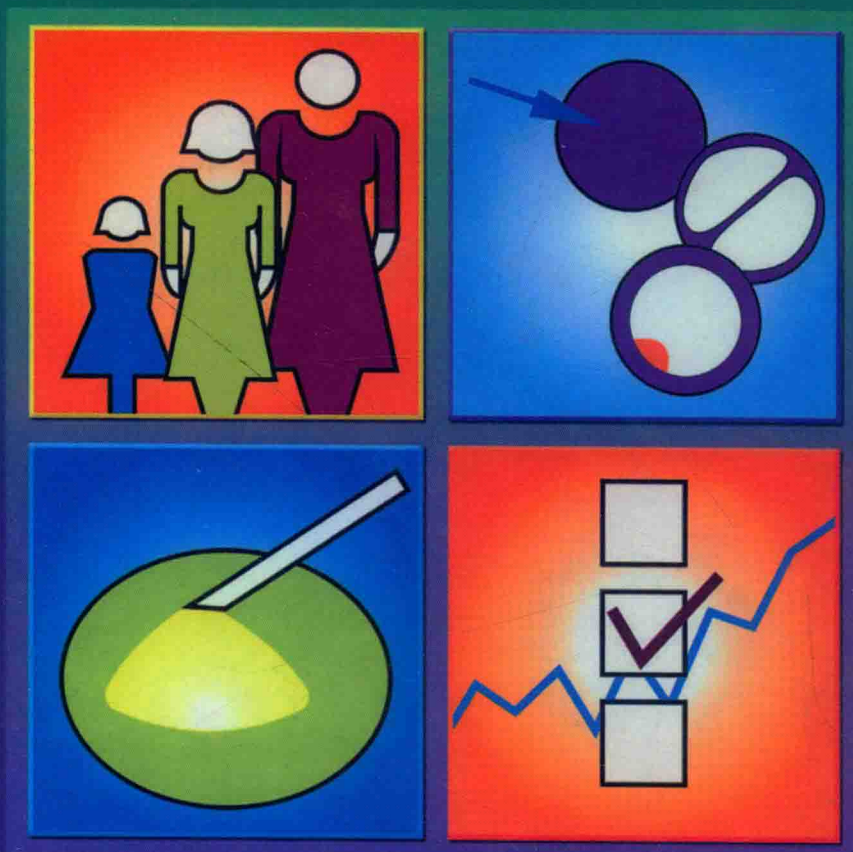


Berek & Novak

妇 科 学

Gynecology

第 15 版



主编 Jonathan S. Berek

主译 郎景和 向阳 沈铿

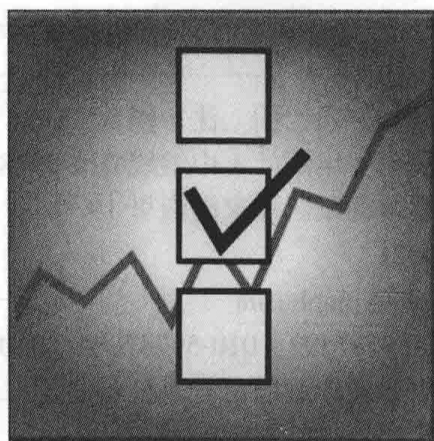
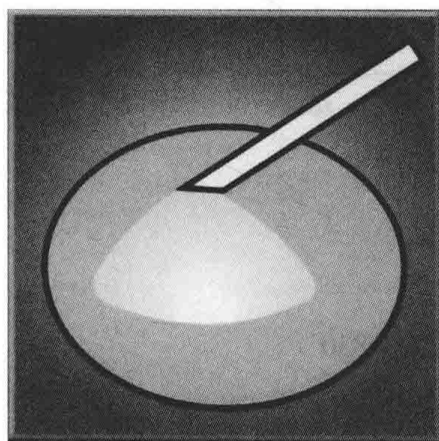
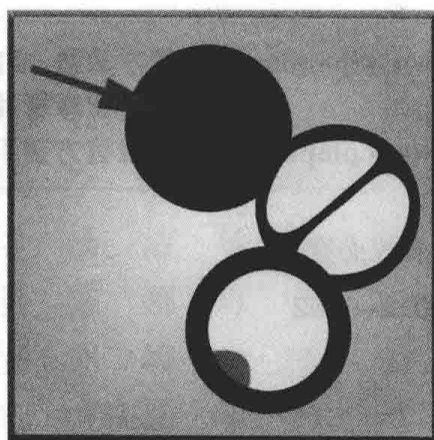
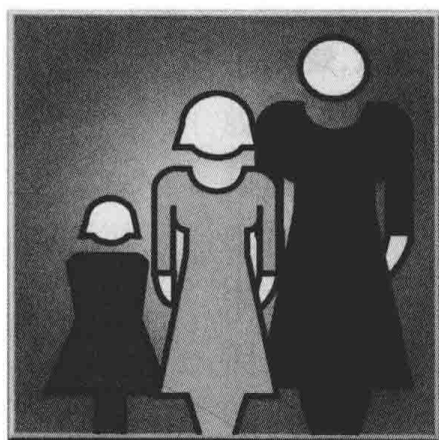
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译者序

我们又高兴地把《Berek & Novak 妇科学》(第 15 版)翻译中文,供中文读者阅读和学习。

值得一提的是,从 2007 年第 14 版起一直担任该书主编的美国 Jonathan S. Berek 教授曾于 2015 年访问中国,并访问了北京协和医院。我们那次聚会让人兴奋而难忘。Berek 教授平易近人,谈笑风生。我们送上了《Berek & Novak 妇科学》(第 14 版)中译版,通告了第 15 版的翻译计划,他同样是兴奋的、赞赏的。

新版内容在著者序里做了详尽的介绍,八个部分逐一列出,可以说是内容十分全面并深入。不仅强调了妇女预防保健的重要性,也突出妇科泌尿学等方面的进展;不仅重视手术前后的基本医疗技术,也更新了遗传学和分子生物学的新知;不仅对普通妇科学、生殖内分泌学等诸多问题进行全面阐述,也承袭了妇科肿瘤学的精辟理论。我们还特别欣赏把乳腺癌专列成单章,更便于妇科医生精准翻阅。总之,作为《Berek & Novak 妇科学》的忠实读者和两版译者,我们深深体会到新版《Berek & Novak 妇科学》继承了这部经典巨著的精华传统,又发扬了新世纪的科技光辉,是知识和技术的,也是人文和思想的。

一些细节让人回味和感动,如周到翔实的文献索引、对所有参与者的致谢,以及丰富精美的插图……

当我们收笔于这篇译者小序时,陡然间产生一种恐惧:阅读恐惧和书写恐惧。原来我们内心沾沾自喜的一些知识和技术,在经典著作中已经记述得很详尽了;原来我们洋洋得意的一点新意和创见,大师们已经阐释得很全面了,我们不过是浅尝辄止而已。当然,我们一方面不妄自菲薄、懈怠气馁,一方面多读书、读好书、读经典原著,并把书写当成郑重于实践、自我修炼和虔诚感验的仪式。

也许,我们正是以这种心情和态度进行阅读和翻译的。乞望批评指正。

郎景和 向阳 沈铿

2018 年 6 月

原著序

1941年,约翰霍普金斯医学院 Emil Novak 教授主编了《Novak 妇科学》一书,从此该书一直是该领域的标准教材。该书第14版于2007年出版,为纪念 Jonathan S. Berek 医生和已故的 Novak 医生,改用《Berek & Novak 妇科学》作为书名,他们对妇产科学的贡献持续影响了几代医生,因此该教材的修订和更新也具有重要意义。第15版延续本书作为权威教材的特点进行修改。

新版中 Berek 医生组织了很多专业人士编写该教材,有临床医生、研究人员、相关专业的带头人,这些编者将他们先进的专业的知识和观点融入到该书中。本书不仅是对现有的治疗的全面描述,还放眼未来的发展方向,包括妇科临床工作、研究及亚专业方面。本书对临床和研究的新进展都进行了详细的阐述。例如,本书扩充了一些妇科亚专业的内容,近年来盆底知识的更新扩展,本书中相关盆底重建和妇科泌尿的内容进行了扩充和详细阐述。另外微创妇科手术学方面的内容也进行了扩充,包括妇科内镜、子宫切除及机器人手术。当然,Berek 医生是知名的妇科肿瘤专家,本书也是妇科肿瘤学内容大全。基础医学和临床医疗完美地结合在一起,为临床医师更全面地了解近年来相关医学领域的进展提供了基础。在敏感问题方面本书也很专业和人性化,尤其是性学及其相关的问题在相关章节有所体现。

本书将传统的妇科学与新进展、新知识结合,力求妇科医疗更好地服务患者。妇科专业的从业者,包括临床医师和研究人员,都为妇科医疗提供更好的服务而努力。这本书既是教材也是参考资料,新版的《Berek & Novak 妇科学》将和以往版本一样,成为临床工作中的重要工具。

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原著前言

《Novak 妇科学》(第 1 版)是由受人尊敬的约翰霍普金斯医学院 Emil Novak 教授组织编写的,此后一直是国际上妇科临床的重要教材。第 15 版沿袭本书的经典内容,经过精心编排,保留了前 3 版的重要内容。

和以前的版本一样,本书由约翰霍普金斯医学院的专家编写,延续以前的传统。第 5 版后,Novak 医生于 1957 年去世,许多后继的约翰霍普金斯专家将编写本书的火把传递下去,Edmund R. Novak 医生于 1979 年主编了第 9 版,Howard W. Jones 和 Georgeanna Seegar Jones 医生于 1981 年组织编写了第 10 版,Howard W. Jones, III、Lonnie S. Burnett 和 Anne Colston Wentz 医生于 1988 年组织编写了第 11 版。许多约翰霍普金斯专家都参与了本书的编写,尤其是 J. Donald Woodruff 和 Conrad G. Julian 医生,帮助制定了 20 世纪下半叶妇科的专科方向。这些专家塑造了我们今天的妇科学,包括手术、药物治疗、辅助生殖和妇科内分泌、妇科肿瘤、妇科泌尿及妇科感染疾病。作为约翰霍普金斯医学院的毕业生,我也很荣幸能参与到本书的编写中。

《Berek & Novak 妇科学》(第 15 版)由八个部分组成,第一部分是临床实践的原著,包括妇科患者评估、病史和体格检查及沟通技巧。这一部分强调医学伦理患者关爱、评估质量和发展及妇科流行病学。第二部分是基本原则,概括了医学科学基础,如解剖学、胚胎学和分子生物学、基因学和生殖生理学。第三部分是预防和初级保健,强调女性的基础保健、预防医学、疾病筛查、计划生育、性生活及一些常见的精神疾病。第四部分是普通妇科,包括良性疾病和女性生殖道发育,以及盆腔感染、子宫肉瘤、盆腔痛、上皮内瘤变、早孕流产、异位妊娠及乳腺疾病。第五部分是妇科手术,包括围术期管理和手术治疗良性妇科疾病,涵盖内镜手术、子宫切除和机器人手术。第六部分是泌尿妇科学和盆腔重建手术。第七部分是生殖内分泌,总结了影响生长发育的主要疾病,从青春期到绝经后。第八部分是妇科肿瘤,包括恶性妇科生殖道疾病和乳腺癌。

我非常感谢为本书做出贡献的人员。向为本书制作精美插图、解剖图片和主题插画的医学插画师 Tim Hengst 表达诚挚的谢意。向自始至终帮助整部教材编写的内容编辑 Deborah Berek 致敬。向 Lippincott Williams & Wilkins 出版社的工作人员,尤其是和我一起工作了超过 25 年的医学编辑 Charley Mitchell 表示感谢。我还要感谢 Sonya Seigafuse 和 Nicole Walz 在编辑本书时奉献的热情和辛勤劳动。Chris Miller 专业而精巧地帮助我完成本书的最后组稿。感谢导师们的支持,他们是 Dean Sherman Mellinkoff、J. Donald Woodruff、Kenneth J. Ryan、J. George Moore 和 William J. Dignam 医生。我还要感谢同事们,Isaac Schiff、Gautam Chaudhuri、Neville F. Hacker、Beverly Mitchell 及 Dean Philip Pizzo 医生,他们给予我重要的指导和鼓励。我要特别感谢斯坦福妇女肿瘤中心的 Laurie Lacob、Nicole Kidman、Keith Urban、Trisha Yearwood 和 Garth Brooks,感谢你们对我的帮助、鼓励 and 友谊。

本书是我在斯坦福大学医学院任职六年的最好奖励,这些友爱的精神和同事的帮助

鼓励是我的幸福和灵感。大学和社区共同承担妇女保健的责任和义务,为改善妇女的健康和福利做贡献。感激社区为女性和她们的家庭所做的贡献。

我希望本书对全世界的妇科专业带来积极的影响。我热烈地期望我们的工作可以帮助所有女性,减少妇科和乳腺疾病给她们带来的痛苦。希望本书作为重要的资料为妇科医师带来帮助和鼓励。

Jonathan S. Berek

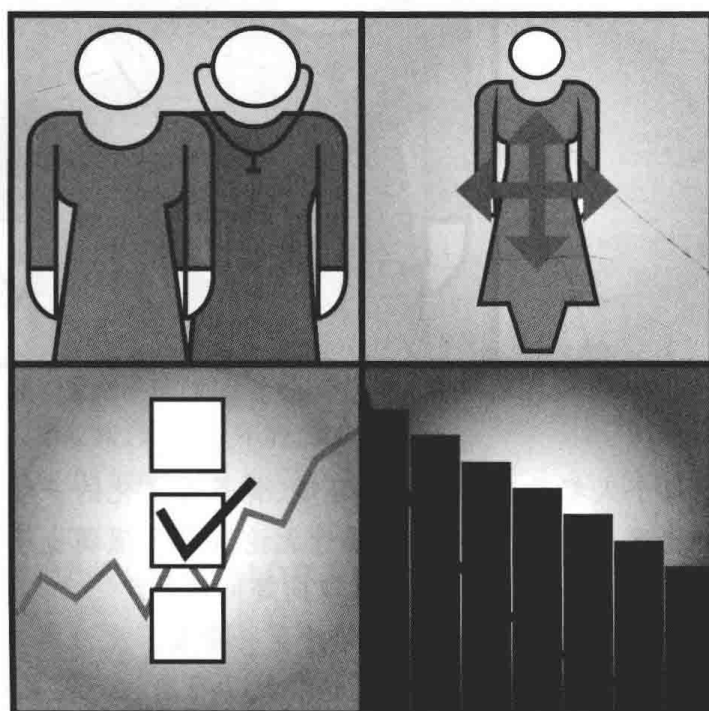
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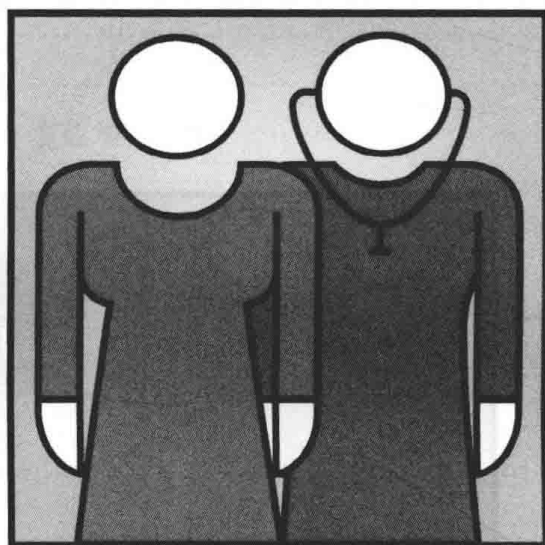
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第一部分

临床实践的原则



Jonathan S. Berek
Paula J. Adams Hillard



- 我们每个人都是我们所处的环境、背景及文化的产物,充分了解患者的一般情况、社会状况及家庭情况,其重要性无论再怎么强调也不为过。医生应注意避免评判患者,尤其是谈到性行为及性取向等问题时。
- 良好的交流对患者的评估和治疗至关重要。交流的基础建立在以下几个重要技巧上:同情,倾听,专业和友善。这些技巧可通过不断实践得到掌握及完善。
- 希波克拉底宣言要求医生慎重对待所有与患者有关的信息。为使医患沟通更为有效,必须让患者感觉到她可以深入地讨论自己的问题。
- 不同风格的交流会影响医生对患者病情的认知,并关系到是否能进行理想的评估和成功的治疗。许多妇科情况涉及隐私,具有高度的私人性,因此我们只有小心审慎才能得到诚实的答复。
- 有的患者对自己的病情缺乏准确的了解。对疾病缺乏充分的了解可以导致对医疗的不满意、过度焦虑、沮丧、难以应对、治疗不成功以及治疗反应差。
- 晤谈建立后,对患者的评估进入到获取完整病史和进行体格检查。这两方面均依赖于医患之间良好的沟通和对细节的关注。
- 体格检查结束后,应当告知患者结果。如果检查结果正常,患者可以因此感到安心。当结果可能为异常时,应当马上通知患者;该讨论应在体格检查结束患者穿好衣服后进行。

妇科临床工作需要很多技巧。除了医学知识,一个妇产科医生还需要培养人际交往和沟通的技巧,从而促进医患间的互动和建立信任。对患者的评估必须从整体考虑,而不能只局限于其医疗情况。完整的评估应包括任何明显的医学状况,以及她的心理、社会和家庭情况。为了更准确地评估一个患者,我们还必须考虑到那些可能影响患者的环境和文化因素。上述方法除可用于医疗情况评估之外,在常规评估中亦是十分有价值,有助于