

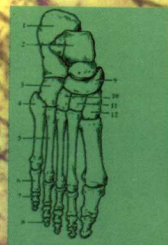
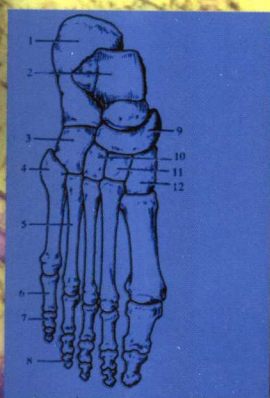
骨科手术入路

A COLOUR ATLAS OF
ORTHOPEDIC APPROACHES

彩色

图谱

主编 谢利民 魏敏民 于 银



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中国中医药出版社

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内 容 提 要

本书按照人体的解剖部位共分为 12 章。分别介绍了肩关节、肱骨、肘关节、尺桡骨、腕关节、髋关节、股骨、膝关节、胫腓骨、足踝部及脊柱的手术入路共 47 个。每个入路均配以新鲜尸体照片或活体手术入路照片，由浅入深说明手术的实际操作步骤。

全书简明扼要，便于阅读理解，实用性强。可作为骨科医师的专业工具书，亦可供整形外科医师、普外科医师及医学生等参考。

前 言

我们手头所有的骨科手术入路专著,都详细地介绍了相关的解剖知识,而实际手术时并无必要显露所有这些解剖结构,否则既延长了手术时间,又增加了损伤这些解剖结构的机率。在长期的临床实践过程中,我们深深地感到需要一本以实用性为着眼点,内容简明扼要,便于查找和即学即用的骨科入路图谱,以便在必要时尤其是应急时迅速查找到所需要的手术入路,满足临床实际工作的需要。这就是编写本书的目的所在。

随着骨科技术的不断发展进步和手术方式的不断改进,近年来骨科手术入路也有了不少的发展变化。我们在选择手术入路时着实费了一番功夫,在选用经典手术入路的同时,也参考了国内外的最新文献,收入了一些近年发展起来的实用方便的新入路。

手术入路的选择需根据病人的病理生理条件来决定。我们在临床实践工作中体会到应遵循下面4条基本原则:

1. 充分显露需要手术的解剖结构,这是手术成功的前提和必要条件。只有充分显露所要手术的解剖组织结构,才能有利于手术的各个操作步骤,保证手术的顺利完成。
2. 尽可能避开重要的神经、血管等组织,增加手术的安全性,以免万一手术操作失误,损伤了重要的神经、血管,造成肢体病残,发生医疗纠纷。
3. 尽可能选择解剖层次较少之手术入路,以减少手术本身带来的组织损伤,缩短手术时间,减少感染发生的机会,同时也可以减少损伤重要解剖结构的机会。
4. 美观性。现代骨科手术在重建肢体活动能力的同时,也要注意到肢体的美观性。因此在满足以上3条基本原则时,手术切口应尽可能隐蔽或与皮肤纹理平行,切口还应光滑规整。

在本书编写过程中,得到我院医教处史英杰处长、病理科王勤瑜主任的大力支持,骨科刘玉同志、阎桂香同志帮助誊写,谨此致以诚挚的谢意。

鉴于编者学识所限,加之时间仓促,书中错误在所难免。望读者不吝赐教,以便日后修订补充。

编者

1998年1月

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第一章 肩关节手术入路

Chapter One Approaches to the Shoulder Joint

1. 肩关节前内侧入路

1. Anteromedial approach to the shoulder joint



图 1-1-1 切口起自肩锁关节前方,沿锁骨的外 1/3 前缘向内,继沿三角肌前缘向下外,达三角肌中下 1/3 交界处。此入路适用于大部分肩关节手术,如肩关节脱位切开复位术、肱骨上端骨瘤切除术、结核病灶清除术及肩关节骨折内固定术等。

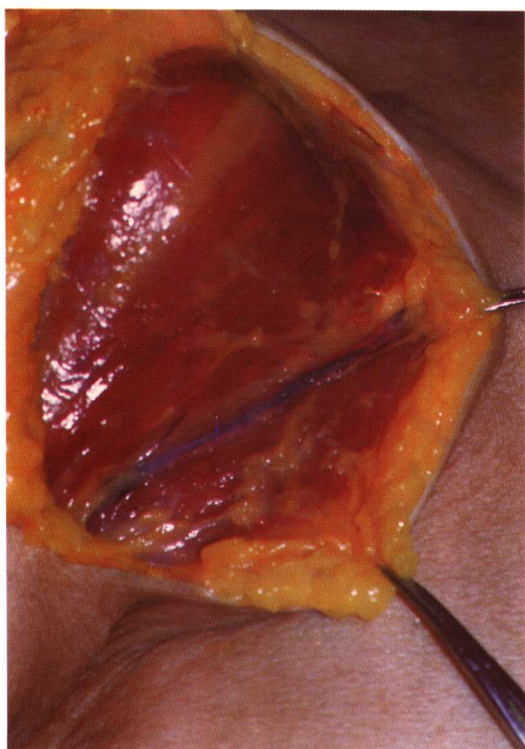


Fig. 1-1-1 Begin the incision over the anterior aspect of the acromioclavicular joint. Pass it medially along the anterior margin of the lateral one third of the clavicle and distally along the anterior margin of the deltoid muscle to a point two thirds the distance from its origin to insertion. It can be used for most operations on the shoulder joint, such as open reduction of dislocation of the shoulder joint, excision of osteoma on the proximal end of the humerus, removal of tuberculous focus, and internal fixation of fractures near the shoulder joint, etc.

图 1-1-2 将皮肤及皮下组织翻向两侧,显露外侧的三角肌、内侧的胸大肌及走行于三角肌胸大肌间隙中的头静脉。

Fig. 1-1-2 Reflect the skin and the subcutaneous tissues to both sides. Expose the deltoid muscle laterally, the pectoralis major medially, and the cephalic vein which lies in the interval between the deltoid and pectoralis major muscle (the deltopectoral groove) can be detected.

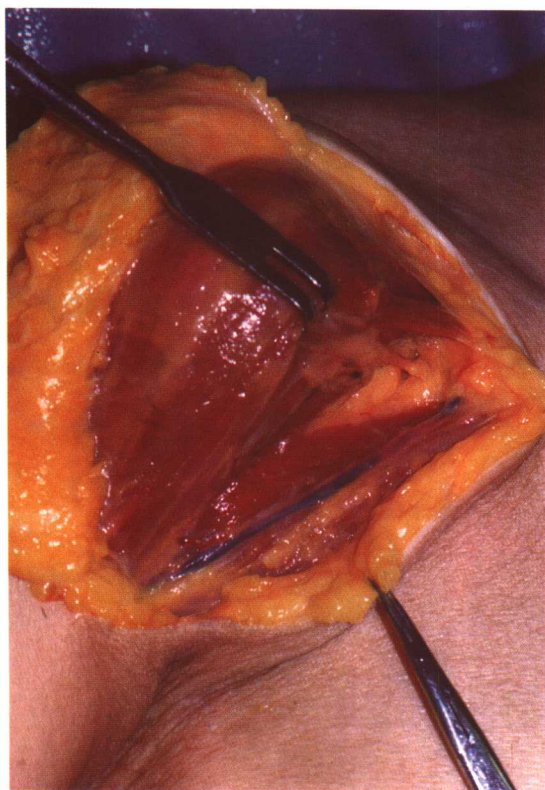


图 1-1-3 从三角肌与胸大肌之间隙进入,将头静脉牵至胸大肌侧,显露胸肩峰动脉的三角肌支及胸大肌的上部抵止腱。

Fig. 1-1-3 Deepen through the deltopectoral groove by retracting the cephalic vein together with the pectoralis major medially. Expose the deltoid branch of the thoracoacromial artery and the upper part of the inserting tendon of the pectoralis major.

图 1-1-4 距锁骨约 1cm 处切断三角肌前部,翻向外方,将胸大肌的上部抵止腱切断。

Fig. 1-1-4 Divide the clavicular origin of deltoid muscle at about 1cm distal to the clavicle and reflect it laterally lightly. Detach the upper part of the inserting tendon of the pectoralis major by dividing it.



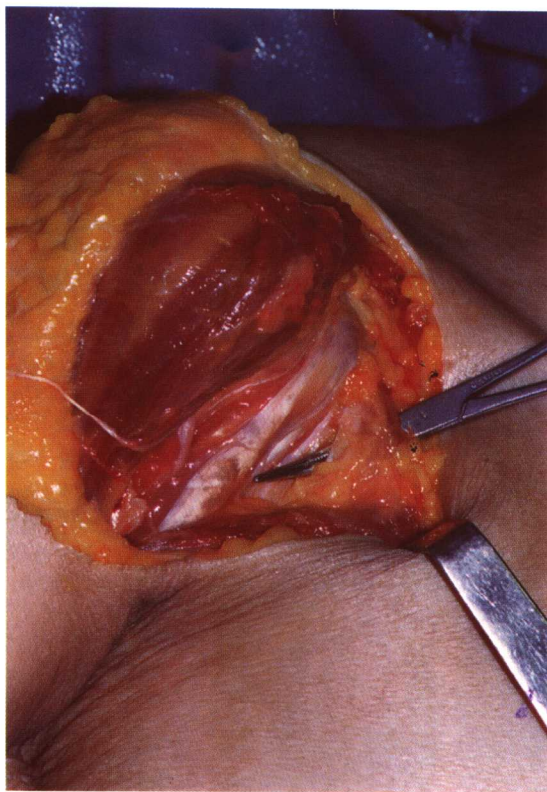


图 1-1-5 将胸大肌及三角肌分别向内、外侧牵开。切断并结扎胸肩峰动脉三角肌支及其他分支，显露出其深面的喙突尖及附于其上的结构，包括肱二头肌短头、喙肱肌和胸小肌。

Fig. 1-1-5 Reflect the pectoralis major medially, the deltoid muscle laterally. Dividing and ligating the deltoid branches and other branches of the thoracoacromial artery to expose the tip of the coracoid process and the structures about it: the short head of the biceps, the coracobrachialis, and the pectoralis minor.

图 1-1-6 距喙突尖约 1cm 处，切断肱二头肌短头和喙肱肌，将其向下方翻转。将胸小肌切断向内侧牵开（或作骨膜下喙突尖骨切除，连同喙肱肌、肱二头肌短头和胸小肌起始一并翻向内下），显露肩胛下肌。肌皮神经在喙突远方 4~5cm 处进入喙肱肌深面，游离翻转该肌时注意勿损伤该神经。

Fig. 1-1-6 Divide the common originating tendon of the short head of the biceps and the coracobrachialis about 1cm distal to the tip of the coracoid process and reflect it inferiorly. Divide the pectoralis minor and retract it medially (or subperiosteally osteotomize the tip of the coracoid process and reflect medially and distally the tip of the bone along with the origin of the coracobrachialis, the short head of the biceps, and the pectoralis minor), expose the subscapularis muscle. The musculocutaneous nerve passes into the deep aspect of the coracobrachialis muscle at a point 4~5cm distal to the tip of the coracoid process. Take care not to damage the musculocutaneous nerve.

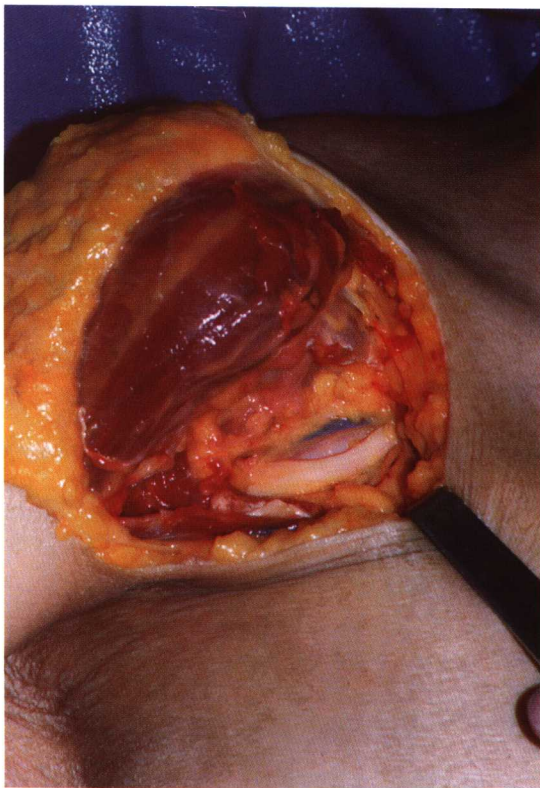




图 1-1-7 为了更广泛显露,可于小结节内约 2.5cm 处切断肩胛下肌抵止腱,然后向内侧把腱与深面的关节囊分开。腋神经行于肩胛下肌前方,切断肩胛下肌时注意勿损伤腋神经。

Fig. 1-1-7 To make wider exposure, divide the inserting tendon of the subscapularis at about 2.5cm medial to the lesser tubercle, then separate the tendon medially from the underlying capsule and expose of the shoulder joint. In dividing the subscapularis, special care should be taken to avoid injury the axillary nerve which lies in the front of the subscapularis.

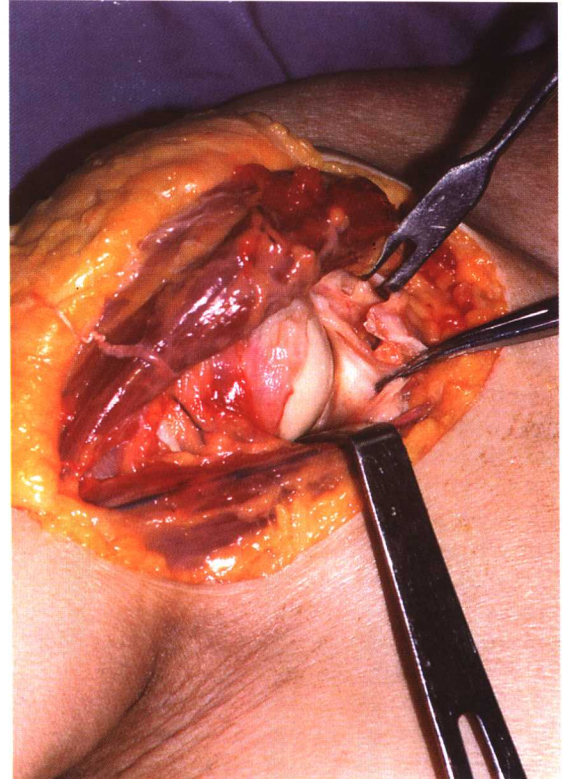


图 1-1-8 切开关节囊,显露肱骨头和关节孟唇。

Fig. 1-1-8 Incise the capsule to reveal the humeral head and the glenoidal labrum.

2. 肩关节“马刀形”入路

2. Saber - cut approach to the shoulder joint



图 1-2-1 切口呈倒“U”形，前起肩锁关节前下方约 5cm，向上越过三角肌前 1/3 和肩锁关节，继续向后下越过三角肌后 1/3，终于肩峰下方 5~6cm。此入路适用于肩锁关节、肩峰下滑囊、肩袖及肩关节等部位的手术。

Fig. 1-2-1 The incision is shaped an inverted “U”. Begin the incision anteriorly about 5 cm inferior to the acromioclavicular joint, pass it superiorly over the anterior one third of the deltoid muscle and the acromioclavicular joint, and then posteriorly and inferiorly over the posterior one third of the deltoid, and end it 5 ~ 6cm inferior to the acromion. It is applied for operations on the acromioclavicular joint, the subacromial bursa, the rotator - cuff and the shoulder joint, etc.

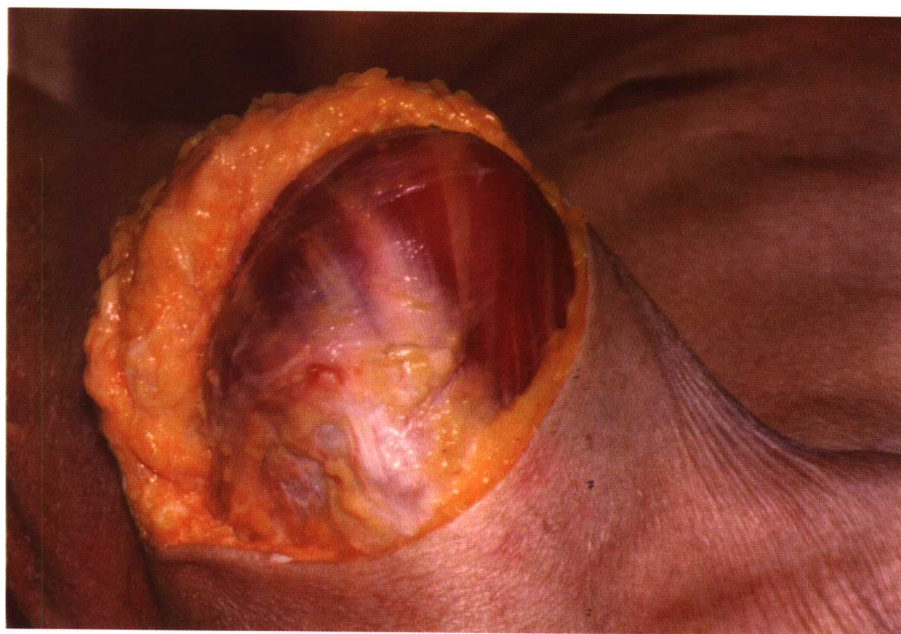


图 1-2-2 将皮瓣翻向外下，显露肩锁关节、肩峰和三角肌。

Fig. 1-2-2 Reflect the skin flaps laterally and inferiorly, expose the acromioclavicular joint, the acromion, and the deltoid muscle.

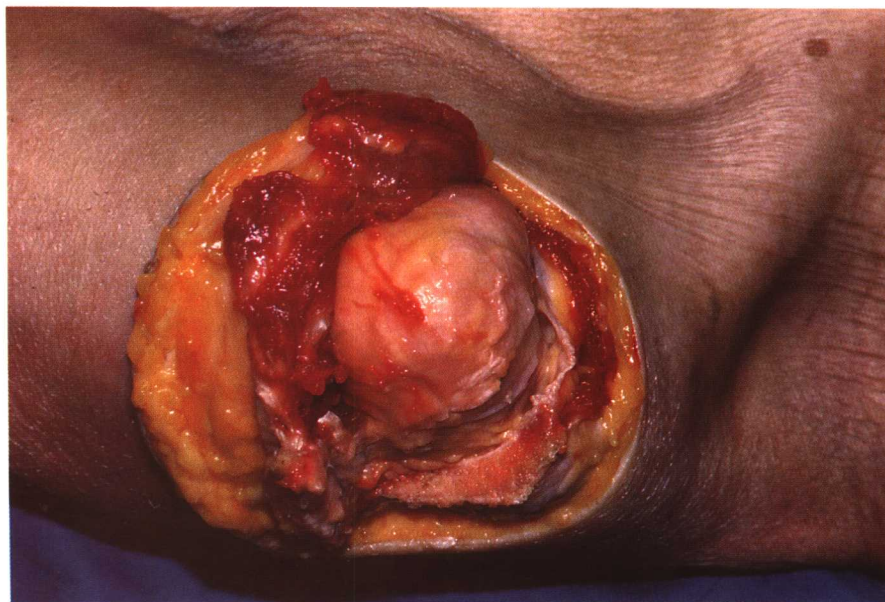


图 1-2-3 在肩胛冈处截断肩峰, 向下分离三角肌纤维, 将切断的肩峰连同三角肌牵拉并翻转向外下。避免损伤腋神经、肩胛上神经和动静脉。显露肩峰及位于肩峰和三角肌深面的肩峰下滑囊。

Fig. 1-2-3 Osteotomize the acromion at the spine of the scapula and separate the deltoid muscle fibers inferiorly; then retract the entire mass laterally and inferiorly. Avoid injury the axillary nerve and the suprascapular nerve, artery and vein. Expose the acromion and the subacromial bursa beneath the acromion and the deltoid muscle.

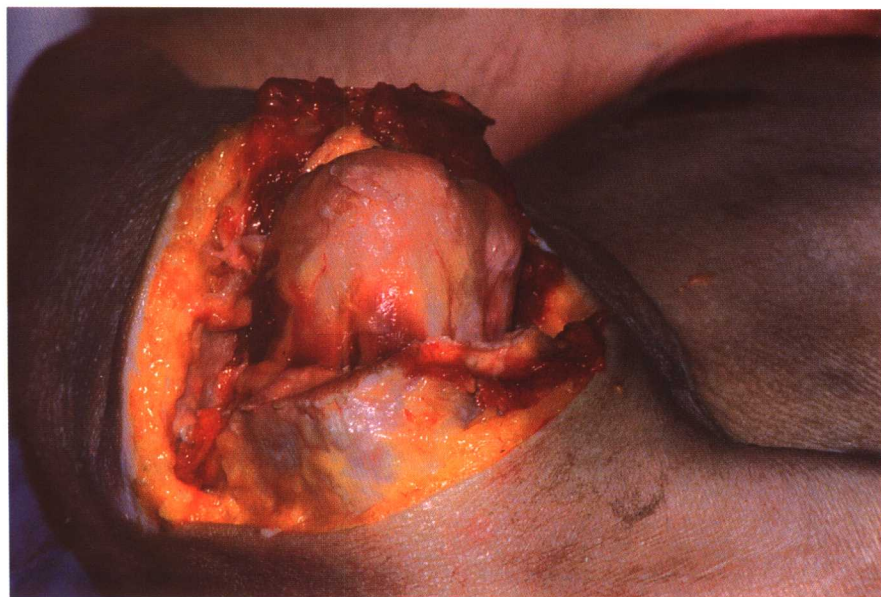


图 1-2-4 切除肩峰下囊, 显露由冈上肌、冈下肌、小圆肌和肩胛下肌组成的肩袖。

Fig. 1-2-4 Excising the subacromial bursa, the rotator cuff formed by the supraspinatus, the infraspinatus, the teres minor, and the subscapularis is revealed.