

内镜腹腔镜外科学

Mastery of Endoscopic and
Laparoscopic Surgery

王秋生 张阳德 主译

[美] W.Stephen Eubanks
Lee L.Swanström
Nathaniel J.Soper 著

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参译人员 (按姓氏笔画排序)

丁士刚	于文滨	王本岗	王秋生
王昭法	王晓新	孔凡民	石君玺
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赵长松	赵虎	郭绍红	宿砚明
常虹	崔庆		

译者的话

自从踏上从事腹腔镜外科之路，十年来一直萦绕在心中的念头就是：腹腔镜技术造就并成就了我们这一代，我们应该为它做点什么方不负其厚爱。今天，机会来了。将集现代内镜及腹腔镜外科十年辉煌成就之大成的《内镜腹腔镜外科学》翻译成世界上应用人口最多的中文为我辈提供了千载难逢的良机。我们一群志同道合者抓住了它，实践了我们心中那种朴素的再普通不过的愿望。2001年将是“百年腹腔镜，十年辉煌史”的重要纪念年，我们谨以此薄礼奉献给生机勃勃的微创外科时代。

十年的探索追求之路恰如王国维所云：昨夜西风凋碧树，独上高楼，望尽天涯路。衣带渐宽终不悔，为伊消得人憔悴。众里寻它千百度，蓦然回首，那人却在灯火阑珊处。

我们衷心希望这本“经典之作”能够成为我国日众的内镜及腹腔镜外科医生走向“精通之道”的“良师益友”。但限于译者水平及时间之紧迫、错漏瑕疵之处在所难免，还望众多前辈和同道不吝赐教、斧正助进，晚辈后生们将不胜感激。

王秋生

序

“成就辉煌大业，必需具有两要素。人，以及众人参与的运动。仅仅有人而无运动是远远不够的。”——摘自1964年“当代批评的作用。”

自从现代内外科开始改变外科技术以来已有十年，微创介入技术现已影响到内外科的许多方面。因此，该主题权威性教科书的出版时机业已来临。Eubanks、Swanström和Soper三位医生是当今世界微创外科领域的领袖，他们汇集多位其他外科领袖的卓越贡献成就此部你将读到的宏著大作。正如我们前已述及的引言所云，是两项最为重要的因素——运动和参与运动的人引导我们结识此部杰作。

微创外科运动恰恰是兴起于十年前的腹腔镜胆囊切除术——一种带来十年巨变的新手术。与传统的开腹胆囊切除术和实验性的药物溶石、碎石疗法相比，腹腔镜胆囊切除术显然是更佳的治疗选择。但传统外科医生激烈反对这种“少些暴露”可能会有益于病人的思想。私人社区医生开了这一先河，那什维尔一位令人敬仰的私人开刀医生Eddie Reddick认识到这项新技术的潜在重要性，他与Doug Olsen一起对当时的外科原则提出了质疑，他提交给全国学术会议的文章屡遭拒绝，但Reddick和Olsen依靠现代工业文明成就和新的教育方法继续不断地挑战固有的传统和原则。

发表于“新英格兰医学杂志”的一篇论文“5118例腹腔镜胆囊切除术的前瞻性分析”首次为这一新手术提供了客观资料。正是这篇文章使得学院派外科医生接受了腹腔镜胆囊切除术并重新开始领先。这篇发表于二十世纪九十年代初期的内外科文章在描述重大事件和叙述早期历史方面给人印象深刻。其他有关腹腔镜外科的专著和图谱也颇具特色，许多被摆上了我的书架。Eddie Reddick的早期专著——“腹腔镜外科图谱”，不幸现已绝版。1991年Karl Zucker首次出版的“外科腹腔镜技术”显然也是一部经典。Jaroslav Hulka和Harry Reich在1985年首次出版其教科书“腹腔镜学”后，现已两次再版。此后，越来越多的资料汇集在一起，理智已能与一时冲动区分开来。令人激动不已的现代内外科诞生十年来，微创外科这场运动恰好造就了Eubanks、Swanström和Soper三位医生来完成此部杰作。

编写此部教科书的外科大师们不仅老道练达，而且更富有智慧。我本人则是被Forde医生的选择所触动而了解其初期的历史回顾。Kenneth Forde是我最早的老师之一，是他激励我成为一名外科医生。作为“外科内镜杂志”的资深编者，Forde医生早在微创外科手术流行之前就已倡导了多年。他在微创外科发展初期所做的贡献堪与世界上任何一位相媲美。

阅读此书，读者可以很容易了解内外科的其他世界领袖并激发起对本书的热情。我的第二位学生宾夕法尼亚匹兹堡的Schnauer医生撰写了腹腔镜手术生理方面的益处，他的这一章肯定将成为经典之作。对此书各章做出贡献的其他几位伟大的微创外科医生还有Litwin、Callery、Garden和Hunter。所有著者的确都是该领域的大师。

“精通内镜腹腔镜外科学”一书结构合理、可读性强。第一部分概述了腹腔镜外科原则，第二部分重点放在上消化道（前肠）疾病的诊断和手术治疗方面，第三部分主要论述了腹腔镜肝胆外科，第四部分回顾了实质性器官的腹腔镜外科技术。当然，最有意义的部分也许是第五部分，即小肠和大肠的腹腔镜外科。其余部分详细讨论了腹腔镜疝修补术，胸腔镜外科，心血管微创外科，以及妇科、泌尿科、小儿外科、整形外科和脊柱外科的微创手术。该书内容全面、教育价值无限。

此书综合了技术资料 and 编者评注，为阐明各种技术观点、选择术式提供了成熟而有价值的真知灼见。著者们不仅为医生和专家们展示了一个意义深远的应用前景，而且也为此一微创外科专题提供了富有价值的现实观和历史观。Eubanks、Swanström和Soper三位医生抓住了微创外科这场运动的机遇，他们赢得了新外科大师们去创作你将要读到的这部优秀著作。

William C. Meyers

(王秋生 译)

前 言

很少有一种技术能像20世纪80年代广为应用的电视内镜技术那样改变外科的面貌。尽管纤维内镜和基础腹腔镜技术(诊断性腹腔镜技术)已应用多年,但仅仅是在近来才能够将内镜图像传输至监视器,使助手能看到与术者一样的手术视野,并使手术医生腾出手来做更为复杂的操作。将体内图像传输到视屏上的电视腹腔镜外科正是那种能观察天然体腔内景的纤维内镜技术的自然扩展。虽然过去许多普通外科医生痛苦而又缓慢地学习应用纤维内镜技术,不论是出于政治原因,还是出于纤维内镜只是一种初级诊断工具的错误观念,但现在大多数普外医生已经变得热心支持后来的“腹腔镜外科革命”。颇具讽刺意味的是许多外科医生因其腹腔镜外科方面的经验而对纤维内镜技术产生了更新的正确评价。显然,这些技术已经再次振兴了普通外科,激发着从业外科医生的实践热情。改变着整个手术室的工作人员,而且引起人们重新严格评价大手术切口对机体内环境的影响。正是人们对腹腔镜技术的兴趣,也使得人们对外科手术所带来的生理和免疫反应有了更深刻的理解认识。

尽管事实上腹腔镜胆囊切除术在美国开始应用以来已有10余年,但除此之外很少有其他腹腔镜手术成为首选的标准术式。许多从业外科医生,确切地说是大多数外科学员,对于许多较为高级的腹腔镜手术而言仍然是新手或者说是仍处于早期的学习曲线期。这部教科书将是一个非常有价值的工具,有助于度过学习期。我们非常幸运地召集到该领域的权威著者,他们无论是在内镜、腹腔镜方面的临床技能还是在外科教育舞台都堪称真正的专家。在他们所阐述的微创外科手术中,许多人都参与了这些手术的开发与推广应用。我们对他们的卓越贡献感激不尽。每章尾部的编者评注并非批评或批判,而只是尝试着使之更具全球观,偶尔更为深入地讨论一下该领域的最新进展。

作为“外科经典”的一个自然分支,这部教科书业已成为当今外科教育的一部主要参考书。能达到今天这样的结果,我们还深深地感谢Nyhus、Baker和Fisher医生,是他们为我们制定了我们的热切致力于的远大目标。

我们编写此书针对各级外科医生——从实习外科医生到成熟的外科从业人员。该书中蕴藏着足够多的智慧之珠以使读者增进应用微创外科技术治疗疾病的技能。正因如此,我们也接近了William Osler所述的境界,即“有害的疾病召唤无害的治疗”。

Nathaniel J. Soper, M.D., F.A.C.S.

Lee L. Swanström, M.D., F.A.C.S.

W. Stephen Eubanks, M.D., F.A.C.S.

(王秋生 译)

著者名单

Ahmet Alponat, M.D.

Research Fellow, National University Hospital, 5 Lower Kent Ridge Road,
Singapore 0511

Wayne L. Ambroze, Jr., M.D.

Associate Clinical Professor of Surgery, Georgia Baptist Medical Center,
5555 Peachtree-Dunwoody Road, Atlanta, Georgia 30342

Charles H. Andrus III, M.D., F.A.C.S.

Chief of Surgery, Hines VA Hospital, Hines, Illinois 60141-5000

Maurice E. Arregui, M.D., F.A.C.S.

Director of Fellowship in Laparoscopy, Endoscopy and Ultrasound, Department of
Surgery, St. Vincent Hospital and Health Care Center, 2001 West 86th Street,
Indianapolis, Indiana 46260

Yutaka Atomi, M.D., Ph.D.

Professor of Surgery, Kyorin University, 6-20-2 Shinkawa Mitaka, 181 Tokyo, Japan

Mauro Bafutto, M.D.

Hospital Samaritano, Setor Coimbra, Praca Walter Santos, 01 Goiania,
Goias, Brazil 74 535-270

Garth H. Ballantyne, M.D., F.A.C.S., F.A.S.C.R.S.

Professor of Surgery, Department of Surgery, University of Medicine and Dentistry of
New Jersey, Newark, New Jersey 07103; and Director, Department of Minimally
Invasive Surgery, Hackensack University Medical Center, 20 Prospect Avenue,
Hackensack, New Jersey 07601

Timothy W. Bax, M.D.

Research Fellow, Laparoscopic Surgery, Department of Minimally Invasive Surgery,
Legacy Portland Hospital, 501 N. Graham Street, Portland, Oregon 97227

Leonard D. Benitez, M.D.

Fellow in Laparoscopic Surgery, 8720 North Kendall Drive, Miami, Florida 33176

Sunil Bhojwala, M.B.Ch.B., F.R.C.S.

Senior Resident, Department of Surgery, Stanford University Medical Center,
Pasteur Drive, Stanford, California 94305

Luigi Bonavina, M.D., F.A.C.S.

Assistant Professor, Department of Surgery, University of Milan; and Staff Surgeon,
Ospedale Maggiore Policlinico, I.R.C.C.S., Via Francesco Sforza 35, Milan, Italy 20122

Edward J. Brennan, Jr., M.D.

Staff Surgeon, The Lankenau Hospital and Medical Research Center, 614 Penfield
Avenue, Havertown, Pennsylvania 19083

Christopher J. Bruce, M.D.

Assistant Clinical Professor, Department of Surgery, New York Medical College,
White Plains, New York 10601

L. Michael Brunt, M.D.

Associate Professor, Department of Surgery, Washington University School of Medicine, 660 S. Euclid Avenue; and Attending Surgery, Barnes-Jewish Hospital, 216 S. Kingshighway, St. Louis, Missouri 63110

Tom A. Burdon, M.D.

Assistant Professor, Cardiothoracic Surgery, Veterans Affairs Health Care Systems, Division of Cardiothoracic Surgery 112E, 3801 Miranda, Palo Alto, California 94304

Mark P. Callery, M.D., F.A.C.S.

Associate Professor of Surgery and Cell Biology and Chief, Division of General Surgery, Department of Surgery, University of Massachusetts Memorial Health Care, 55 Lake Avenue North, Worcester, Massachusetts 01655-0333

David W. Cloyd, M.D.

Director of Laparoscopy, Department of Surgery, Palomar Medical Center, 555 East Valley Parkway, Escondido, California 92025

Todd D. Cohen, M.D.

Assistant Professor of Urology, Department of Urology/Surgery, Ohio State University Medical Center, 456 West Tenth Avenue, Columbus, Ohio 43210

John A. Collier, M.D.

Department of Colon and Rectal Surgery, Lahey-Hitchcock Clinic, 41 Mall Road, Burlington, Massachusetts 01805

Geoffrey W. Cundiff, M.D.

Associate Professor, Department of Obstetrics and Gynecology, Johns Hopkins Medical Center; and Johns Hopkins Bayview Medical Center, 4940 Eastern Avenue, Baltimore, Maryland 21224-2780

Aureo L. DePaula, M.D.

Director of Surgical Laparoscopy and Endoscopy, Hospital Samaritano, Setor Coimbra, Praca Walter Santos, 01, Goiania, Goias, Brazil 74 535-270

Karen E. Deveney, M.D.

Professor, General Surgery, Oregon Health Sciences University, 3181 SW Sam Jackson Park Road, Portland, Oregon 97210-3098

Allison J. Duchow, M.D.

Associate Medical Staff, Department of Surgery, Peace Harbor Hospital, 330 9th Street, Florence, Oregon 97439

Quan-Yang Duh, M.D.

Associate Professor, Department of Surgery, University of California, San Francisco, 400 Parnassus, San Francisco, California 94143; and Assistant Chief, Surgical Service, V.A. Medical Center, 4150 Clement Street, San Francisco, California 94121

Titus D. Duncan, M.D., F.A.C.S.

Assistant Clinical Professor, Department of Surgery, Emory University School of Medicine, 1462 Clifton Road N.E., Atlanta, Georgia 30322; and Director, Department of Endosurgery, Georgia Baptist Medical Center, 303 Parkway Drive, Atlanta, Georgia 30312

David S. Edelman, M.D.

Division Chief, Department of General Surgery, Baptist/South Miami Hospital, 8720 North Kendall Drive, Miami, Florida 33176

Michael B. Edey, M.B., B.S., F.R.A.C.S., F.A.C.S.

Assistant Professor, Department of Surgery, Mount Sinai School of Medicine; and Attending Surgeon, Department of Surgery, The Mount Sinai Medical Center, One Gustave Levy Place, New York, New York 10029

W. Stephen Eubanks, M.D., F.A.C.S.

Assistant Professor of Surgery, Director of Surgical Endoscopy, and Director of the Duke/U.S. Surgical Endosurgery Center, Duke University Medical Center, Box 3110, Durham, North Carolina 27710

James T. Fann, M.D.

Clinical Assistant Professor, Department of Cardiothoracic Surgery, Stanford University School of Medicine, 300 Pasteur Drive, Stanford, California 94805; and Cardiovascular Surgeon, Cardiothoracic Surgery, Veterans Affairs Palo Alto Health Care Systems, 3801 Miranda Avenue, Palo Alto, California 94304

Edward L. Felix, M.D., F.A.C.S.

Assistant Clinical Professor, Department of Surgery, University of California San Francisco, 513 Parnassus Avenue, San Francisco, California 94142-0410; and Director, The Center for Hernia Repair, 6191 North Fresno Street, Fresno, California 93710

Andre Ferrari, M.D.

Hospital Samaritano, Setor Coimbra, Praça Walter Santos, 01, Goiania, Goias, Brazil 74 535-270

Aaron S. Fink, M.D.

Professor, Department of Surgery, Emory University School of Medicine, 1365 Clifton Road North East, Atlanta, Georgia 30322; and Chief, Surgical Service, Atlanta Veterans Affairs Medical Center, 1670 Clairmont Road, Decatur, Georgia 30033

Richard J. Finley, M.D., F.R.C.S.C.

Professor and Head, Department of Surgery, Vancouver Hospital and Health Sciences Center, 910 West 10th Avenue, Vancouver, British Columbia, Canada V5Z 4E3

Kenneth A. Forde, M.D.

José M. Ferrer Professor, Department of Surgery, College of Physicians and Surgeons, Columbia University, 630 West 168th Street, New York, New York 10032-3702; and Vice Chairman, Department of Surgery, New York, Presbyterian Hospital, 177 Ft. Washington Avenue, New York, New York 10032

Dennis L. Fowler, M.D., F.A.C.S.

Midwest Surgical Associates, 20375 West 151st Street, Olathe, Kansas 66061

Richard L. Friedman, M.D.

Assistant Clinical Professor, Department of Surgery, Albert Einstein College of Medicine, 1300 Morris Park Avenue, Bronx, New York 10462; and Assistant Chairman, Department of Surgery, Kings Highway Division, Beth Israel Medical Center, First Avenue at 16th Street, New York, New York 10003

William R. Fry, M.D., F.A.C.S.

Assistant Clinical Professor of Surgery, University of Colorado School of Medicine, Colorado Springs, Colorado 80918

Michel Gagner, M.D.

Clinical Professor, Department of Surgery, Mount Sinai School of Medicine and Chief, Division of Laparoscopic Surgery, Mount Sinai Medical Center, One Gustave L. Levy Place, New York, New York 10029

Gillian Q. Galloway, M.D.

San Dieguito Surgical Medical Group, 320 Santa Fe Drive, Encinitas, California 92075

Iqbal S. Garcha, M.D.

Chief Resident, General Surgery, Georgia Baptist Medical Center, 520 Bridgewater Drive, Atlanta, Georgia 30328

O. James Garden, M.D., F.R.C.S.

Professor of Hepatobiliary Surgery, University Department of Surgery, The University of Edinburgh, EH8 9AG, United Kingdom; and Honorary Consultant Surgeon, University Department of Surgery, Royal Infirmary, Edinburgh, EH3 94W, United Kingdom

W. Peter Geis, M.D.

Director, Minimally Invasive Services Training Institute (MISTI) and Chief, Minimally Invasive Surgery, Department of Surgery, St. Joseph Medical Center, 7620 York Road, Baltimore, Maryland 21204

Gary Glick, M.D.

Attending Surgeon, Department of Surgery, Mt. Sinai Hospital, 4300 Alton Road, Miami Beach, Florida 33140

Peter M. Y. Goh, M.B.B.S., F.R.C.S., M.Med.

Chairman and Associate Professor, National University Hospital, 5 Lower Kent Ridge Road, Singapore 0511

Andrew J. Graham, M.D., M.Sc., M.H.Sc., F.R.C.S.

Assistant Clinical Professor, Department of Surgery, University of Alberta; and Staff Surgeon, Department of Surgery, University of Alberta Hospital, 8440 112th Street, Edmonton, Alberta T6G 2B7, Canada

Frederick L. Greene, M.D.

Chairman, Department of General Surgery, Carolinas Medical Center, 1000 Blythe Boulevard, Charlotte, North Carolina 28203

Jeffrey A. Hagen, M.D.

Assistant Professor, Department of Surgery, University of Southern California, 1441 Eastlake Avenue; and University of Southern California University Hospital, 1500 San Pablo Street, Los Angeles, California 90033

Ronald A. Hinder, M.D.

Chief of Surgery, The Mayo Clinic—Jacksonville, 4500 San Pablo Road, Jacksonville, Florida 32224

Michael D. Holzman, M.D.

Assistant Professor, Department of Surgery, Vanderbilt University, D-5203 MCN, Nashville, Tennessee 37232-2577

John G. Hunter, M.D., F.A.C.S.

Professor, Department of Surgery, Emory University School of Medicine; and Director, Division of Gastrointestinal Surgery, Emory University Hospital, 1364 Clifton Road, N.E., Atlanta, Georgia 30322

Timothy G. John, M.D., F.R.C.S.Ed. (Gen)

Consultant Surgeon, Hepatobiliary Unit, North Hampshire Hospital, Aldermaston Road, Basingstoke, RG24 9NA, United Kingdom

Namir Katkhouda, M.D.

Associate Professor of Surgery, Department of Surgery and Chief, Division of Emergency Non Trauma and Minimally Invasive Surgery, University of Southern California, 1510 San Pablo Street, Los Angeles, California 90033

James Knoetgen III, M.D.

Resident in Surgery, St. Luke's-Roosevelt Hospital, Columbia University College of Physicians and Surgeons, 50 East 69th Street, New York, New York 10021

Rodney J. Landreneau, M.D.

Section Head, Thoracic Surgery, Allegheny University of the Health Sciences, 490 East North Avenue, Pittsburgh, Pennsylvania 15212

Demetrius W. M. Litwin, M.D.

Director, Minimal Access Surgery, Department of Surgery, University of Massachusetts Medical Center, 55 Lake Avenue, North Worcester, Massachusetts 01655

- Thom E. Lobe, M.D.
Professor of Surgery and Pediatrics, Department of Surgery, University of Tennessee, Memphis, 777 Washington Avenue; and Chairman, Section of Pediatric Surgery, LeBonheur Children's Medical Center, 50 North Dunlap, Memphis, Tennessee 38105
- William B. Long, M.D., F.A.C.S.
Clinical Professor of Surgery, Department of Surgery, Oregon Health Sciences University, 3181 S.W. Sam Jackson Park Road, Portland, Oregon 97201-3098; and Chief of Trauma Services, Shock Trauma Institute, Legacy Emanuel Hospital, 2801 N. Gantenbein Avenue, Portland, Oregon 97227
- Bruce V. MacFadyen, Jr., M.D.
Professor, Department of Surgery, The University of Texas Medical School, 6431 Fannin; and Director, Minimally Invasive Surgery, Department of Surgery, Hermann Hospital, 6411 Fannin, Houston, Texas 77030
- Márcio M. Machado, M.D.
Hospital Samaritano, Setor Coimbra, Praca Walter Santos, 01, Goiania, Goias, Brazil 74 535-270
- Michael J. Mack, M.D.
Clinical Assistant Professor and Attending Surgeon, Medical City Dallas, 7777 Forest Lane, Dallas, Texas 75230
- Maria T. Madden, M.D.
Instructor in Surgery, Northeastern Ohio University College of Medicine, 4209 State Route 44, Rootstown, Ohio 44272; and Active Staff, Department of Surgery, St. Elizabeth's Medical Center, 1044 Belmont Avenue, Youngstown, Ohio 44501
- Edward M. Mason, M.D.
Assistant Clinical Professor, Department of Surgery, Medical College of Georgia, Augusta, Georgia 30912-4750; and Chief, General Surgery and Director, Endosurgery, Department of Surgery, Georgia Baptist Medical Center, 315 Boulevard Avenue N.E., Atlanta, Georgia 30312
- Eli Mavor, M.D.
Chief of Surgical Unit A, Kaplan Medical Center, Rehovot, Israel
- Kenneth McQuaid, M.D.
Chief, GI Endoscopy, VA Medical Center, Surgical Service 112, 4150 Clement Street, San Francisco, California 94121
- Toshiyuki Mori, M.D., Ph.D.
Associate Professor and Chief of Minimally Invasive Surgery, Kyorin University, 6-20-2 Shinkawa Mitaka, 181 Tokyo, Japan
- Jean Mouiel, M.D.
Professor of Surgery, Department Head, Department of Surgery, University of Nice, 8 Vallom Broge Avenue, 06000 Nice; and Chairman, Department of Surgery, Archet II, 151 Route St. Antoine, 06202 Nice, France
- Alexander G. Nagy, C.D., B.Sc., M.D., F.R.C.S.C.
Clinical Professor, Head, Section of Laparoscopic Surgery, Division of General Surgery, University of British Columbia, 910 W. 10th, Vancouver, British Columbia, Canada V5Z 4E3
- Margaret Napolitano, M.D.
Resident, Department of Surgery, St. Louis University, St. Louis, Missouri 63110-0250
- Heidi Nelson, M.D.
Professor of Surgery, Department of Colon and Rectal Surgery, Mayo Clinic, 200 First Street S.W., Rochester, Minnesota 55905
- Lucian Newman III, M.D., F.A.C.S.
Chair, Department of Surgery, Riverview Regional/Gadsden Regional, 419 South 5th Street, Gadsden, Alabama 35901

Theodore G. Obenchain, M.D.
Department of Neurological Surgery, Palomar Medical Center, 555 East Valley Parkway,
Escondido, California 92025

Steven Offerman, M.D.
Assistant Unit Chief, USC University Hospital and LAC-USC Medical Center, 1510 MCC
San Pablo Street, Los Angeles, California 90033

Theodore N. Pappas, M.D.
Professor, Department of Surgery, Duke University Medical Center, Durham, North
Carolina 27710

Carlos A. Pellegrini, M.D.
The Henry N. Harkins Professor and Chairman, Department of Surgery, University of
Washington and Attending Surgeon, Department of Surgery, University of Washington
Medical Center, 1959 N.E. Pacific Street, Seattle, Washington 98195

Galen Perdakis, M.D.
Surgery Resident, Department of Surgery, Creighton University, 601 North 30th Street,
Omaha, Nebraska 68132

Jeffrey H. Peters, M.D.
Associate Professor of Surgery, Department of Surgery, University of Southern
California, and Chief, Department of Surgery, University of Southern California
University Hospital, 1500 San Pablo Street, Los Angeles, California 90033

Quynh Pham, M.D.
Division of General Surgery, University of Toronto Mount Sinai Hospital, 600 University
Avenue, Toronto, Ontario, Canada M5G 1X5

Edward H. Phillips, M.D.
Clinical Associate Professor and Director, Endoscopic Surgery, Cedars-Sinai Medical
Center, 8635 West 3rd Street, Los Angeles, California 90048

Mario F. Pompili, M.D.
Clinical Assistant Professor, Department of Cardiothoracic Surgery, Stanford University
Medical Center, 300 Pasteur Drive, Stanford, California 94305; and Staff Surgeon,
Surgical Service, Veterans Affairs Palo Alto Health Care System, 3801 Miranda Avenue,
Palo Alto, California 94304

Alexander D. Porter, M.D.
Fellow for the University of Washington Swallowing Center, Department of Surgery,
University of Washington School of Medicine, University of Washington Medical
Center, 1959 N.E. Pacific Street, Seattle, Washington 98195-6410

Eric C. Poulin, M.D., M.Sc., F.R.C.S.C.
Professor of Surgery, Department of Surgery, University of Toronto, Surgeon-in-Chief,
St. Michael's Hospital, Wellesley Central Site, 160 Wellesley Street E., Jones Building,
Toronto, Ontario, Canada M4Y 1J3

Glenn M. Preminger, M.D.
Professor, Urologic Surgery and Director, Comprehensive Kidney Stone Center,
Department of Urology/Surgery, Duke University Medical Center, Baker House, Duke
South, Durham, North Carolina 27710

Bruce J. Ramshaw, M.D.
Attending Surgeon and Director of Telemedicine, Georgia Baptist Medical Center, 285
Boulevard N.E., Atlanta, Georgia 30312

Robert D. Rehnke, M.D.
6450 38th Avenue North, St. Petersburg, Florida 33710

Arlene E. Ricardo, M.D.
Resident, Department of Surgery, University of Texas-Houston, 6431 Fannin, Houston,
Texas 77030

William S. Richardson, M.D.

Assistant Professor, Department of Surgery, The Ochsner Clinic, 1514 Jefferson Highway, New Orleans, Louisiana 70121

Brian G. Rubin, M.D.

Assistant Professor of Surgery, Department of Surgery, Washington University School of Medicine and Barnes-Jewish Hospital, One Barnes-Jewish Hospital Plaza, Queeny Tower, St. Louis, Missouri 63110

Barry A. Salky, M.D.

Clinical Professor of Surgery, Department of Surgery, Mt. Sinai School of Medicine; and Division of Laparoscopic Surgery, Mt. Sinai Hospital, One Gustave L. Levy Place, New York, New York 10025

Philip R. Schauer, M.D.

Assistant Professor, Department of General Surgery, University of Pittsburgh Medical Center, 200 Lothrop Street, Pittsburgh, Pennsylvania 15213

Bruce D. Schirmer, M.D.

Stephen H. Watts Professor of Surgery, Department of Surgery, University of Virginia Health System, Charlottesville, Virginia 22906-0005

Brett C. Sheppard, M.S., M.D., F.A.C.S.

Physician and Surgeon, Associate Professor of Surgery, Division of General Surgery, Oregon Health Sciences University, 3181 S.W. Sam Jackson Park Road, Portland, Oregon 97201-3098

Peter W. Smiley, M.D.

Senior Clinical Instructor, Surgery Preceptor, Legacy Portland Hospital, Department of Surgery and Active Staff, Division of General and Vascular Surgery, Legacy Emanuel Hospital, 2801 N. Gantenbein, Portland, Oregon 97227

R. Stephen Smith, M.D.

Associate Professor, Department of Surgery, University of Kansas School of Medicine-Wichita; and Medical Director, Trauma Department/Surgical Intensive Care Unit, Via Christi Regional Medical Center, St. Francis Campus, 929 N. St. Francis, Wichita, Kansas 67214-3882

John T. Soper, M.D.

Associate Professor, Oncology/Obstetrics/Gynecology, Duke University Medical Center, Erwin Road, Durham, North Carolina 27710

Nathaniel J. Soper, M.D., F.A.C.S.

Professor, Department of Surgery, Washington University; and Head, Minimally Invasive Surgery, Barnes-Jewish Hospital, One Barnes-Jewish Hospital Plaza, St. Louis, Missouri 63110

Bruce C. Steffes, M.D., F.A.C.S.

Associate Clinical Professor, Department of Surgery, Duke University; and Attending Surgeon, Department of Surgery, Veterans Affairs Hospital-Durham, 5084 Fulton Street, Durham, North Carolina 27710

Thomas A. Stellato, M.D.

Professor of Surgery, Department of Surgery, Case Western Reserve University, 10900 Euclid Avenue; and Chief, Division of General Surgery, Department of Surgery, University Hospitals of Cleveland, 11100 Euclid Avenue, Cleveland, Ohio 44106

John H. Stevens, M.D.

Founder and Director, Heartport, Inc., 700 Bay Road, Redwood City, California 94063; and Consulting Associate Professor, Cardiothoracic Surgery, Stanford University School of Medicine, 300 Pasteur, Stanford, California 94305

Steven M. Strasberg, M.D.

Professor of Surgery, Department of Hepatobiliary-Pancreatic Surgery, Washington University; and Head, Hepatobiliary-Pancreatic Surgery, Department of Surgery, Barnes-Jewish Hospital, One Barnes Hospital Plaza, St. Louis, Missouri 63110

Richard S. Swanson, M.D.

Associate Professor and Chief of Surgical Oncology, Department of Surgery, University of Massachusetts, 55 Lake Avenue North, Worcester, Massachusetts 01655-0333

Lee L. Swanström, M.D., F.A.C.S.

Associate Clinical Professor, Department of Surgery, Oregon Health Sciences University; and Director, Department of Minimally Invasive Surgery, Legacy Health System, 501 N. Graham Street, Portland, Oregon 97227

Walter T. L. Tan, M.B.B.S., F.R.C.S.

Associate Professor and Head, Department of Surgery, National University of Singapore; and Chief, Department of Surgery, National University Hospital, Lower Kent Ridge Road, Singapore 119074

Claude Thibault, M.D.

Fellow in Colon and Rectal Surgery, Division of Colon and Rectal Surgery, Mayo Clinic and Mayo Foundation, 200 First Street S.W., Rochester, Minnesota 55905

Robert W. Thompson, M.D.

Associate Professor, Department of Surgery, Cell Biology & Physiology, and Radiology, Washington University School of Medicine, 4960 Children's Plaza; and Attending Surgeon, Department of Surgery, Barnes-Jewish Hospital, One Barnes-Jewish Plaza, St. Louis, Missouri 63110

Thadeus L. Trus, M.D.

Assistant Professor, Department of Surgery, Medical University of South Carolina, 171 Ashley Avenue, Charleston, South Carolina 29425

Jeffrey G. Tucker, M.D.

Attending Surgeon and Director of Metabolic Support, Georgia Baptist Medical Center, 1400 Baptist Medical Center Drive, Cumming, Georgia 30041

Juan P. Umana, M.D.

Chief Resident, Department of Surgery, Columbia University College of Physicians and Surgeons, 622 W. 168th Street; and Columbia-Presbyterian Hospital, 177 Ft. Washington Avenue, New York, New York 10032

Eric R. Van Buskirk, M.D.

Staff, Plastic Surgery Associates of Lynchburg, Inc., 1330 Oak Lane, Lynchburg, Virginia 24503

Donald Waldrep, M.D.

Assistant Unit Chief, University of Southern California University Hospital and LAC-USC Medical Center, 1510 MCC San Pablo Street, Los Angeles, California 90033

Lawrence W. Way, M.D.

Professor and Vice Chairman of Surgery, University of California San Francisco School of Medicine, 513 Parnassus Avenue, San Francisco, California 94143-0475

Stephen Wise Unger, M.D.

Attending Surgeon and Director, Surgical Endoscopy and Laparoscopy, Department of Surgery, Mt. Sinai Medical Center of Greater Miami, 4302 Alton Road, Miami Beach, Florida 33140

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