
Smith

腔内泌尿外科学

Smith's Textbook of Endourology

第2版

主编

Arthur D. Smith

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Demetrius H. Bagley

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Smith

腔內泌尿外科學

Endoscopic Urology and Endourology

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译者前言

腔内泌尿外科是近期发展形成的一门崭新学科,在 20 世纪 90 年代初,我们预见到内腔镜微创技术会在今后的临床实践中发挥越来越重要的作用。因此 1991 年,我们即编写了专著《腔内泌尿外科学》,并于 1995 年出版了第 2 版,对腔内泌尿外科的定义及内容作了详细论述,推动了中国腔内泌尿外科学的快速发展。随着新型腔内器械和设备的应用和改进,内腔镜已用于诊断和治疗泌尿系统各个部位的病变,这标志着已进入现代泌尿外科微创阶段。目前有多项腔镜微创技术已经日臻完善,完全或部分取代了传统的治疗方法。

《Smith 腔内泌尿外科学》在泌尿微创领域是一本非常知名的专著,现在已经是第 2 版。该书主编 Arthur D. Smith 教授是我们的老朋友,他是杰出的腔内泌尿外科专家,在该领域做出了很多创新和开拓性的工作,具有世界级的声望。由 Arthur D. Smith 教授主编的《Smith 腔内泌尿外科学》每一章节的作者均是该领域最具声望的专家,内容具有权威性,同时本书图表清晰,美观实用,临床指导性强。因此该书作为教材是许多欧美腔镜泌尿外科医生的操作蓝本。

有鉴于此,我们组织了国内几十位中青年泌尿外科医师将《Smith 腔内泌尿外科学》译成中文,相信本书中文版将为进一步提高我国腔内泌尿外科水平起到积极推动作用。因水平有限,错误之处在所难免,请广大读者理解并及时指出。

李学松 郭应禄

2011 年 5 月

前言

当我做外科实习医生时,我的老师告诉我良好的暴露是手术成功最重要的原则之一。因此,手术切口必须足够长,这样才能充分地显露手术野。迄今为止,虽然获得手术野显露的途径已经发生了翻天覆地的改变,但这一原则仍然没有改变:即手术野的显露是极其重要的。目前各种各样的内窥镜和影像技术已经比手术刀应用的更加广泛。通过内窥镜的图像放大技术,这些新的方法可以利用很小的切口提供更清晰的图像。除此之外,小切口还能明显地降低手术并发症。

这一变化已经促成了一个新型亚专业——腔内泌尿外科学——的诞生,特指在泌尿生殖系统腔道内进行的操作。腔内泌尿外科学这一名词诞生于1978年。在1978年华盛顿召开的美国泌尿外科年会上,有一个海报介绍了几种内窥镜技术治疗高危患者的报告,这些患者都是传统手术无法治疗的。自此以后,有许多泌尿外科医师、放射科医师和工程师都在此领域进行了开创性的努力,发展了很多类似的技术。这些腔内技术已经取代了很多传统外科治疗方法,即使在低危的患者中也广泛应用。在当今,几乎所有的泌尿外科操作都可以通过内窥镜进行。因此,未来的外科实习医生就不会被告诫要把切口开的足够大了。

上面这段话是本书第1版的前言。在过去的10年中,泌尿外科已经发生了翻天覆地的变化,在腹腔镜下进行肾切除、肾输尿管全长切除以及肾上腺切除已经成为泌尿外科手术的主流,而腹腔镜下前列腺切除、膀胱切除和主动脉旁淋巴结清扫正在成为常规手术。

机器人手术的发展已经缩短了腹腔镜手术的学习曲线,手术机器人操作臂的灵活性可以让泌尿外科医生缝合的速度更快、更准。这就进一步鼓励泌尿外科医生可以更多地进行重建和血管方面的手术。

泌尿外科发展的另一个目标是降低各种治疗方法的并发症。很明显,切口的缩小和更好地接近病变部位已经使治疗方法发生了巨大的变化。已经发展的技术可使治疗在很小的切口下进行,甚至可以没有切口,比如可以通过经皮穿刺技术来热疗、冷冻或放射治疗肿瘤。高频超声技术不用切口就可以治疗前列腺和肾脏肿瘤。泌尿外科医生是最了解这些泌尿外科疾病及其自然进程的医师,因此我们必须不断了解如何更好地治疗这些患者,也必须掌握这些治疗方法。

第2版在很多方面都发生了变化。加入了一些新的章节,已有的章节也都进行了更新。此外,还增加了更多的彩图,而且全书的格式也做了改动,以利于容纳更多的内容。

借此感谢 Brian Decker 先生,在他的大力帮助下本书的第2版才得以出版,才能使更多的、更新的信息很快地传达给读者。还要感谢他的团队成员 Maria Reyes 和 Petrice Custance 的帮助和宽容。

本书的读者将会受益于书中介绍的这些宝贵经验,在此感谢本书的所有作者,感谢他们将他们的学识和经验与大家分享。

最后,我要感谢我的妻子 Kay,感谢她在新书出版过程中的支持和帮助。

Arthur D. Smith, MD
2006年8月

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