

Anesthesiologist's
Manual of **SURGICAL
PROCEDURES**

**斯坦福
临床麻醉全书**

第三版

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中译文序

随着现代社会的飞速发展,有识之士愈来愈感到科学与技术是鱼和水的关系,而医学基础与医学临床更是不可分割的有机整体,更加认识到只有拥有广博、扎实的医学基础,才有可能洞察实际临床中出现的各种各样的问题,理清脉络,治病救人。如今外科学的进展无疑加快了临床麻醉的进步,而反过来,临床麻醉也促使外科学在临床上向纵深发展,在理论上向更高层次提升。同时,牢固其在医学领域无可争议的一席之地。

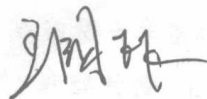
天津科技翻译出版公司引进的《斯坦福临床麻醉全书》依次介绍了颅脑、眼科、耳鼻喉、口腔、胸部、心血管、普通外科、妇产科、泌尿、矫形、美容、儿科、门诊、急诊手术的基本操作步骤,以及麻醉管理方面应注意的事项,不仅对手术过程进行了仔细的阐述,而且对术前、术中和术后的麻醉管理进行了详细的介绍,是外科医师、ICU 医师和麻醉医师工作的实用指南,对于初学者和从事本专业的医生都是必备的良好良师益友。

本书汇集众多的麻醉医师、各临床学科医师、基础医学工作者等多方面的同道们,将《斯坦福临床麻醉全书》当年最新版本以最快的速度翻译付梓,使大家对外科发展与临床麻醉的紧密结合有更新的认识。书中许多资料都是全新的概念,手术的步骤与麻醉及术后 ICU 的管理既为独立,又成体系,将独立的外科学科与临床麻醉学科紧密地结合在一起。其描述外科手术步骤和麻醉管理有独到之处,这对麻醉医师在围手术期随手术进行麻醉步骤有一种更上一层楼的感觉。当阅读本书原著后,深为本书知识全面、语言精炼、表达生动及图文并茂的内容所感动,确实获益匪浅,因此愿将此译本介绍给我国的同道共同分享。

从本书中也看到我们与西方国家在本专业的不同之处。本书的出版为同行们又增添了一个学习的机会,希望年轻的麻醉医师、外科医师及 ICU 医师从中学习、了解与本专业发展关系非常密切的其他专业知识,为各个学科的发展提供重要的基础。

综上所述,乐为同道掌旗,共勉进步。不揣浅识,是以为序。

天津医科大学总医院
副院长、麻醉科主任、教授



2005年3月18日

序

麻醉医师熟悉、参与多种手术操作是非常有益的。我们为普通外科、胸外科、神经外科、矫形外科、整形外科、小儿外科、心血管外科以及产科和妇科手术提供麻醉。各科手术操作过程,都有复杂的操作步骤和相关的麻醉并发症。尽管少数麻醉医师专攻某一特殊领域,但大多数麻醉医师仍然要处理各种各样的手术病人。这本《斯坦福临床麻醉全书》就是为那些在一周过程中可能会遇到包括像 Chiari 畸形的颅颈减压、颅底手术、(部分)心室间隔肌切除术/肌切开术、腹腔镜下脾切除术、TIPS(经颈静脉肝内门腔静脉分流术)以及 Darrach(尺骨头切除术)这样不同病历的麻醉医师而设计的。

寻找一种不熟悉和/或不常见手术操作的相关信息以及与麻醉的关联可能是一项困难、曲折而且耗时的工作。麻醉医师可以从外科或麻醉同事、从私人或公共图书馆的书籍和出版物或者从电子检索和资料中寻找信息。而且,用适当的知识来向同事验证通常也很困难。另外,我们的印刷品和电子资料经常讨论疾病的是手术处理,没有直接阐述与之相关的麻醉并发症。1994年印刷的第一版《斯坦福临床麻醉全书》能够让麻醉医师快速、有效地找到许多与手术操作有关的麻醉信息。每一章都是由在专科手术领域内有丰富知识和经验的外科医师和麻醉医师共同编写。对于每种手术操作,包括手术的说明、手术操作过程的摘要以及术前、术中和术后的麻醉注意事项均以一种简明、易于遵循的形式进行回顾。贯穿全书的一致格式使读者可以快速找到许多与专业操作有关的信息。

第三版保持了这种基本的风格,而且增加了章节并在多个领域显著地扩大了覆盖面,包括功能性神经外科、微创心脏外科、重建/整形外科和以办公室为基础的麻醉学。在许多章节的修改中很好地描述了腹腔镜检查的应用。另外,一些章节已经增加了主要的修改和/或附加的操作。这包括神经外科、耳鼻喉科、胸外科、胃部手术、颅面外科、功能重建以及小儿外科。图解数量的显著增加,使读者更容易理解手术操作的细节。作为补充,在章节和操作后还有八个附录,包括术前病情分析、标准成人麻醉协议、围术期疼痛管理、小儿麻醉协议、小儿术后疼痛管理、药物交互作用和乳胶变态反应。在许多手术操作中,书中讨论的特殊操作与附录中描述的常规操作相结合,这有助于完善麻醉计划。

第三版证明了过去五年中外科和麻醉发生的迅速发展。编者有效地证明了章节的质量和数量,并且保持了那些独特的因素,使这本书成为过去十年中所有麻醉医师的重要参考资料。

斯坦福大学医学院

麻醉教授、主任

Ronald G.Pearl,M.D.,Ph.D.

2003年7月

前 言

鉴于我们从以前版本中获得的经验和见解,我们曾天真地设想第三版《斯坦福临床麻醉全书》的准备工作会进行得十分顺利,但事实上我们错了。

* * *

第三版的目标与第一版相比没有变化,那就是提供一个容易理解的、涵盖各种常见及少见手术操作的临床相关信息来源。与第一版相同,此版并不自命为一本麻醉教科书或外科教科书。事实上,在任何一项麻醉计划的形成中,经验和可靠临床判断都是无可替代的。

熟悉以前版本的读者会注意到这一版的格式和结构依然保持原有的风格。贯穿全书的空白大为减少,以便使明显增多的内容不致加大篇幅,容得下新增的8个章节和许多新的手术操作。对原版的每项操作也都做了必要的审查和修订,以便反映当前的临床实践。

另外,我们采用了简略的格式,广泛使用缩写、医学符号和电信句子结构以代表大量的信息。“低氧血症或高碳酸血症能够导致心动过速和高血压的发展。”当我们认识到在美学上这句话可以更令人愉快地阅读并占据更小的空间时,将它写为:“ $\uparrow \text{PaCO}_2$ 或 $\downarrow \text{PaO}_2 \rightarrow \uparrow \text{HR} + \uparrow \text{BP}$ 。”

最后,我们还采纳了读者和评论家对以前版本的许多建设性意见。至于第三版到底是不是一个更好的、更相称的版本,那就留给你,本书的读者,去做最终的评判。

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Stanford University School of Medicine

2003年7月

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