



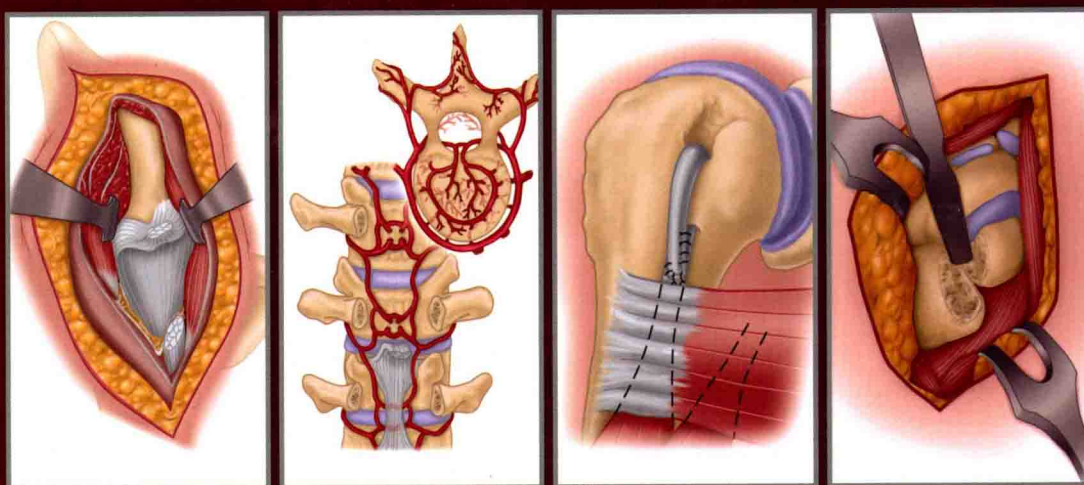
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TWELFTH EDITION
VOLUME TWO

CAMPBELL'S OPERATIVE ORTHOPAEDICS

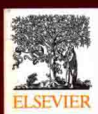
坎贝尔 骨科手术学

第 12 版



第 二 卷

S. Terry Canale • James H. Beaty



天津出版传媒集团

天津科技翻译出版有限公司

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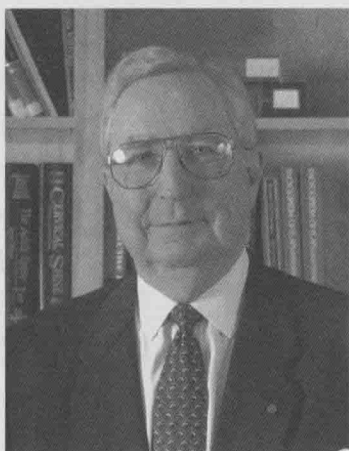
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IN MEMORY



ALLEN EDMONSON, MD

1927–2011



T. DAVID SISK, MD

1937–2009

Since the last edition of this text, we have lost two of our friends and mentors. Dr. Allen Edmonson and Dr. David Sisk both made huge contributions to several editions of *Campbell's Operative Orthopaedics*. In addition to his classic work on scoliosis, Dr. Edmonson served as editor of the 6th edition, and Dr. Sisk contributed the first chapters on arthroscopy to appear in this text. We are grateful for their commitment to "The Book" and the inspiration they have provided.

DEDICATION

This edition of *Campbell's Operative Orthopaedics* is dedicated to the hundreds of residents, fellows, and international visitors who have trained at "Dr. Campbell's Clinic" during its first 100 years. Their enthusiasm for learning and their commitment to our specialty have inspired the authors of all twelve editions of *Campbell's Operative Orthopaedics* to strive to produce a trusted and useful tool for continued learning, a tradition we hope continues for the next 100 years.

影印版序

《坎贝尔骨科手术学》由世界级专家联袂编撰，自1939年问世以来，这部巨著伴随了一代又一代骨科医生的成长，成为全球骨科医生不可或缺的参考书，是骨科学领域最权威的著作，同样也被我国广大骨科医生奉为经典。

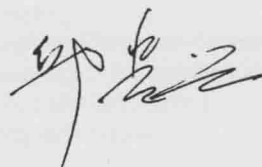
2013年初，Elsevier 出版公司出版了这部骨科学“圣经”的最新版本——第12版，作为一名旧版的老读者，再次切身感受到该书的严谨、科学。新版分4卷，19部分，89章。介绍了骨科手术的基本原理，详细讲述了髋、膝、踝、肩肘关节置换术，以及截肢与感染、骨肿瘤、先天性异常和发育异常、脊柱损伤、运动损伤、成人骨折与脱位、周围神经损伤、手和足踝部损伤的各种手术技术、儿童神经系统疾病及骨折与脱位。此外，还介绍了关节镜及显微外科的先进手术技术和经验。本书的特点是详细地叙述了各种手术的细节，包括手术指征、手术前后处理和并发症防治的原则、各种技巧和注意事项，还配备详细的手术图解，编排合理，非常符合临床骨科医生的学习需要。

新版《坎贝尔骨科手术学》达到了“去粗存精”、“去伪存真”之目的，删除了第11版中一些陈旧的观点和方法，吸取了近年来的最新成果，除保留作为“金标准”的经典技术之外，还介绍了大量新技术、新装备，并强调了微创骨科技术，对当前及今后一段时间的骨科临床和科研具有非常重要的指导作用。新版配图7000余幅，其中很多图片为重新绘制，直观展现骨科手术技术要点。

随着我国骨科界对外交流的日益增加，以及骨科医生英语水平的整体提高，越来越多的骨科医生希望能够尽快读到原汁原味的国外经典之作，恰逢此时，天津科技翻译出版有限公司在第12版《坎贝尔骨科手术学》刚刚推出之际，便立即引进了这部巨著的影印版本，几乎与原版同步出版，让国内读者在第一时间即能零距离地领略到这部经典原著的风采，更直接地分享这些国际骨科权威专家们对骨科手术学的真知灼见！考虑到读者的需求，出版社将影印版设计为两种形式出版。一种是如原版书，做成精装四卷的形式，另一种则按照骨科学的分支，将这套专著做成平装版，分为14个分册，可以让读者各取所需。此外，影印版均采用优质铜版纸印刷，保持了原版书的风貌，其性价比之高在近些年的影印版书中亦不多见。

最后，借此书出版之际，愿全体骨科同仁不断更新知识、锻炼技能，更好地为广大患者解除病痛，为我国的骨科事业的快速、健康发展做出更大的贡献！

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PREFACE

As with every edition of this text, we have been amazed by the multitude of new techniques, new equipment, and new information generated by our orthopaedic colleagues worldwide. The emphasis on less-invasive surgical techniques for everything from hallux valgus correction to spine surgery to total joint arthroplasty has produced a variety of new approaches and new devices. The use of arthroscopy and endoscopy continues to expand its boundaries. We have attempted to include the latest orthopaedic procedures, while retaining many of the classic techniques that remain the “gold standards.”

Some of the changes in this edition that we believe will make it easier to use include the complete redrawing of the thousands of illustrations, the combining of some chapters and rearrangement of others to achieve a more logical flow of information, the addition of several new chapters, and the placement of references published before 2000 on the website only. Full access to the text and to an increased number of surgical videos is available on Expert-Consult.com, which is included with the purchase of the text. This combination of traditional and electronic formats, we believe, will make this edition of *Campbell's Operative Orthopaedics* easily accessible and useable in any situation, making it easier for orthopaedists to ensure the highest quality of patient care.

The true “heroes” of this work are our dedicated authors, who are willing to endure time away from their families and their practices to make sure that their contributions are as up-to-date and informational as possible. The revision process is lengthy and arduous, and we are truly appreciative of the time and effort expended by all of our contributors. As always, the personnel of the Campbell Foundation—Kay Daugherty,

Barry Burns, Linda Jones, and Joan Crowson—were essential in getting the ideas and information from 40 authors into a workable form. The progress of the book was marked by the proliferation of paper-stuffed file folders spread across their offices. Managing to transform all of that raw material into readable text and illustrative images is always an amazing accomplishment. Our thanks, too, to the individuals at Elsevier publishing who provided much guidance, encouragement, and assistance: Taylor Ball, Content Development Editor; Dolores Meloni, Executive Content Strategist; Mary Gatsch, Publishing Director; and John Casey, Project Manager.

We are most grateful to our families, especially our wives, Sissie Canale and Terry Beaty, who patiently endured our total immersion in the publication process.

The individuals who often are overlooked, or at least not recognized often enough, are the community of orthopaedic surgeons to whom we are indebted for their expertise and innovation that make a textbook such as ours necessary. As Dr. Campbell noted in the preface to the first edition of this text, “In some of the chapters we have drawn heavily from authoritative articles on special subjects; the author gratefully acknowledges his indebtedness for this material.” We are indeed grateful, and honored and humbled, to be the conduit of such remarkable skill and knowledge that help us to make the most current information available to our readers. We hope that this latest edition of *Campbell's Operative Orthopaedics* will prove to be a valuable tool in providing the best of care to orthopaedic patients.

S. Terry Canale, MD
James H. Beaty, MD

Campbell's Operative Orthopaedics, 12th ed.

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usually is excised. The remaining great toe should have a careful repair of the capsule if necessary to prevent residual hallux varus; Kirschner wire fixation is used for 4 to 6 weeks.

AMPUTATION OF AN EXTRA TOE

TECHNIQUE 29-1

- At the base of the toe to be amputated, make an oval or racquet-shaped incision through the skin and fascia (Fig. 29-4).
- Draw the tendons distally as far as possible, and divide them.

- Incise the capsule of the metatarsophalangeal joint transversely, dissect it from the metatarsal, and disarticulate the joint.
- With an osteotome or bone-cutting forceps, sharply resect any bone that may have protruded from the metatarsal head.
- If the radiograph has revealed an extra metatarsal, resect it after continuing the incision proximally on the dorsal aspect of the foot.

See also Video 29-1.



SYNDACTYLY

Syndactyly of the toes rarely interferes with function, and surgery is indicated primarily for cosmetic reasons; the same technique is used as for the fingers (see Chapter 79).

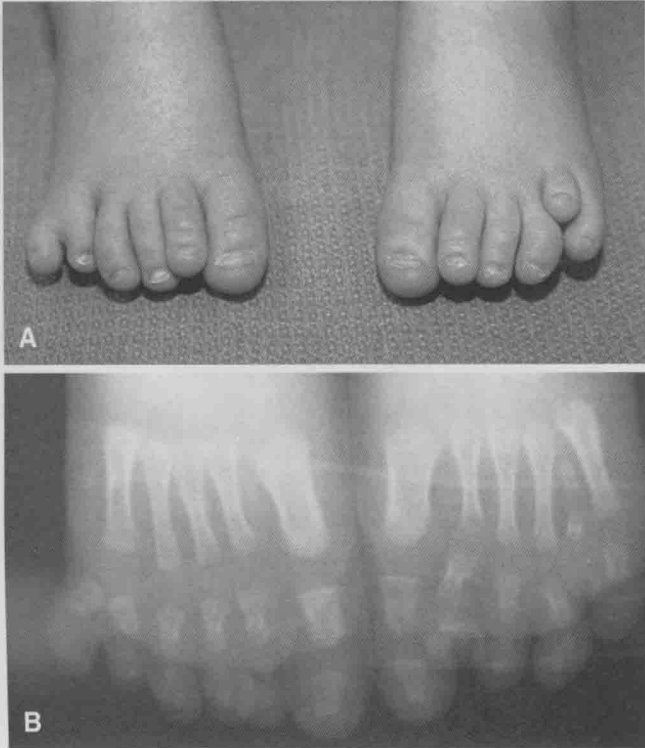


FIGURE 29-1 A, Bilateral polydactyly in 6-month-old infant. B, Accessory metatarsal of left foot can be seen on radiograph.



FIGURE 29-2 Complex polydactyly-syndactyly of left fifth toe with bony and soft tissue syndactyly. (From Lee HS, Park SS, Yoon JO, et al: Classification of postaxial polydactyly of the foot, *Foot Ankle Int* 27:356, 2006.)

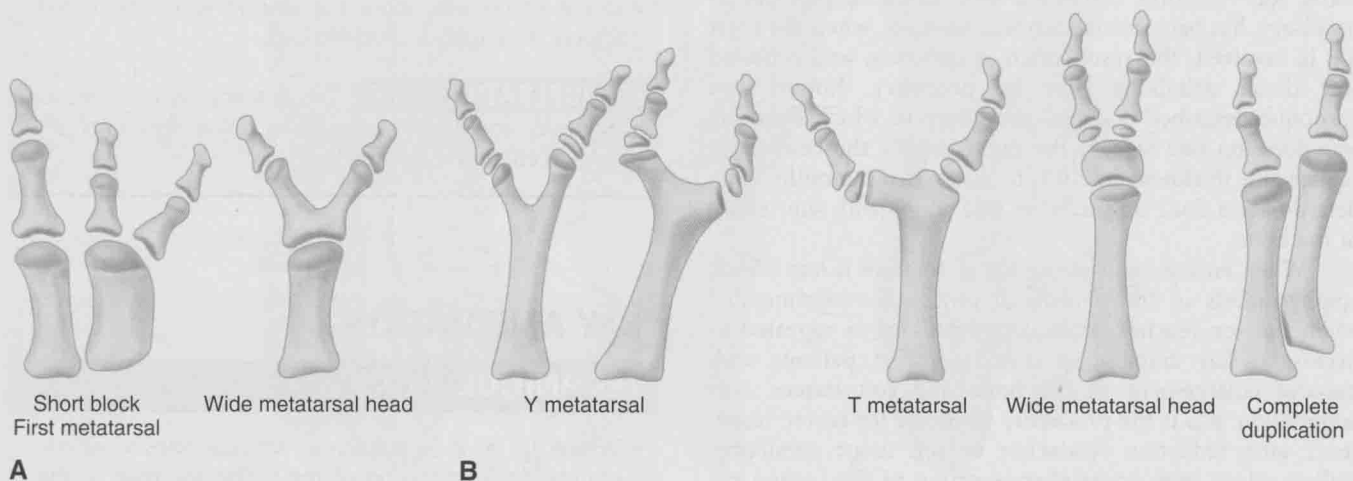


FIGURE 29-3 Venn-Watson classification of polydactyly. A, Preaxial polydactyly. B, Postaxial polydactyly.