<<肝尾叶切除术>>

图书基本信息

书名:<<肝尾叶切除术>>

13位ISBN编号: 9783642051043

10位ISBN编号: 3642051049

出版时间:2009-9

出版时间:Springer

作者:彭淑牖

页数:293

版权说明:本站所提供下载的PDF图书仅提供预览和简介,请支持正版图书。

更多资源请访问:http://www.tushu007.com

<<肝尾叶切除术>>

前言

Although Couinaud's study of the anatomy of theliver in the 1950s marked the beginning of a newera in modem liver surgery; and in the 1970s, hugebreakthroughs in liver transplantation and regularresection of liver were made; nevertheless, it wasnot until the 1990s that caudate lobe resection wasfirst documented. In the last decade, through theefforts of both western and eastern scholars of liversurgery, reports involving resection of the caudatelobe have gradually emerged. Most of these, however, are confined to individuals and smallnumbers of cases. Therefore, resection of thecaudate lobe is considered by many experts as theultimate field in liver surgery. The caudate lobe is situated in a complexanatomical position. Namely, it is covered in front by the first porta hepatis, with the inferior vena cava (IVC) at the back, and its upperend lying close to the three major hepatic veins. Therefore, resection of the caudatelobe presents huge difficulties and risks. In order to reduce the operating risks andtechnical difficulties, the earliest caudate lobe resections were conducted inconjunction with other types of liver resection, that is, massive liver resection that included partial or complete caudate lobe. Advances in the applied anatomy of thecaudate lobe, the development of modem imaging technologies such as CT and MR/, improvements in surgical instruments and facilities, and progress in the techniques of blood flow control and liver parenchymal transection, have all given much impetusto the development of hepatic caudate lobe surgery. It was not until 1990 when Lemtet al. reported isolated complete resection of caudate lobe. The anterior approachsuggested by Yamamoto et al.

<<肝尾叶切除术>>

内容概要

Hepatic Caudate Lobe Resection provides a comprehensive and up-to-datecoverage of research on the surgical technique of caudate lobe resection. The book introduces all kinds of procedures for caudate lobe resection , frombasic ones to the most complex ones. A new surgical dissection techniqueusing a simple yet versatile instrument isi-duced , which is of great helpin facilitating the procedure and enhanring the safety of the operation. More than 350 pictures about the anatomy of the caudate lobe , the surgical procedure or special instruments are presented , and 18 different videosare demonstrated. It is a great reference for liver surgeons learning aboutcaudate lobe resection , as well as researchers and postgraduate students in the fields of hepatobiliary surgery. Being an Honorary Fellow of American College of Surgeon and an Honorary Fellow of European Surgical Association , Dr. Shu You Peng is a professor at the Second Affiliated Hospital , and the Sir Run Run Shaw Hospital , Schoolof Medicine , Zhejiang University , China. From pre-publication reviews: "This book , describing the most delicate hepatectomy in the center of the liver , will make easy the performance of the other hepatectomies of the left liver and the right liver. It is a perfect introduction to the liver surgery. It is like doing the Bechamel sauce: if you know it , all recipes will be easy. "Professor Henri Bismuth , the founding President of ESA"This book is a 'must'for all liver surgeons who are interested to improve theirknowledge and skills in complicated liver surgery. "Professor Wan Yee Lau , the past President of IHPBA.

<<肝尾叶切除术>>

书籍目录

1 Anatomy 1.1 Basic Knowledge 1.2 Portae Hepatis 1.3 Pedicle of the Caudate Lobe 1.4 1.5 Anatomical Bases of Caudate Lobe and Caudate Lobe Fossa Peng's Transection Line References 2 Surgical Instrument and Dissection Technique 2.1 Peng's Multifunction Operative Dissector 2.2 Curettage and Aspiration Dissection Technique 3 Surgical Procedures References 3.1 Position 3.4.1 Taping the IVC 3.2 Incision 3.3 Mobilization of the Liver 3.4 Taping Vessels 3.4.2 Taping the Common Trunk of the MHV and LHV 3.4.3 Taping the RHV 3.5 Detachment from 3.5.1 Detachment from the IVC (the Third Porta Hepatis) **Surrounding Structures** 3.5.2 Detachment from the Hilum (the First Porta Hepatis) 3.5.3 Detachment from Neighboring Liver and Hepatic Veins (the Second Porta Hepatis) 3.6 Isolated Resection of the Caudate Lobe by the Anterior Approach 3.6.1 Indications 3.6.2 Surgical Procedure 4 Approaches to the Caudate Lobe References 4.1.1 Purely Left Approach for Metastasis from Colonic Cancer 4.1 Left-sided Approach 4.3 Bilateral (Combined) Approach Right-sided Approach 4.3.1 Combined Approach for Metastasis from GallbladderCarcinoma 4.3.2 Isolated Complete Combined Resection for HCC 4.4 Anterior 4.4.1 Anterior Transhepatic Approach for HCC (1) Transhepatic Approach 4.4.2 Anterior Transhepatic Approach for HCC (2) 4.4.3 Anterior Transhepatic Approach (Split of the Upper Half of the Midplane) for Hemangioma 4.4.4 Anterior Transhepatic Approach for HCC (3) 5 Classification of Caudate Lobe Resection 5.1 Isolated Complete Resection of the Caudate Lobe 5.1.1 Isolated Complete Resection of the Caudate Lobe for Angioleiomyolipoma (1) 5.1.2 Isolated Complete Resection of the Caudate Lobe for Angioleiomyolipoma (2) 5.1.3 Isolated Complete Resection of the Caudate Lobe for Hemangioma Mainly by Left Approach 5.1.4 Isolated Complete Resection of the Caudate Lobe by Combined Approach 5.1.5 Isolated Complete Resection of the Caudate Lobe for HCC (1 5.1.6 Isolated Complete Resection of the Caudate Lobe for HCC (2) 5.1.7 Isolated Complete Resection of the Caudate Lobe for Solid Cystic Tumor 5.2 Isolated Partial Resection of the Caudate Lobe 5.2.1 Resection of the Caudate Process for HCC Closely Attached to the IVC 5.3 Combined Complete 5.3.1 Combined with Left Lobe Resection for Hilar Cholangiocarcinoma Resection of the Caudate Lobe 5.3.2 Combined with Left Lobe Resection for HCC 5.3.3 Combined with Left Lobe Resection for Cholangiocarcinoma with Thrombus 5.3.4 Left Lobe and Caudate Lobe Resection for HCC 5.4 Combined Partial Combined with the Right Lobe and IVC Resection for Cholangiocellular Carcinoma Resection of the Caudate Lobe 5.5 Giant HCC Originating in the Caudate Lobe 6 Retrograde 6.1 Surgical Procedures 6.1.1 Mobilization of the Whole Liver Resection of Caudate Lobe Detachment of the Caudate Lobe from the Liver 6.1.3 Detachment of the Caudate Lobe from the IVC 6.2 7 Measures for Safe Resection of Caudate Lobe 7.1 Adequate Abdominal Summary References Incision 7.2 Taping of Major Veins 7.3 IVC Controlled with Fingers 7.4 Application of the Liver Hanging Maneuver 7.5 Application of Retrograde Resection 7.6 Using the Curettage and Aspiration Dissection Technique 8 Laparoscopie Resection of Caudate Lobe References 8.1 Entries, 8.2 Retrograde Laparoscopic Spiegel Lobectomy Combined with Left Position and Instrument Lateral Segmentectomy References Index

<<肝尾叶切除术>>

版权说明

本站所提供下载的PDF图书仅提供预览和简介,请支持正版图书。

更多资源请访问:http://www.tushu007.com