

# CLINICAL SURGERY

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John H. Davis

William R. Drucker

Roger S. Foster

Richard L. Gamelli

Donald S. Gann

Basil A. Pruitt

George F. Sheldon

# CONTRIBUTORS

## **Marwan Abouljoud, M.D.**

*Chapter 16 Wound Healing*  
General Surgery Resident  
University of Michigan Medical School  
Department of Surgery  
Ann Arbor, Michigan

## **Joseph F. Amaral, M.D.**

*Chapter 12 Neuroendocrine Response to Stress, Injury, and Sepsis*  
*Chapter 13 Metabolic Response to Injury, Stress, and Starvation*  
Assistant Instructor  
Department of Surgery  
Brown University;  
Research Fellow  
Department of Surgery  
Rhode Island Hospital  
Providence, Rhode Island

## **Marie L.F. Ashcraft, R.N., M.B.A., Ph.D.**

*Chapter 4 The Cost of Health Care: The Clinician's Role*  
Associate Professor  
Department of Health Services, Management, and Policy  
The University of Michigan;  
Coordinator for Prospective Payment  
Office of Clinical Affairs  
The University of Michigan Hospitals  
Ann Arbor, Michigan

## **Paul S. Auerbach, M.D.**

*Chapter 72 Environmental Injuries*  
Associate Professor of Surgery and Medicine  
Vanderbilt University Medical Center;  
Medical Director, Division of Emergency Medical Services  
Tennessee Department of Health and Environment  
Nashville, Tennessee

## **Garth H. Ballantyne, M.D.**

*Chapter 10 Gastrointestinal Function*  
Assistant Professor of Surgery  
Department of Surgery  
Yale University School of Medicine;  
Assistant Chief of Surgery  
Veterans Administration Hospital  
New Haven, Connecticut

## **William H. Barber, M.D., D.Phil.**

*Chapter 77 Organ Transplantation*  
Assistant Professor of Surgery  
Department of Surgery  
The University of Alabama at Birmingham, School of Medicine  
Birmingham, Alabama

## **Bruce O. Barger, M.S., Ph.D.**

*Chapter 77 Organ Transplantation*  
Associate Professor  
Departments of Epidemiology, Microbiology, Medicine,  
and Surgery  
Schools of Public Health and Medicine  
Director, Histocompatibility Laboratory  
Department of Surgery  
University of Alabama at Birmingham, University Hospital  
Birmingham, Alabama

## **Daniel L. Barrow, M.D.**

*Chapter 6 Neurologic Function*  
Assistant Professor of Surgery (Neurosurgery)  
Department of Surgery, Division of Neurosurgery  
Emory University School of Medicine  
Atlanta, Georgia

## **Arthur E. Baue, M.D.**

*Chapter 41 Chest Wall, Pleura, Lungs, and Diaphragm*  
Vice President for the Medical Center  
St. Louis University;  
Surgeon, Department of Surgery  
St. Louis University Hospitals, St. Mary's Hospital  
St. Louis, Missouri

## **Richard H. Bell, Jr., M.D.**

*Chapter 11 Liver, Biliary, and Pancreatic Function*  
Associate Professor of Surgery  
Department of Surgery  
University of Cincinnati College of Medicine;  
Attending Physician  
Department of Surgery  
University Hospital;  
Assistant Chief of Surgery  
Department of Surgery  
Veterans Administration Medical Center  
Cincinnati, Ohio

## **John Bostwick III, M.D.**

*Chapter 42 Breast*  
Professor of Surgery  
Department of Plastic and Reconstructive Surgery  
Emory University School of Medicine  
Atlanta, Georgia

**Robert H. Bower, M.D.***Chapter 11 Liver, Biliary, and Pancreatic Function*

Associate Professor

Department of Surgery

University of Cincinnati;

Director, Department of Nutritional Support

University of Cincinnati Hospitals

Cincinnati, Ohio

**Kenneth W. Burchard, M.D.***Chapter 20 Temperature Alteration*

Assistant Professor

Department of Surgery

Brown University;

Associate Director, Surgical Intensive Care Unit

Department of Surgery

Rhode Island Hospital

Providence, Rhode Island

**Michael D. Caldwell, M.D., Ph.D.***Chapter 12 Neuroendocrine Response to Stress, Injury, and Sepsis**Chapter 13 Metabolic Response to Injury, Stress, and Starvation*

Associate Professor of Surgery

Department of Surgery

Brown University;

Surgeon-in-Charge, Division of Surgical Research

Director, Nutritional Support Service &amp; Surgical

Metabolism Laboratory

Department of Surgery

Rhode Island Hospital

Providence, Rhode Island

**Russell W. Campbell, M.D.***Chapter 66 Adrenal Gland*

Senior Resident of Surgery

Brown University Program in Medicine

Providence, Rhode Island

**John J. Caronna, M.D.***Chapter 22 Alterations in Consciousness*

Professor and Vice Chairman

Department of Neurology

The New York Hospital-Cornell Medical Center

New York, New York

**C. James Carrico, M.D.***Chapter 44 Stomach*

Professor and Chairman

Department of Surgery

University of Washington School of Medicine

Seattle, Washington

**Frank B. Cerra, M.D.***Chapter 21 Weight Change*

Professor of Surgery

Director, Nutrition Support and Critical Care

Department of Surgery

University of Minnesota;

Staff Surgeon

University Hospitals, St. Paul Ramsey Medical Center

Department of Surgery

Minneapolis, Minnesota

**William F. Chandler, M.D.***Chapter 39 Central Nervous System*

Associate Professor

Section of Neurosurgery

University of Michigan

Ann Arbor, Michigan

**William G. Cioffi, Jr., M.D.***Chapter 8 Circulation Dynamics**Chapter 23 Alterations in Blood Pressure*

Chief Surgical Resident

Department of Surgery

University of Vermont College of Medicine;

Chief Surgical Resident

Department of Surgery

Medical Center Hospital of Vermont

Burlington, Vermont

**Orlo H. Clark, M.D.***Chapter 65 Parathyroid Glands*

Professor, Department of Surgery

University of California, San Francisco;

Staff Surgeon, Surgical Service

Veterans Administration Medical Center;

Consultant Surgeon, Letterman General Hospital

San Francisco, California;

Consultant Surgeon, David Grant USAF Medical Center

Travis, California

**George H.A. Clowes, Jr., M.D.***Chapter 14 Inflammation, Infection, and Sepsis*

Professor of Surgery Emeritus

Department of Surgery

Harvard Medical School;

Visiting Surgeon

New England Deaconess Hospital and Boston City Hospital

Boston, Massachusetts

**Laurence H. Coffin, M.D.***Chapter 55 Heart: Acquired Disease*

Professor of Surgery

Chairman, Division of Thoracic and Cardiac Surgery

Department of Surgery

University of Vermont College of Medicine;

Chief, Division of Thoracic and Cardiac Surgery

Medical Center Hospital of Vermont

Burlington, Vermont

**Myra L. Collins, M.D., Ph.D.***Chapter 33 Transfusion Therapy*

Assistant Professor

Department of Pathology

The University of North Carolina at Chapel Hill;

Director, Blood Bank

The North Carolina Memorial Hospital

Chapel Hill, North Carolina

**William F. Collins, M.D.***Chapter 67 Pituitary Gland*

Harvey and Kate Cushing Professor of Neurological Surgery  
Department of Surgery  
Yale University School of Medicine  
New Haven, Connecticut

**Richard A. Crass, M.D.***Chapter 48 Liver*

Associate Professor of Surgery  
Head, Division of General Surgery  
The Oregon Health Sciences University  
Portland, Oregon

**John H. Davis, M.D.***Chapter 1 Our Surgical Heritage**Chapter 26 Evaluation of the Surgical Patient**Chapter 56 Aorta and Peripheral Arteries**Chapter 57 Veins and Lymphatics**Chapter 70 Multiple Injuries*

Professor and Chairman  
Department of Surgery  
The University of Vermont College of Medicine;  
Surgeon-in-Chief  
Medical Center Hospital of Vermont  
Burlington, Vermont

**Eric J. DeMaria, M.D.***Chapter 66 Adrenal Gland*

Research Fellow in Surgery  
Brown University and Rhode Island Hospital  
Providence, Rhode Island

**James E. DeMeules, M.D.***Chapter 55 Heart: Acquired Disease*

Associate Professor of Surgery  
Department of Surgery  
University of Vermont College of Medicine;  
Attending in Surgery  
Department of Surgery  
Medical Center Hospital of Vermont  
Burlington, Vermont

**Arnold G. Diethelm, M.D.***Chapter 77 Organ Transplantation*

Professor and Chairman  
Department of Surgery  
The University of Alabama at Birmingham, School of Medicine;  
Chief of Surgery  
Department of Surgery  
University of Alabama Hospital  
Birmingham, Alabama

**Robert P. Drucker, M.D.***Chapter 9 Body Fluids**Chapter 32 Fluid Therapy*

Fellow in Pediatric Infectious Diseases  
Department of Pediatrics  
Duke University Medical Center  
Durham, North Carolina

**William R. Drucker, M.D.***Chapter 2 History of Surgical Education**Chapter 9 Body Fluids*

Professor and Chairman  
Department of Surgery  
University of Rochester School of Medicine and Dentistry;  
Surgeon-in-Chief  
Strong Memorial Hospital  
Rochester, New York

**Quan-Yang Duh, M.D.***Chapter 65 Parathyroid Glands*

Surgical Resident  
Veterans Administration Hospital  
San Francisco, California

**Michael J. Edwards, M.D.***Chapter 36 Antimicrobials: Use, Cost, and Danger*

Clinical Instructor  
Department of Surgery  
University of Louisville School of Medicine  
Louisville, Kentucky

**Jeffrey E. Faaberg, M.D.***Chapter 30 Perioperative Anesthesia*

Director, Pain Management Center  
St. Joseph's Hospital  
Asheville, North Carolina

**Josef E. Fischer, M.D.***Chapter 11 Liver, Biliary, and Pancreatic Function*

Christian R. Holmes Professor of Surgery  
Chairman, Department of Surgery  
University of Cincinnati Medical Center;  
Chief of Surgery  
Department of Surgery  
University of Cincinnati Medical Center  
University Hospital and Holmes Hospital;  
Surgeon-in-Chief  
Cincinnati Children's Hospital Medical Center  
Cincinnati, Ohio

**Roger S. Foster, Jr., M.D.***Chapter 15 Principles of Cancer Biology**Chapter 26 Evaluation of the Surgical Patient**Chapter 37 Principles of Cancer Therapy**Chapter 42 Breast**Chapter 62 Skin and Soft Tissue**Chapter 64 Thyroid Gland*

Professor of Surgery  
Director  
Vermont Regional Cancer Center  
University of Vermont  
Burlington, Vermont

**Wesley C. Fowler, Jr., M.D.***Chapter 53 Gynecologic System*

Professor and Associate Chairman of Obstetrics and Gynecology  
Director, Gynecologic Oncology  
Department of Obstetrics and Gynecology  
University of North Carolina School of Medicine  
North Carolina Memorial Hospital  
Chapel Hill, North Carolina



**Richard D. Fry, M.D.***Chapter 46 Colon and Rectum*

Assistant Professor of Surgery

Department of Surgery

Washington University;

Jewish Hospital at Washington University Medical Center

Department of Surgery

Division of Colon and Rectal Surgery

St. Louis, Missouri

**John W. Frymoyer, M.S., M.D.***Chapter 59 Musculoskeletal System: Acquired Disorders*

Professor and Chairman

Orthopaedics and Rehabilitation

University of Vermont;

Chief of Orthopaedics

Department of Orthopaedic Surgery

Medical Center Hospital of Vermont

Burlington, Vermont

**Richard L. Gamelli, M.D.***Chapter 8 Circulation Dynamics**Chapter 23 Alterations in Blood Pressure**Chapter 26 Evaluation of the Surgical Patient**Chapter 34 Nutritional Support: Parenteral Alimentation*

Associate Professor and Vice Chairman

Department of Surgery

The University of Vermont College of Medicine;

Associate Chief of Surgery

Medical Center Hospital of Vermont

Burlington, Vermont

**Donald S. Gann, M.D.***Chapter 12 Neuroendocrine Response to Stress, Injury, and Sepsis**Chapter 13 Metabolic Response to Injury, Stress, and Starvation**Chapter 66 Adrenal Gland*

J. Murray Beardsley Professor of Surgery

Chairman of the Department of Surgery

Brown University

Division of Biology and Medicine;

Surgeon-in-Chief

Department of Surgery

Rhode Island Hospital

Providence, Rhode Island

**Cleon W. Goodwin, M.D.***Chapter 71 Thermal Injuries**Chapter 78 Management of Sepsis*

Associate Professor of Surgery

Department of Surgery

Cornell University Medical College;

Director

New York Hospital Burn Center

The New York Hospital-Cornell Medical Center

New York, New York

**Carl E. Haisch, M.D.***Chapter 29 Chronic Vascular and Peritoneal Access*

Assistant Professor of Surgery

Department of Surgery

University of Vermont College of Medicine;

Attending Surgeon, Director of Transplantation

Department of Surgery

Medical Center Hospital of Vermont

Burlington, Vermont

**Sigvard T. Hansen, Jr., M.D.***Chapter 73 Fractures*

Professor

Department of Orthopaedics

University of Washington;

Chief

Department of Orthopaedics

Harborview Medical Center

Seattle, Washington

**Timothy S. Harrison, M.D.***Chapter 68 Endocrine Pancreas*

Professor of Surgery and Physiology

Departments of Surgery and Physiology

Pennsylvania State University College of Medicine;

Professor of Surgery

Department of Surgery

Milton S. Hershey Medical Center

Hershey, Pennsylvania;

Visiting Professor of Surgery

Department of Surgery

The Aga Khan University Faculty of Health Sciences

Karachi, Pakistan

**James C. Hebert, M.D.***Chapter 63 Spleen and Lymph Nodes*

Assistant Professor

Department of Surgery

University of Vermont College of Medicine

Burlington, Vermont

**Robert E. Hermann, M.D.***Chapter 49 Biliary System*

Chairman, Department of General Surgery

Cleveland Clinic Foundation;

Clinical Professor of Surgery

Case Western Reserve University, School of Medicine

Cleveland, Ohio

**Julian T. Hoff, M.D.***Chapter 39 Central Nervous System*

Professor of Surgery

Head, Section of Neurosurgery

Department of Surgery

University of Michigan Hospitals

Ann Arbor, Michigan

**Robert J. Izant, Jr., M.D.***Chapter 75 Pediatric Surgery*

Professor of Pediatric Surgery and Pediatrics

Department of Surgery

Case Western Reserve University School of Medicine;

Director, Division of Pediatric Surgery

Department of Surgery

Rainbow Babies and Childrens Hospital of University

Hospitals of Cleveland

Cleveland, Ohio

**Benjamin T. Jackson, M.D.***Chapter 51 Abdominal Wall and Hernia*

Professor of Surgery  
 Department of Surgery  
 Brown University Program in Medicine;  
 Chief, Surgical Service  
 Veterans Administration Medical Center  
 Providence, Rhode Island

**Bernard M. Jaffe, M.D.***Chapter 45 Small Intestine*

Professor and Chairman  
 Department of Surgery  
 State University of New York Health Science Center at  
 Brooklyn;  
 Surgeon-in-Chief  
 Department of Surgery  
 State University Hospital  
 Kings County Hospital Center  
 Brooklyn, New York

**M.J. Jurkiewicz, M.D.***Chapter 76 Plastic Surgery*

Professor of Surgery  
 Emory University School of Medicine;  
 Chief  
 Section of Plastic Surgery  
 The Emory University Clinic  
 Atlanta, Georgia

**Blair A. Keagy, M.D.***Chapter 5 Critical Evaluation of Data**Chapter 43 Esophagus*

Associate Professor of Surgery  
 Department of Surgery  
 University of North Carolina  
 Chapel Hill, North Carolina

**Roger G. Keith, M.D.***Chapter 50 Pancreas*

Associate Professor  
 Department of Surgery  
 University of Toronto;  
 Department of Surgery  
 St. Michael's Hospital  
 Toronto, Ontario, Canada

**Eugene S. Kilgore, Jr., M.D.***Chapter 60 Hand*

Clinical Professor of Surgery  
 Chief, Hand Surgery Services  
 Department of Surgery  
 University of California, San Francisco  
 San Francisco, California

**Ira J. Kodner, M.D.***Chapter 46 Colon and Rectum*

Associate Professor of Surgery  
 Washington University Medical Center;  
 Director, Division of Colon and Rectal Surgery  
 Jewish Hospital at Washington University Medical Center  
 St. Louis, Missouri

**Thomas K. Kristiansen, M.D.***Chapter 73 Fractures*

Assistant Professor  
 Department of Orthopaedics and Rehabilitation Medicine  
 Director of Orthopaedics Trauma Service  
 University of Vermont College of Medicine;  
 Attending Surgeon  
 Department of Orthopaedic Surgery and Rehabilitation  
 Medical Center Hospital of Vermont  
 Burlington, Vermont

**Thomas J. Krizek, M.D.***Chapter 62 Skin and Soft Tissue*

Professor and Chairman  
 Section of Plastic and Reconstructive Surgery  
 University of Chicago Medical Center  
 Chicago, Illinois

**Frank R. Lewis, Jr., M.D.***Chapter 47 Appendix*

Professor of Surgery  
 Department of Surgery  
 University of California, San Francisco;  
 Chief of Surgery  
 Department of Surgery  
 San Francisco General Hospital  
 San Francisco, California

**Robert C. Lim, Jr., M.D.***Chapter 48 Liver*

Professor of Surgery  
 University of California, School of Medicine;  
 Chief, Vascular Surgery Service  
 Department of Surgery  
 San Francisco General Hospital  
 San Francisco, California

**S. Martin Lindenauer, M.D.***Chapter 4 The Cost of Health Care: The Clinician's Role*

Professor of Surgery  
 Department of Surgery  
 Professor of Medical Care Organization  
 School of Public Health, University of Michigan;  
 Associate Chief of Clinical Affairs  
 University of Michigan Hospitals  
 Ann Arbor, Michigan

**Donlin M. Long, M.D., Ph.D.***Chapter 17 Acute and Chronic Pain*

Professor and Chairman  
 Department of Neurosurgery  
 The Johns Hopkins University School of Medicine;  
 Neurosurgeon-in-Chief  
 Department of Neurosurgery  
 Johns Hopkins Hospital  
 Baltimore, Maryland

**Robert E. Markison, M.D.***Chapter 60 Hand*

Assistant Professor of Surgery  
University of California, San Francisco;  
Chief, Hand Surgery Services  
San Francisco General Hospital  
San Francisco, California

**Sylvia L.H. Marshall, M.B., B.S., D.A. (England)***Chapter 30 Perioperative Anesthesia*

Assistant Professor  
Department of Anesthesiology  
University of Rochester School of Medicine and Dentistry;  
Associate Anesthesiologist  
Department of Anesthesiology  
Strong Memorial Hospital  
Rochester, New York

**Stephen J. Mathes, M.D.***Chapter 16 Wound Healing*

Professor of Surgery  
Head, Division of Plastic and Reconstructive Surgery  
Professor, Department of Growth and Development, School  
of Dentistry  
University of California, San Francisco  
San Francisco, California

**Jack W. McAninch, M.D.***Chapter 52 Genitourinary System*

Professor of Urology  
Department of Urological Surgery  
University of California School of Medicine;  
Chief of Urology  
Department of Urological Surgery  
San Francisco General Hospital  
San Francisco, California

**Janice M. McPherson, B.S.***Chapter 21 Weight Change*

Junior Scientist  
Surgery Research Department  
University of Minnesota Hospital and Clinics  
Minneapolis, Minnesota

**Anthony A. Meyer, Ph.D., M.D.***Chapter 35 Nutritional Support: Enteral Alimentation*

Associate Professor of Surgery  
Department of Surgery  
The University of North Carolina School of Medicine  
Chapel Hill, North Carolina

**Ernest E. Moore, M.D.***Chapter 70 Multiple Injuries*

Chief, Division of EMS and Trauma  
Department of Surgery  
University of Colorado Health Sciences Center;  
Chief, Department of Surgery  
Denver General Hospital  
Denver, Colorado

**Monica Morrow, M.D.***Chapter 43 Small Intestine*

Assistant Professor of Surgery  
Department of Surgery  
State University of New York Health Science Center at  
Brooklyn;  
Co-Director, Tumor Services  
Department of Surgery  
Kings County Hospital Center  
Brooklyn, New York

**Gordon F. Murray, M.D.***Chapter 43 Esophagus*

Professor and Chief  
Division of Cardiothoracic Surgery  
West Virginia University  
Morgantown, West Virginia

**G. Stephen Nace, M.D.***Chapter 31 Renal Function and Renal Failure*

Research Fellow  
Division of Clinical Pharmacology  
Vanderbilt University School of Medicine  
Nashville, Tennessee

**Howard S. Nearman, M.D., M.S.E.***Chapter 28 Technical Skills in Patient Care*

Assistant Professor  
Department of Anesthesiology and Surgery  
Case Western Reserve University;  
Chief, Surgical Intensive Care Unit  
University Hospitals of Cleveland  
Cleveland, Ohio

**George J. Palmer, M.D.***Chapter 5 Critical Evaluation of Data*

Fellow  
Department of Surgery  
University of North Carolina  
Chapel Hill, North Carolina

**Richard M. Peters, M.D.***Chapter 7 Respiratory Function*

Professor of Surgery and Bioengineering  
Department of Surgery  
Division of Cardiothoracic Surgery  
University of California, San Diego  
Director, Surgery Research and Education  
University of California Medical Center, San Diego  
San Diego, California

**Jack Pickleman, M.D.***Chapter 18 Abdominal Pain*

Professor of Surgery  
Chief, Division of General Surgery  
Loyola University Stritch School of Medicine  
Maywood, Illinois

**David B. Pilcher, M.D.**

*Chapter 38 Amputations*  
*Chapter 56 Aorta and Peripheral Arteries*  
 Professor of Surgery  
 Department of Surgery  
 University of Vermont College of Medicine;  
 Attending Surgeon  
 Department of Surgery  
 Medical Center Hospital of Vermont  
 Burlington, Vermont

**Hiram C. Polk, Jr., M.D.**

*Chapter 36 Antimicrobials: Use, Cost, and Danger*  
 Professor and Chairman  
 Department of Surgery  
 University of Louisville School of Medicine  
 Louisville, Kentucky

**Basil A. Pruitt, Jr., M.D.**

*Chapter 71 Thermal Injuries*  
*Chapter 78 Management of Sepsis*  
 Colonel, M.C.  
 Commander and Director  
 U.S. Army Institute of Surgical Research  
 Fort Sam Houston  
 San Antonio, Texas

**Steven E. Raper, M.D.**

*Chapter 25 Jaundice*  
 Chief Resident in Surgery  
 University of California, San Francisco  
 San Francisco, California

**Stephen M. Rauh, M.D.**

*Chapter 46 Colon and Rectum*  
 Resident in Surgery  
 Strong Memorial Hospital  
 Rochester, New York

**Richard J. Robbins, M.D.**

*Chapter 67 Pituitary Gland*  
 Assistant Professor of Medicine and Gynecology  
 Head, Section of Neuroendocrinology  
 Yale University School of Medicine  
 New Haven, Connecticut

**Francis E. Rosato, M.D.**

*Chapter 19 Mass*  
 Chairman  
 Department of Surgery  
 Jefferson Medical College  
 Thomas Jefferson University Hospital  
 Philadelphia, Pennsylvania

**Ronald E. Rosenthal, M.D.**

*Chapter 61 Foot*  
 Chief, Division of Trauma  
 Department of Orthopaedic Surgery  
 Long Island Jewish Medical Center  
 New Hyde Park, New York;  
 Associate Professor of Clinical Orthopaedic Surgery  
 Department of Orthopaedic Surgery  
 State University of New York  
 Stony Brook, New York

**Lorraine J. Rubis, M.D.**

*Chapter 54 Heart: Congenital Disease*  
 Clinical Associate Professor of Surgery  
 Marshall University School of Medicine  
 Huntington, West Virginia

**Robert Rutledge, M.D.**

*Chapter 24 Bleeding and Coagulation*  
 Assistant Professor of Surgery  
 Department of Surgery  
 The University of North Carolina School of Medicine  
 Chapel Hill, North Carolina

**Robert B. Salter, O.C., M.D., M.S.**

*Chapter 58 Musculoskeletal System: Congenital Abnormalities*  
 Professor of Orthopaedic Surgery  
 Department of Surgery  
 University of Toronto;  
 Senior Orthopaedic Surgeon  
 Department of Surgery (Division of Orthopaedic Surgery)  
 The Hospital for Sick Children  
 Toronto, Ontario, Canada

**George F. Sheldon, M.D.**

*Chapter 3 Education and Certification Requirements*  
*Chapter 24 Bleeding and Coagulation*  
*Chapter 33 Transfusion Therapy*  
*Chapter 35 Nutritional Support: Enteral Alimentation*  
 Professor and Chairman  
 Department of Surgery  
 University of North Carolina School of Medicine  
 Chapel Hill, North Carolina

**Roger Sherman, M.D.**

*Chapter 63 Spleen and Lymph Nodes*  
 Professor of Surgery  
 Emory University School of Medicine;  
 Chief of Surgery  
 Grady Memorial Hospital  
 Atlanta, Georgia

**Naresh N. Sheth, M.D.**

*Chapter 30 Perioperative Anesthesia*  
 Associate Anesthesiologist  
 Department of Anesthesiology  
 Park-Ridge Hospital  
 Rochester, New York

**Jerry M. Shuck, M.D., D.Sc.**

*Chapter 28 Technical Skills in Patient Care*  
 Oliver H. Payne Professor and Chairman  
 Department of Surgery  
 Case Western Reserve University;  
 Director of Surgery  
 Department of Surgery  
 University Hospitals of Cleveland  
 Cleveland, Ohio



**Kevin L. Smith, M.D.**

*Chapter 19 Mass*  
Resident in Surgery  
Jefferson Medical College of Thomas Jefferson  
University Hospital  
Philadelphia, Pennsylvania

**Robert A. Sofferman, M.D.**

*Chapter 40 Head and Neck*  
Associate Professor of Surgery  
Department of Surgery  
University of Vermont School of Medicine;  
Chairman, Section of Otolaryngology  
Department of Otolaryngology  
Medical Center Hospital of Vermont  
Burlington, Vermont

**David H. Stern, M.D.**

*Chapter 30 Perioperative Anesthesia*  
Assistant Professor  
Department of Anesthesiology  
University of Rochester School of Medicine and Dentistry;  
Attending Anesthesiologist  
Department of Anesthesiology  
Strong Memorial Hospital  
Rochester, New York

**John K. Stevenson, M.D.**

*Chapter 44 Stomach*  
Professor Emeritus  
Department of Surgery  
University of Washington School of Medicine  
Seattle, Washington

**Timothy Taft, M.D.**

*Chapter 74 Sports Injuries*  
Associate Professor of Orthopedic Surgery  
Department of Surgery, Division of Orthopedic Surgery  
University of North Carolina at Chapel Hill;  
North Carolina Memorial Hospital  
Chapel Hill, North Carolina

**Paul E. Teschan, M.D.**

*Chapter 31 Renal Function and Renal Failure*  
Professor of Medicine  
Associate Professor of Urology and Biomedical Engineering  
Vanderbilt University School of Medicine  
Nashville, Tennessee

**John R. Thornbury, M.D.**

*Chapter 27 Decision Making in Diagnostic Imaging*  
Professor and Acting Chairman  
Department of Radiology  
University of Rochester Medical Center;  
Attending Radiologist  
Department of Radiology  
Strong Memorial Hospital  
Rochester, New York

**Donald Trunkey, M.D.**

*Chapter 69 Issues in Trauma Care*  
Professor and Chairman  
Department of Surgery  
Oregon Health Sciences University  
Portland, Oregon

**Henry Vasconez, M.D.**

*Chapter 76 Plastic Surgery*  
Fellow in Craniofacial Surgery  
International Craniofacial Institute  
Dallas, Texas

**David P. Vogt, M.D.**

*Chapter 49 Biliary System*  
Member of Staff  
Co-Director, Liver Transplant Program  
Department of General Surgery  
Cleveland Clinic Foundation  
Cleveland, Ohio

**Walter J. Watson, M.S.P.H., M.D.**

*Chapter 30 Perioperative Anesthesia*  
Senior Clinical Instructor  
Department of Anesthesiology  
University of Rochester School of Medicine and Dentistry;  
Strong Memorial Hospital  
Department of Anesthesiology  
University of Rochester Medical Center  
Rochester, New York

**Lawrence W. Way, M.D.**

*Chapter 25 Jaundice*  
Professor, Department of Surgery  
University of California, San Francisco;  
Chief, Surgical Service  
Veterans Administration Medical Center  
San Francisco, California

**John D. Whelchel, M.D.**

*Chapter 77 Organ Transplantation*  
Livingston Professor of Surgery  
Department of Surgery  
Emory University School of Medicine;  
Professor  
Department of Surgery  
Emory University Hospital  
Atlanta, Georgia

**Hastings K. Wright, M.D.**

*Chapter 10 Gastrointestinal Function*  
Professor of Surgery  
Department of Surgery  
Yale University School of Medicine;  
Attending Surgeon  
Department of Surgery  
Yale New Haven Hospital  
New Haven, Connecticut

**Karl A. Zucker, M.D.**

*Chapter 10 Gastrointestinal Function*

Assistant Professor of Surgery

Department of Surgery

Yale University School of Medicine

New Haven, Connecticut

**George D. Zuidema, M.D.**

*Chapter 4 Cost of Health Care: The Clinician's Role*

Vice Provost for Medical Affairs and Professor of Surgery

The University of Michigan

Ann Arbor, Michigan

---

# ACKNOWLEDGMENT

Many of our colleagues and staff members have assisted us in completing this project. The editors wish to express particular appreciation to the following people who have reviewed manuscript, assisted in research, and composed tables for *Clinical Surgery*.

**Charles Andrus, M.D.**

Chief Surgical Resident  
St. Mary's Health Center  
St. Louis University School of Medicine  
St. Louis, Missouri

**Carole Ashenberg, M.D.**

Section of Pediatric Gastroenterology  
Case Western Reserve University School of Medicine  
Cleveland, Ohio

**John Brems, M.D.**

Chief Surgical Resident  
Firmin Desloge Hospital  
St. Louis University School of Medicine  
St. Louis, Missouri

**Roy Cobean, M.D.**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Jonathan Cohn, M.D.**

Assistant Professor of Medicine  
Department of Gastroenterology  
Jewish Hospital  
Washington University School of Medicine  
St. Louis, Missouri

**Wendy Davis, M.D.**

Research Fellow  
Department of Pediatrics  
Yale University  
New Haven, Connecticut

**Bradbury Fuller, M.D.**

Chief Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Edward Garrett, M.D.**

Chief Surgical Resident  
Department of Cardio-Thoracic Surgery  
Barnes Hospital  
Washington University School of Medicine  
St. Louis, Missouri

**Roberta Gartside, M.D.**

Fellow in Plastic and Reconstructive Surgery  
Department of Plastic and Reconstructive Surgery  
George Washington University  
Washington, D.C.

**Theresa Ann Graves, B.S., M.D.**

Surgeon  
Department of Surgery  
U.S. Army Institute of Surgical Research, BAMC  
Fort Sam Houston, Texas

**David Greenhalgh, M.D.**

Surgical Research Fellow  
University of Vermont College of Medicine  
Burlington, Vermont

**David Halsey, M.D.**

Resident in Orthopaedic Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Andrew Hong, M.D.**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Jeffrey Kaplan, M.D.**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Paul Kispert, M.D.**

Chief Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Joel LaFleur, M.D.**

Resident in Surgery  
Department of Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Albert T. McManus, Ph.D.**

Chief of Microbiology Branch  
U.S. Army Institute of Surgical Research  
Fort Sam Houston  
San Antonio, Texas

**William F. McManus, M.D.**

Clinical Associate Professor  
Department of Surgery  
University of Texas Health Science Center;  
Chief, Clinical Division  
U.S. Army Institute of Surgical Research  
Fort Sam Houston  
San Antonio, Texas

**David P. Mooney, M.D.**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Jan B. Newman, M.D.**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**James Ninomiya, M.D.**

Postdoctoral Fellow  
Departments of Biochemistry and Orthopaedic Surgery  
University of Vermont College of Medicine;  
Resident  
Department of Orthopaedic Surgery  
Medical Center Hospital of Vermont  
Burlington, Vermont

**Michael O'Gorman, M.D., M.B., B.Ch., B.A.O.  
(Dublin), Primary F.R.C.S.I. (Dublin)**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Stephen R. Payne, M.D.**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Susan E. Pories, M.D.**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Philip Trabulsy, M.D.**

Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**Clay Wertheimer, M.D.**

Resident in Orthopaedic Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

**William Wilson, M.D.**

Chief Resident in Surgery  
Medical Center Hospital of Vermont/University  
of Vermont College of Medicine  
Burlington, Vermont

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# PREFACE

When The C.V. Mosby Company approached me about writing a textbook of surgery, I was somewhat reluctant. Good textbooks were on the market, and I was unsure that the need existed for another one. However, a Mosby survey of medical students, residents, and practicing surgeons indicated a desire for an additional textbook that took a problem-solving approach and reflected the way surgeons actually practice their science. Therefore I agreed to form an editorial board to discuss the project to determine the kind of book the profession needed. During a series of meetings, we reviewed the survey results, evaluated the educational goals we hold for students and house staff, and assessed the needs of practicing surgeons. These discussions culminated in the design and content of the present *Clinical Surgery*.

Each of the seven parts in the book is planned to address a specific component of surgical practice. Principles, Practices, and Advances covers certain background information for surgeons, including a brief history of surgical events and developments that have given us our "heritage." The chapters in this section ask, and answer, many questions. How has surgical education evolved? How are societal desires and demands influencing what we do and how we practice? How do we, as surgeons, affect society? What is our impact on cost, and what changes are needed in the health care system to provide effective yet cost-efficient care? How do we analyze and work with the data that we hear presented at meetings and that we read in our journals? When is the data significant enough to warrant incorporation into our daily practice? For example, how should we use the bewildering array of chemotherapeutic agents available for treatment? Are any of value in managing patients with tumors of the gastrointestinal tract? All carry their own hazards. Before accepting their use in our daily practice, we must know what has been proved and what is hopeful speculation. Otherwise we spend the patient's money and risk their lives needlessly.

Part Two is designed to review the biologic phenomena on which surgical practice rests. Basic scientific information is constantly increasing and causing a change in our management of the surgical patient. The busy student/practitioner often does not have the time to review the literature, and yet an understanding of the biology of disease is mandatory to providing proper treat-

ment. This part reviews the science that underlies the diagnosis and management of specific organ systems and diseases.

Because patients do not manifest as a known diagnosis, Part Three, Clinical Manifestations of Common Surgical Problems, gives an approach to patients based on their reason for seeking medical attention. The patient recognizes such problems as pain, temperature elevation, or an unplanned weight change; the surgeon needs to be able to evaluate them and develop a diagnostic and therapeutic plan.

Part Four covers many aspects of patient management. A chapter on the evaluation of the patient stresses the problem-oriented approach to patient care. We believe this approach offers the physician a disciplined approach to understanding and managing a patient's problem(s) and permits audit of events during the surgeon's care of the patient. Decision Making in Diagnostic Imaging provides an approach to choosing from the rapidly increasing imaging techniques available and to using them in a cost-effective manner. We devoted chapters to such topics as the principles of cancer therapy and the proper understanding and use of antimicrobial agents and nutritional support because of their applicability to so many surgical problems. A chapter on anesthetic considerations also is important for today's surgeons because we work more closely than ever with our colleagues in anesthesia and need to have an understanding of their view of the patient's needs. An understanding of anesthesia fundamentals is increasingly essential as we operate on a constantly aging population and do procedures unheard of a few years ago. The use and misuse of transfusion therapy, always important to surgical patient care, has become even more important to surgical treatment as the problem of acquired immune deficiency syndrome (AIDS) has arisen and caused major concern among patients. Other chapters provide special insight into problems such as infection, amputation, renal failure, and fluid therapy.

Part Five covers the diseases of organs and systems. Although discussing all diseases in a single text is nearly impossible (and multivolume encyclopedias of surgery exist), the principles of management remain the same for almost all surgical diseases. Therefore we have organized the content of these chapters around a problem-

solving format. Each of these chapters provides thorough and expert coverage of the particular organ and its diseases, including the scientific support (such as embryology, anatomy, biochemistry, and pathology) on which to base sound surgical judgment, diagnostic steps, and management options. To further organize the potentially overwhelming number of surgical diseases without devoting space to all of the less-frequent entities, we conclude each chapter in this part with a review table. Thus the reader can see quickly the most significant aspects of a disease entity, including the differential diagnosis, helpful diagnostic tests, and recommended therapy.

Because the injured patient is an increasing responsibility for the surgeon, we devote an entire part to this area, addressing topics ranging from environmental to sports injuries. Although some surgical diseases disappear or are managed by other means, the number and severity of trauma cases continue to increase. Population growth accounts for some of this increase, and the excellent emergency medical services being developed across the nation account for another part as more patients survive the immediate injury. The latter are delivering more severely injured patients to the hospital than ever before, and surgeons must be ready to meet this challenge. The management of the injured patient requires rapid decision-making, which in turn requires a knowledge of the problem(s) and a disciplined mind.

The final part covers some special areas germane to the general surgeon but often not a part of everyday practice. Surgeons need a knowledge of these areas for

two reasons: (1) we need to know how to manage certain problems when no expert help is available, and (2) we need to know what help our colleagues in these special areas can provide. Most of us will never carry out an organ transplant, but we are all responsible for caring for those patients awaiting a transplant and for helping our patients' families face the need to provide organ donation at a particularly sad time.

Our attempt to accomplish our goals in writing this book has been a unique experience for all of the editorial board. A deep sense of gratitude goes to The C.V. Mosby Company for their understanding of our deliberations and frustrations in reaching for a particular ideal. Without Mrs. Karen Berger's confidence in our task and her creative input, our book would never have gotten under way. Special thanks go to Ms. Terry Van Schaik, Editor at The C.V. Mosby Company, who assumed responsibility for the project midway in our endeavors. She has been dedicated to the project from the start and kept us all on track throughout. Her understanding and thoughtfulness have helped us through many a stormy session and the frustrations of dealing with multiple authors. To the many students and residents around the country who read and critiqued the chapters, we owe a great debt. Finally, we owe an enormous note of thanks to the many secretaries who typed and retyped various manuscripts and kept the mail flying between editors.

We hope this book adds to the learning process of all physicians. From that will come improved patient care, which is after all the goal of every physician.

*John H. Davis, M.D.*



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# DEDICATION

The editors dedicate this textbook to the many physicians and surgeons who gave of their time and energy in providing our education. They gave many nights and weekends and missed social events or precious time with their families to provide our education and help us through difficult times. Some are no longer with us, and many have retired from active practice; however, none are forgotten. We wish to express our gratitude for their efforts.

Special thanks go to our wives and families who also gave up many nights and weekends as we labored to produce this textbook. Without their help and understanding, we could not have accomplished our goal.

*John H. Davis, M.D.*

*William R. Drucker, M.D.*

*Roger S. Foster, Jr., M.D.*

*Richard L. Gamelli, M.D.*

*Donald S. Gann, M.D.*

*Basil A. Pruitt, Jr., M.D.*

*George F. Sheldon, M.D.*

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