of vascular diseases, designed to fill what the editors believed to be a void in the current medical literature. While the emphasis was to be clearly on surgical management, stressing finer points in surgical judgment and operative technique, it was not our intention to produce another atlas of vascular surgery. In addition, even though diagnosis and "medical" management are well covered in the recent revision of the Allen, Barker, and Hines classic work, *Peripheral Vascular Disease*, we felt it prudent to include appropriate background on those nonoperative therapeutic measures commonly carried out by the vascular surgeon, and to provide sufficient appreciation of the nature of the underlying vascular diseases and their current prognosis to serve as a rational basis for surgical intervention. We believed these goals could not be adequately achieved by a series of collected papers or symposium proceedings, by an angiogram-studded accumulation of illustrated cases, or by statistic-filled reviews of experiences with a particular operation.

We undertook this new volume at a time when the need for a book of this scope seemed particularly great. After more than two decades of accelerated growth, with one advancement following on the heels of another, vascular surgery has emerged as a specialty, at least to the extent that it now represents an identifiably separate area of special interest within surgery and one that is of sufficient scope and complexity to occupy all or most of the time and interest of an increasing number of surgeons. It is not improbable that in the future, *major* elective vascular surgical procedures will be performed only by those with proper formal training and extensive personal experiences in this field. Whether this training consists of a separate distinct experience during a general surgical residency or a postgraduate vascular fellowship, and whether these qualifications are eventually formalized by board certification or bestowed by a certificate of competence, are, for the moment, immaterial. At the very least, it seems clear that the vascular surgical experience in general surgical residencies should no longer be random and diffuse but concentrated and closely supervised, so that those who elect to pursue vascular surgery as a major professional interest may be assured an adequate opportunity to gain