

EMERGENCY ABDOMINAL SURGERY

IN INFANCY, CHILDHOOD
AND ADULT LIFE

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PREFACE

Emergency abdominal surgery cannot be learned from a book. So practical a subject must be studied at the bedside and in the operating theatre, with personal guidance from a senior colleague. If, however, the trainee is to learn quickly and give the best service he must be able to set the individual patient and his illness against a good background knowledge of the whole field. The first aim of this book is to give such a background: each chapter can be read straight through as a review of the subject and of its literature, and has been written with the practical requirements of the surgical registrar especially in mind.

A second aim has been to provide a handbook for consultation on specific problems, with detailed advice on management and technique for the situations which commonly arise. It is not suggested that the methods described are the only ones available, but they have been found to work in practice.

It is also hoped that the book will be of some interest to undergraduates who wish to look further into this branch of surgery.

One cannot but feel different about offering a single-author book in this age of increasing specialization. However, the emergency surgery of the abdomen is one of the few remaining fields in which the general surgeon is supposed to be a specialist, and it has been a major interest since I became a surgical registrar 25 years ago. During this period there have been many developments and, especially in gastroduodenal and colonic emergencies, it has become increasingly common for the emergency situation to be used as an opportunity to perform definitive surgery for the basic pathology. In these and other controversial matters I have tried to give a fair picture of the differing practices, so that the reader will have the material—and the references to further reading—which will allow a personal judgement to be made. At the same time, I have felt that the younger surgeon may also want an expression of opinion so I have given the approaches and methods which I have found, after trial and error, to be useful. If there seem to be a lot of personal opinions in this book they are given for this reason. I would be glad to hear from those who feel that I have struck the wrong balance.

As single author I have also been able to give special attention to subjects which I have found to be of particular interest or difficulty—for example, acute abdominal pain in children; the surgery of haematemesis and melaena; abdominal emergencies in pregnancy; the place of definitive surgery in the emergency care of perforated peptic ulcers, colonic emergencies and acute obstructive cholecystitis; and abdominal and urinary tract injuries.

This does not claim to be an encyclopaedic work, the aim having been to cover in reasonable detail the common emergency situations. I have tried to avoid writing about subjects of which I have little personal experience, e.g. the emergency surgery of the major abdominal vessels and tropical diseases.

I have been fortunate over the last 16 years to do half of my work in a children's hospital which receives emergencies from the whole of the north-east of Scotland. It is a characteristic of emergency work that it is often the young and fit who are faced with a sudden illness, and in younger children the conditions and problems can differ in many ways from those seen in adults. In this country and elsewhere many children continue to be treated by those whose work lies mainly among adults, so a section is devoted to this subject. After some thought I have also included a section on the commoner neonatal emergencies because these can be urgent and the surgeon working in isolation may perforce have to treat these babies. I have therefore emphasized those matters which have given and still give me difficulty, and have gone into the details of technique because these may be needed by the single-handed surgeon.

All chapters were revised during 1972 and incorporate references to work published up to December 1971: in many chapters there are references to work published in 1972. I have tried to give credit to the originators of ideas, and to quote the papers which are particularly helpful. I apologize for the occasions when I have failed to trace or recognize an important contribution.

One of the pleasures of writing a preface is the opportunity it gives to thank those whose help has made the book possible, and I am particularly glad to acknowledge my debt to those who introduced me to emergency surgery. I went to Basil Page at the North Middlesex Hospital as a raw recruit: by a nicely judged mixture of advice encouragement and withdrawal at strategic moments he helped me to graduate to more major decisions and procedures. Peter Gummer at the Central Middlesex Hospital showed me what can be done by good and timely surgery in gastro-intestinal haemorrhage and perforation, and was most generous of his time and advice. I was fortunate to work with O.V.Lloyd-Davies at the end of my senior registrarship, when he opened my eyes to the contribution which fine technique and attention to operative detail can make to a safe and rapid convalescence.

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It is not possible to mention all the nursing sisters whose skill and concern has contributed so vitally to the care of patients and the development of operative methods, but I must especially thank Miss E.Birnie, Miss J.Ewen, Miss E.Hadden and Miss E.G.Meldrum at the Children's Hospital and Miss I. Macpherson, Miss A.Smith and Miss A.Watson at Woodend Hospital.

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Finally, I am very conscious of the extent to which I have gleaned the ideas of others in making this book—the participants in clinical conferences and consultations, the registrars whose reading and ideas open up new thoughts as they are discussed on ward rounds and, not least, those whose work and enterprise over the years are recorded in medical literature.

Aberdeen
September, 1973.

PETER F.JONES

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