

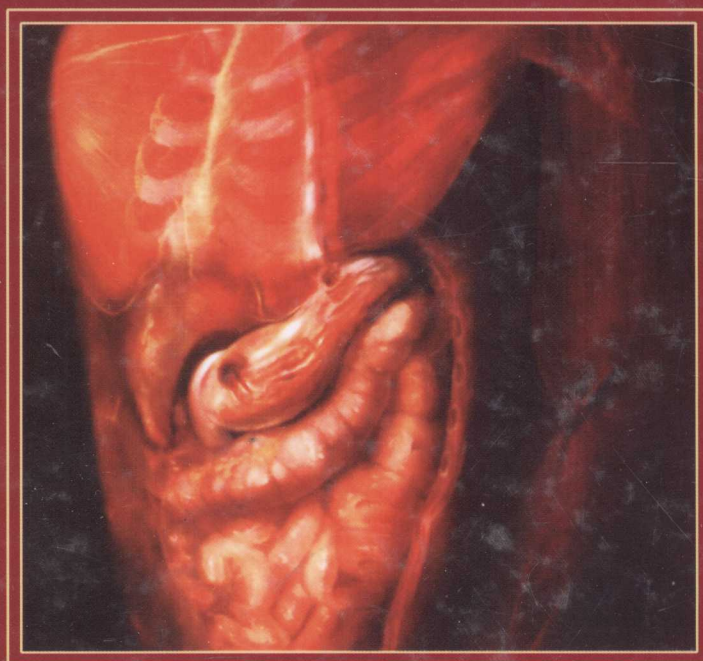
中文翻译版

—Maingot—

腹部手术学

Maingot's Abdominal Operations

——原书第11版——



Michael J. Zinner

编著

Stanley W. Ashley



科学出版社

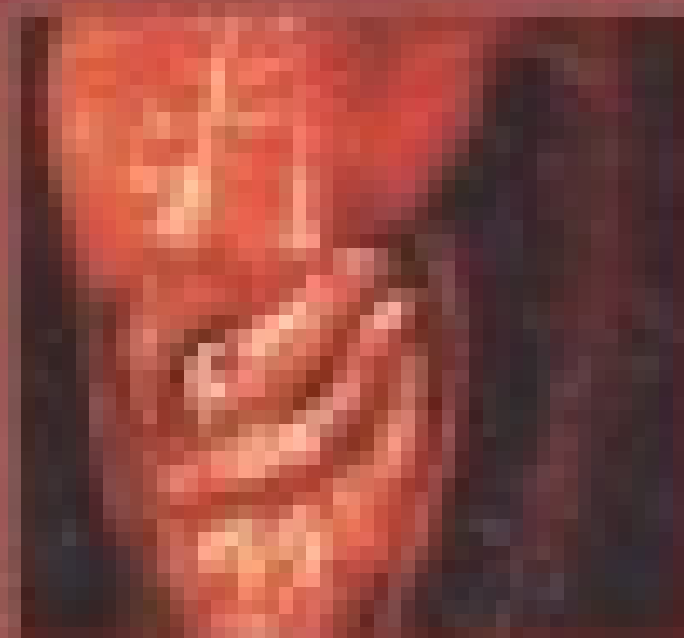
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内 容 简 介

《Maingot 腹部手术学》(原书第 11 版)以腹部脏器、系统为主线分为 11 篇共 54 章,对包括食管疾病在内的常见腹部炎症性、功能性及肿瘤性外科疾病的发病特点、诊断方法和外科治疗原则进行了总结,特别对手术策略、方式的选择以及具体手术操作步骤进行了详细叙述,并配有超过 800 幅的手术示意图和照片,内容丰富,图文并茂,易于学习。

本书可供各级医院普外科医师及研究生参考使用。

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《Maingot 腹部手术学》是一本传奇式的外科教科书,从 20 世纪 40 年代第 1 版问世以来,在世界范围内拥有众多的忠实读者,腹部外科医师更是获益匪浅。尽管外科学经历百余年的发展,在外科学技术上已经出现了许多革新和变迁,但是《Maingot 腹部手术学》中首先描述的一些术式,如 1958 年 Puestow 建立的胰腺空肠侧侧吻合术,仍然被外科医师广为接受而成为治疗某种外科疾病的经典术式,其影响之深远由此可见一斑。

现代腹部外科的专业区分愈加细化,为便于读者更有选择性地阅读,第 11 版《Maingot 腹部手术学》在保留经典内容的基础上对编写体例进行了变革,按照腹部各脏器、系统为主线,分别对炎症性、功能性和肿瘤性等腹部外科疾病的治疗策略、手术方式及具体操作进行了详尽阐述,同时提供了大量画工精致的手术示意图和照片,图文并茂,不仅是普通外科医师,也是胃肠外科、结直肠外科等专业医师不可多得的参考书。该版还对现代外科手术学中的重大进展——腔镜微创外科手术进行了专门而形象的讲解,读者定能从中汲取丰富的营养,得到超乎想象的收获。

受科学出版社委托,我们荣幸成为第 11 版《Maingot 腹部手术学》中文版的译者,承担了向国内同仁介绍这本全新、经典的外科手术教科书的重任,翻译过程中力求译文准确并忠实于原著,但限于译者水平,难免有不妥甚至错误之处,恳请批评指正。

万远廉 刘玉村 吴 涛

2009 年 4 月

原书前言

《Maingot 腹部手术学》始终充满了独特的优势。对于包括本书编者在内的许多外科医生而言,本书一直能够提供重点在于腹部外科疾病的手术策略和技术的全面讨论。本书已经成为我们在常规手术前或新手术准备过程中更新知识的一本必需参考书。本版的目标读者与以往版本一样,仍然是外科训练者以及执业医师。有机会编写这本经典教科书的第 11 版是一种殊荣。

自 1940 年 Rodney Maingot 编写第 1 版以来,腹部手术已经发生了明显变化。不仅我们的知识基础大幅度增加,而且手术操作本身也已经变得更加复杂。作为这些变化结果的现代腹部外科的亚专业,甚至可能质疑这种内容全面的教材的必要性。目前腹部疾病正在越来越多地被前肠、肝胆、胰腺、结直肠、内分泌、血管和微创外科等专业医师瓜分。在本版中我们已经认识到专业化问题,因此选择去除了有关腹部外伤和血管疾病的章节,取而代之的重点在于胃肠道的疾病。然而,对于消化系统疾病而言,我们仍然坚信每一个解剖区域病变的外科处理基本原则的共同点多于分歧。在上述任一器官上获得的经验可以为另外任一器官的处理提供信息、加深了解。很少有人怀疑腹部外科医生必须具备熟练处理既定手术操作过程中遇到的任何突发性疾病的能力的需要。对于我们许多人来说,《Maingot 腹部手术学》一如既往地满足了这种需要。除了依照其器官/操作的编写格式之外,我们也打算保持这本教科书以疾病为重点的特点。

新版的教科书是经过彻底修订的一本全新的教科书。我们试图将本书的重点放在手术操作步骤上,同时包括新的腹部疾病诊断和处理观念。为了与许多其他临床教科书的趋势符合,我们显著缩短了本版本的长度。虽然文字更为简明,但是我们仍然表达了大量专家的观点和见解。我们继续保持了原书的国际风味,而且在胃肠外科章节既有经验丰富的资深撰稿人,也有新的领导者。

本版进行了广泛的艺术创作,再现了许多线条图用于反映撰写者完成某些外科手术的首选方法,其中的一些图是全新的,使本书的外观更现代、整体一致性更强。

虽然本版比以前的版本内容更为集中,但是增加或扩展了许多议题,比如全新的探讨胃肠道间质瘤的章节,以及一整篇关于当代腹腔镜技术的内容——这是一种在执业腹部外科医师中越来越占主导地位的手术技术。为了对某种重要疾病进行完整而不是片面的阐述,在许多篇章中存在有意的重复。我们一直相信,这些不同的观点对教科书的加强作用和《Maingot 腹部手术学》一样重要。

Rodney Maingot 在第 6 版的前言中指出,“由于所有作品是个人的,所有撰写者在其个人章节上已被赋予了自由。行文风格和文字表达方面的特定范围将会激起读者的深思熟虑。”我们同样试图为读者保持一致,同时作者在其个人章节撰写

上也获得了足够的自由。

我们衷心地感谢上一版的主编, Seymour Schwartz 医师, 感谢他对本版准备工作的协助。没有他的支持和指导, 我们将无法出版这本书。

我们也要感谢出版商, McGraw-Hill, 特别是 Marc Strauss, Joe Rusko 和 Robert Pancotti, 感谢他们在漫长的开发本项目的过程中坚定不移的支持。他们的指导对于将本书完全归入单一的综合本是无价的。他们对细节的建议和关注使我们能够克服发生在出版如此巨型教科书过程中的无数困难。

在本书的创作过程中, 我们有幸与杰出的插图作者共事。作为上一版的参与者, Philip Ashley 先生能够保持所需插图的高标准, 维持全书主题的一致性。

没有我们学院的同事、帮助监督全书完成的 Ali Tavakkolizadeh 医师的智慧和协助, 这本书不可能完成。

最后, 要提到为我们完成本书审核的编辑助理, Karen “Kit” Giffen 的付出同样是非常宝贵的, 没有她的帮助我们永远不可能做到这点。Patrina Tucker, Linda Smith, Suzee Vicente 和 Doreen Kontos 也进一步使本项目成为可能。我们对他们非常感激, 感谢他们提供的每一种帮助——手稿的输入、校样和页码校样的编辑和阅读, 以及在本教科书长期等待和准备过程中给予的鼓励。

献给所有参与本书创作和出版的人们, 我们非常感谢您!

Michael J. Zinner, MD, FACS

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目 录

第一篇 绪 论

第一章 外科发展史概要	(3)
第二章 手术前和手术后的处理	(7)
第三章 内镜检查及内镜介入治疗	(28)

第二篇 腹 壁

第四章 切口、切口关闭及腹部伤口的处理	(59)
第五章 疝	(84)
第六章 肠造口	(111)
第七章 腹部脓肿与消化道瘘	(141)

第三篇 食 管

第八章(1) 食管良性疾病	(159)
第八章(2) 胃食管反流性疾病	(182)
第九章 食管癌	(216)
第十章 食管切除和重建的方法	(243)

第四篇 胃十二指肠

第十一章 良性胃病	(267)
第十二章 溃疡并发症	(282)
第十三章 胃和十二指肠:手术操作	(301)
第十四章 胃癌	(334)
第十五章 胃肠道间质瘤	(353)
第十六章 病态肥胖症及其手术治疗	(366)

第五篇 小肠和结肠

第十七章 肠梗阻	(385)
第十八章 结肠憩室病	(406)
第十九章 克罗恩病	(416)
第二十章 溃疡性结肠炎	(440)
第二十一章 阑尾和阑尾切除术	(475)
第二十二章 小肠肿瘤	(494)
第二十三章 结肠肿瘤	(504)

第六篇 直肠和肛管

第二十四章 直肠肛管良性疾病(盆底、肛裂、痔和肛瘘)	(535)
----------------------------------	-------

第二十五章 直肠癌	(560)
第二十六章 肛门癌	(587)
第二十七章 肛门直肠手术后的并发症	(605)

第七篇 肝 脏

第二十八章 肝脓肿和肝囊性疾病	(613)
第二十九章 良性及恶性肝脏原发肿瘤	(635)
第三十章 结直肠癌肝转移(手术切除、化疗泵、射频消融术和冷冻消融术)	(660)
第三十一章 门静脉高压	(676)

第八篇 胆囊和胆道

第三十二章 胆囊切除术(开腹及腹腔镜下手术)	(691)
第三十三章 胆总管结石症和胆管炎	(705)
第三十四章 胆总管囊肿及胆管狭窄	(723)
第三十五章 胆囊癌及胆管癌	(750)

第九篇 胰 腺

第三十六章 急性胰腺炎的治疗	(765)
第三十七章 急性胰腺炎并发症(包括假性囊肿)	(784)
第三十八章 慢性胰腺炎	(803)
第三十九章 十二指肠壶腹部疾病	(815)
第四十章 胰腺囊性肿瘤	(828)
第四十一章 胰腺癌和其他壶腹周围癌	(840)
第四十二章 胰腺内分泌肿瘤	(860)

第十篇 脾 脏

第四十三章 脾脏	(877)
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第十一篇 微创外科

第四十四章 腹腔镜手术的基础	(897)
第四十五章 胆道	(909)
第四十六章 疝修补	(919)
第四十七章 小肠和结肠切除	(940)
第四十八章 裂孔疝修补与 Heller 食管肌层切开术	(953)
第四十九章 腹腔镜脾切除术	(964)
第五十章 视频辅助的胸部食管手术	(970)
第五十一章 腹腔镜肾上腺切除术	(981)
第五十二章 病态肥胖症的腹腔镜手术	(991)
第五十三章 腹腔镜分期与短路术	(1016)
中英文名词对照	(1035)

第一篇 绪论