

<<实用血管外科学>>

图书基本信息

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前言

In recent years vascular surgeons have been caught up in the enthusiasm over new technology. This new technology has provided minimally invasive approaches for treating a wide variety of vascular diseases. Unfortunately, this new technology is untried, and long-term results are scant. Although it is important to stay abreast of new developments, it is also important to review traditional techniques for treating vascular disease. These techniques have provided us with sound, durable treatments. The purpose of this book is to focus on the practical aspects of vascular surgery encompassing office practice, critical care, critical pathways, simplified operative approaches, and standard surgical procedures. In the current economic environment, it is important that our treatments be efficient, cost-effective, and durable. By critically reducing excesses in diagnostic modalities and limiting long-term follow-up protocols, standard vascular surgical procedures will compete satisfactorily with the newer endo-vascular techniques that may be more appealing on the surface, but may be less durable.

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内容概要

《实用血管外科学(英文影印版)》由美国芝加哥西北大学医学院的James S. T. Yao教授和William H. Pearce教授主编，有69位全球知名的血管外科专家参加编写。

全书阐述血管疾病的手术和非手术治疗，重点在于新技术、新进展，并就血管疾病的确诊、影像学技术及监护等新课题进行讨论。

全书图文并茂，实用性强。

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章节摘录

插图：Ultrasound scans of the superficial venous system are initiated at the wrist of the nondominant arm with a tourniquet placed at midforearm. Superficial veins in the forearms are dilated by tapping and stroking maneuvers. Warm ultrasonic gel (Therma-sonic, Parker Labs, Orange, NJ) is applied and the veins are insonated using a 5 MHz or 7 MHz scanning probe (Accuson, 128 XP-10). Veins are assessed for compressibility and diameter. The tourniquet is then moved to the arm and forearm, and veins of acceptable diameter are followed proximally for continuity and size. At the antecubital space, continuity with arm veins is verified. The tourniquet is then removed and continuity of the deep system determined through the axillary and subclavian veins. The superficial forearm veins most suitable for use, as identified by DU, are mapped by skin markings for use in the operative procedure. Once the venous anatomy is determined to be acceptable for AF, segmental arterial pressures are measured and the status of the radial artery is evaluated. Diameter of the radial artery at the wrist is measured and the radial artery scanned by DU. The patency of the palmar arch is verified. If the radial artery is not suitable, the ulnar and brachial arteries are examined for possible use as alternative sources of arterial inflow. Evaluation of the dominant arm is performed only if evaluation of the nondominant arm proves unsatisfactory. Skin overlying the most suitable segment of artery is marked. Patients requiring immediate dialysis and yet noted to have suitable arteries and veins for AF formation are evaluated for concomitant placement of a contralateral internal jugular hemodialysis catheter for use during the period of maturation. A period of 4 to 6 weeks is allowed for AF maturation prior to attempts at cannulation. Prior to initial access, AF are evaluated by DU, and the areas of maximal diameter are marked on the skin to facilitate needle cannulation by dialysis nursing personnel.

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