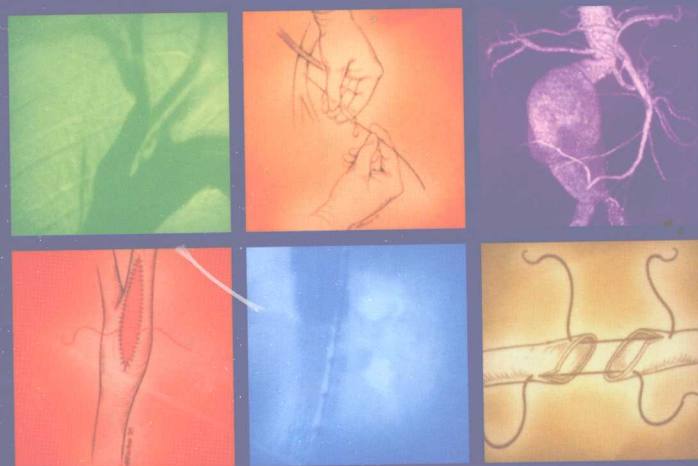


MASTERY OF  
VASCULAR AND  
ENDOVASCULAR SURGERY

# 血管和腔内血管 外科学精要



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# 血管和腔内血管 外科学精要



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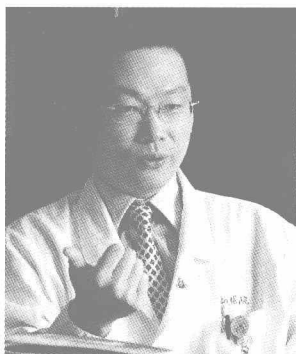
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## 主译简介



**郭伟**,解放军总医院血管外科主任,主任医师,教授,博士生导师。长期从事血管疾病的临床、科研、教学和保健工作。主要研究方向是血管疾病的腔内和传统外科技术。

国际腔内血管外科学会会员、亚洲血管外科学会会员、国家青年科技工作者协会会员、中央保健委员会专家、总后科技“新星”、总后“十大学习成材标兵”、中华医学会外科学分会血管外科学组委员、全军血管外科学组副组长、北京血管外科分会委员、科技部课题评审专家、卫生部心血管防治研究中心教育基地专家顾问委员、中国健康促进基金会心脑血管疾病防治专项基金管理委员会专家委员会委员、《中华生物医学工程杂志》及《中国实用外科杂志》等6种期刊编委,发表论著80余篇,参与编写专著10部,主编3部,主译1部。获北京市科技成果一等奖1项,军队科技成果奖3项,国家专利4项,国家及省部级课题多项。



**符伟国**,男,1962年出生,教授,主任医师,博士研究生导师。现任复旦大学附属中山医院血管外科主任,复旦大学血管外科研究所副所长。亚洲血管学会会员和国际腔内血管外科学会会员,上海市优秀学科带头人。中华医学会外科学分会血管外科学组委员,上海普外科学会委员,担任《中华外科杂志》等6部核心期刊编委。负责承担7项国家级和省部级课题,包括国家高技术研究发展计划(863)课题1项,国家自然科学基金2项。主编专著2部。近10年来在国内外权威学术期刊发表论文70余篇。获得3项专利。作为第一完成人先后荣获国家教育部高校科技进步二等奖等6项省部级嘉奖。

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# 中译本序

随着血管外科疾病发病率和检出率的逐年增加,血管外科在国内临床工作中显得越来越重要。各医院建立血管外科专科的势头犹如雨后春笋,吸引着血管外科专科研究生、介入放射医师、心血管和心胸血管外科医师及其他立志从事血管外科的医师加入到这个朝阳专业队伍当中。我们血管外科医师和血管外科研究者在加入血管外科专业队伍的那天起,就把自己的奋斗目标定位于国际先进水平。

很多血管外科医师把Rutherford主编的*Vascular Surgery*作为入门和从业的经典教科书。30年来,冯友贤教授主编的《血管外科学》不但起到了培养国内血管外科医师的蓝本作用,而且引领了国内血管外科教材的编排形式。外科住院医师在接受血管外科系统知识和技术培训以后成为血管外科专科医师。他们经过一定时期的临床和研究工作,希望自己的临床工作在规范性和专业性上都达到国际水平,当然更希望在临床领域上有所突破。近10年来,血管外科腔内治疗长足发展,使得传统血管外科的知识结构、临床常规和操作技术有了显著改善。毋庸置疑,欧美的血管外科界因为其深入的基础研究、丰富的实践和创新思维而引领变革的潮流。国内血管外科医师的专科进展信息大部分来源于学术交流和文献检索。因为这些进展尚未系统归纳,所以对还处在培训阶段或者积累知识阶段的中青年医师来说,可能有无所适从的感觉。因此,中青年血管外科医生需要一本在传统血管外科基础知识之上、总结和归纳最近血管外科在各个领域进展的权威之作。

Gerald B. Zelenock和Thomas S. Huber等主编的*Mastery of Vascular and Endovascular Surgery*,即《血管和腔内血管外科学精要》(Lippincott Williams & Wilkins公司2006年出版)没有沿袭传统教科书以病种分类的编排形式,而是以现代血管外科各个领域的进展和技术特点为核心,阐述血管外科基础理论、诊断、治疗和基础研究等热点和亮点问题,同时总结传统治疗技术的经验,提出新的观点、概念和理论,鼓励开拓新技术,特别是血管腔内技术。

本书分为基础知识和围手术期处理、动脉瘤疾病、动脉闭塞性疾病、静脉和淋巴系统疾病、血管创伤及血液透析通路等6个部分,共88章,重点介绍动脉疾病的治疗和血管腔内治疗的技术特点。作者试图用循证医学的方法来分析临床效果,可以说本书是一部现代血管外科治疗学的优秀参考书。

本书的主编邀请了国际专家编写所有章节。各位编写者都是世界各地血管外科中心的负责人,在所属领域内做出了卓越贡献,他们的成果代表了血管外科的国际水平。本书内容新颖,具有权威性。每个章节最后都附有编者评述,即以一个专家的眼光去审视另一位专家的观点和经验。这种方式让我们可以比较冷静

和客观地去分析问题,同时也给我们留下思考和畅想的空间。

本书由郭伟和符伟国教授担任主译,由中国人民解放军总医院和复旦大学附属中山医院两家医院的血管外科同行共同翻译,体现了同行间团结协作的精神。这正是我们所提倡的。我向全体翻译者表示衷心的祝贺,并希望《血管和腔内血管外科学精要》一书受到国内血管外科同行们的喜爱。

王玉琦

2009年9月

# 序

本书旨在从开放手术和腔内治疗两个方面为当代血管外科医生提供帮助。如今的现状是当患者接受择期手术或急诊手术时,可能达不到预期效果。虽然术前和术后处理常影响患者的预后,忽略这些措施会导致治疗的失败,但手术的具体操作(无论是开放手术还是腔内手术)仍然是决定患者预后至关重要的一环。

手术的精髓在于细节。大多数的内、外科医生都能掌握治疗的指征和风险,但是随着手术量的不断增加,为确保手术的顺利进行,在开展新术式和进行较少应用的传统手术之前,术者必须有足够的经验和能力。药物研究部门近来报道的错误可能与外科医生无关,但在这些报道中药物剂量的使用错误和药物的交叉反应常被提及,而这些情况在外科治疗中通常未被注意。比较中肯的建议是外科医生必须全身心地投入到手术中,尽可能地达到完美操作,由于缺少经验所导致的错误是不可原谅的。

外科医生要熟练应用血管腔内技术以及开放重建术。至关重要的是不要置患者于晚期并发症所导致的重复治疗,以及失去功能或生命的高风险中。外科专家的成长不是以二次手术或让患者接受不可避免的手术风险(特别是致残或引起死亡)为代价的。一名合格的专家应该能在第一时间做出正确的决定。本书取材于专家的亲身经验,训练有素的医生和初学者都能从中受益。

一个有责任心的血管外科医生不但要了解某一疾病的治疗现状,而且应该为特定患者选择合适的治疗方式,而且他必须熟悉手术特定的技术细节,因为这将直接影响治疗结果。本书的撰稿人都是血管外科业内的著名专家,致力于为血管疾病患者提供最好的治疗模式。

James C. Stanley, MD

Ann Arbor, Michigan

2005年9月

# 前 言

临床学科的精要编写是一种值得推崇的目标——尽管很难达到,但是我们一直在追求。临床医学专家与生俱来的愿望,就是精通本专业的所有技术,然而由于相关基础科学以及诊断、治疗技术的快速发展,使得精通所有技术的可能性越来越小。

由于诊断和治疗技术的快速发展,血管外科正面临重大变革。这种变革是根本而深入人心的,需要我们对培训规范、组织结构和训练模式进行修改。在分子和基因水平增加对血管生物学的理解,将会显著影响和促进医疗实践效果的改善。药物遗传学、人类蛋白组学和精确的遗传修饰药物将卓有前景。遗传学研究已取得诸多进展,包括人类基因组的完全解密,将有利于对特殊患者靶向基因治疗的深入研究。对炎症介质、细胞和分子调控机制、一氧化氮以及其他关键分子的生理学作用的不断认识,将会带来最佳的药物治疗效果并促进血管外科的快速发展。

更好的临床影像,无论来自多普勒超声、超高速 CT 扫描还是 MRI/MRA,都已经增强了我们的诊断能力。在现代医疗实践中,高速和超高速 CT 扫描、MRA 和其他发达的影像学技术正有代替传统血管造影的趋势。构建和处理 3D 图像的能力将很快被应用于每种诊断模式,先进的图像处理技术目前尚未发展到极致。在动脉系统疾病,包括动脉瘤、颈动脉疾病和闭塞性动脉疾病的治疗中,血管外科的训练模式经历了规范的演变。腔内技术和其他微创技术与外科其他技术的进步相似。静脉疾病的诊断和治疗技术的进步也同样非常显著。腔内技术、腔镜技术、机器人外科技术和快速显微外科技术显著改进了大多数血管疾病的治疗方法。低温外科技术、载药支架和其他复合技术的进步已经促使治疗的设备明显改进,任何现存技术的领头人都可能很快被拥有更先进技术的他人所超越。许多高年资外科医生已经有点落后于这一发展趋势了。计算机辅助技术尽管不是日常的医疗实践,但是这种情况将很快变为现实。在复杂的电子医疗系统配合下,我们将显著提高手术的效率和减少医疗差错。

由于操作训练补贴的减少、医学生债务的增加以及一系列社会因素,已经导致选择外科特别是血管外科作为职业的人数减少。他们需要在医学院毕业后继续接受 7~9 年的培训,以补充额外的腔内血管外科经验。现状是住院医师或专科医师需要接受终生的专科培训,才能有好的前途。普通外科和血管外科之间的哲学“距离”正在加大。在普通外科培训上减少时间,而在血管外科、血管药物、血管检查培训上增加时间,特别是在腔内血管技术资格培训上给予足够的时间,看上去更合理。血管外科可能更侧重于介入放射学和介入心脏学训练。血管外科管理模式改变的回报是显而易见的,然而,精确的管理结构和教育计划仍

然没有被认可。血管外科独立于外科并与外科基础密切联系,看起来是理想状态,但并非不可实现。

我们清楚地看到了血管外科的动态发展过程。本书集血管外科各领域权威专家的经验,偏重技术特色,编译了血管外科和腔内血管外科治疗的新进展,为有需求的读者提供了独特的见解。本书的观点在于对所有技术都应当努力达到精通,并认识到最真实的谦逊风格是比现实更重要的目标。

Gerald B. Zelenock, MD



# 致 谢

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