

<<肩关节外科手术图谱>>

图书基本信息

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前言

Shoulder surgery has progressed most rapidly over the past 25 years. With our ability to better understand the clinical problems of the shoulder, what used to be a limited number of successful operations in shoulder surgery has evolved into a wide variety of surgical techniques. Several innovations have expanded the application of open surgical techniques, while technological advances have provided the surgeon with a host of tentative—and often preferred—techniques of arthroscopic surgery. With this growth comes the need to communicate these developments in an accurate and understandable fashion. This Atlas is intended to provide readers with the necessary tools to apply the techniques of modern shoulder surgery. Within the 33 chapters, primary surgical procedures, as well as revision and salvage alternatives, are clearly described. Our goal was to concentrate on the details of the most commonly indicated techniques for the shoulder, as well as most of the less common procedures. The contributors, with an international perspective, have accomplished this by providing detailed, yet focused, chapters concentrating on the surgical techniques. This Atlas is divided into sections addressing instability, rotator cuff pathology, arthroplasty and arthroscopy, proximal humerus and scapula fractures, and the clavicle and its articulations. Both open and arthroscopic techniques are well represented with the most current and established methods. Within each section, a variety of techniques are often provided for similar indications to allow readers to decide which technique—or combination of techniques—they are most comfortable using. The drawn illustrations, as well as the photographic images, are an essential component to complement the step-by-step descriptions of the techniques in each chapter. In addition to the surgical techniques, each chapter includes an introduction, a description of the surgical principles and postoperative protocols, and references for further study. We hope that this Atlas will serve as an invaluable resource for both the novice and the accomplished shoulder surgeon on the fundamentals and the more advanced concepts of shoulder surgery. One is never too experienced to learn new techniques or pick up a few tricks or pearls from others. We also recognize that an operation completed to perfection will only be successful if the indications, preparation and rehabilitation are performed correctly, and that a clear understanding of the anatomy, biomechanics and basic science concepts is essential. We encourage readers to continue their pursuit of knowledge in all aspects of the shoulder.

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内容概要

《肩关节外科手术图谱（英文影印版）》主编FreddieH.Fu系美国匹茨堡大学医疗中心骨科及矫形专业教授，作者由美国和德国专家组成，共有69位教授参加编写。

肩关节外科在近25年来发展迅速，从成功率有限的手术发展到开放式或关节镜。

本图谱十分注重对手术细节的描述，应用绘制精美的插图。

对手术过程详加介绍。

《肩关节外科手术图谱（英文影印版）》采用对照方式进行编写，使读者能运用一种或多种技术于临床，取得较好效果。

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书籍目录

Contributors Preface Acknowledgments I Instability : Open Techniques 1 The selective capsular shift for anterior glen humeral instability Jonathan B Ticker and Jon J P Warner 2 Capsulolabral reconstruction for anterior glen humeral instability Neal S ElAttrache , Jeffrey B Mulholland , and Patrick J McMahon 3 The Glenwood-based capsular shift for anterior and posterior glen humeral instability Answers A Allen , Steven J O'Brien , and Stephen Fealty 4 The humorous-based capsular shift for posterior glen humeral instability Timothy P Cord and Ira Manning Parsons 5 Osteotomy and bone block techniques for posterior glen humeral instability Christopher Levine and Gilles Welch 6 The coracoids transfer (Bristow procedure) for anterior glen humeral instability Kenneth E Delavan , Michael P Banes , and Peter G Pallor II Instability : Arthroscopic Techniques 7 Arthroscopic treatment of posttraumatic Unidirectional anterior glen humeral instability David N M Coburn , Michael Coen William P Urban , and Darren L Johnson 8 Transgenic arthroscopic techniques and suture anchor repair for anterior glen humeral instability Michael Palmary and Craig D Morgan 9 Extra-particular arthroscopic repair for anterior glen humeral instability Garnet Sterner , Andreas Hamburger , and Herbert Reach 10 Arthroscopic treatment of SLAP Lesions Scott E Rahall and Stephen J Snyder 11 Arthroscopic treatment of SLAP lesions : transacromial approach Karl Glosser , Markus Webmaster , and Herbert Reach III Rotator Cuff Pathology : Open Techniques 12 Open acromioplasty and sub cordial decompression Hiroaki Fukuda , Kazoos Hamada , and Mari Yamada 13 Open rotator cuff repair John J Brews 14 Open rotator cuff repair James M Hill and Tom R Norris 15 Open treatment of biceps tears Kerry R Schulte and Christopher D Harmer IV Rotator Cuff Pathology : Arthroscopic Techniques 16 Earth recopy sub armorial decompression Todd M Swenson and Freddie H Fu 17 Arthroscopic decompression of calcium deposits Andreas B Inhofe 18 Arthroscopic rotator cuff repair Eugene M Wolf 19 Arty roscopic-assisted rotator cuff repair Loel Z Payne and David W Alt hek 20 Limited open rotator cuff repair David S Morrison and Scott R Jacobson V Arthroplasty and Arthrodesis 21 Arthroplasty of the proximal humorous Roger J H Emery 22 Glenwood resurfacing and arthroplasty of the glenoid John M Imamura and Wayne Z Burkhead , Jr 23 Arthrodesis of the glen humeral joint Robin R Richards VI Proximal Homeruns and Scapula Fractures 24 Two-part proximal humorous fracture res Frances Cuomo 25 Three-part proximal homers fractures : Ender nail fixation Louis U Belgian , Evan L Flatwork , Roger G Pollock , and Robert H Wilson 26 Three-part proximal homeruns fractures : wire and plate fixation Nicholas Wicker and Carl J Wirth 27 Four-part proximal humorous fractures Michel Man sat , Yves Bellmore , and Pierre Man sat 28 Scapula fractures : surgical principles and treatment Thomas P GOSS and Brian D Busconi VII Acromioclavicular Joint , Sternoclavicular Joint , and Clavicle 29 Open acromioclavicular joint and distal clavicle excision George M M luskey III 30 Arthroscopic acromioclavicular joint and distal clavicle resection Frank A Comdisco 31 Acromioclavicular joint dislocation Andrew S Rokito , Joseph D Zuckerman , and Frances Cuomo 32 Stemoclavicular joint resection and stabilization procedures Kirk L Jensen, Michael A Wirth, and Charles A Rockwood , Jr 33 Midshaft clavicle fractures and non-Unions Gerard R Williams , Jr , and Matthew L Ramsey Index

章节摘录

These elective capsular shift for anterior glen humeral instability The selective capsular shift is a procedure designed to address pathology encountered for traumatic or traumatic glen humeral instability that is primarily in the anterior direction (Warner et al 1995). It is indicated in those patients who have failed no operative intervention and whose instability is not amenable to arthroscopic treatment Sub scapularismuscle procedures , soft tissue transfer procedures , bone block techniques , and set-to miles have been recommended in the Dast to address glenohumeralins tabilit Tand may still have a roll in failed or unusualcases. However, the benefits of a reconstruction that directly addresses the soft tissue pathology in anterior glen humeral instability are being increasingly recognized (Rowe et al 1978 , Neer and Foster 1980 , Neer et al 1985 , Thomas and Matson 1989 , Althea et al 1991 , Jobe et al 1991 , Bigliani et al 1994 , Warner et al 1995) , Therefore it is desirable to have a procedure that allows the surgeon to address the spectrum of anterior instability, abnormal capsular laxity with or without labial pathology, while restoring function. The selective capsular shift technique, which employs a humors based capsular incision and repair, achieves these goals (Warner et al 1995) . This technique is a modification of the capsular shift procedure described by Sneer finer and Foster 1980 , Sneer et al 1985) and Giuliani et al (1994) , yet offers potential advantages when the operation has progressed to the stage of capsular repair by limiting the extent of the capsular shift in order to restore normal capsular anatomy. Experimental studies have demonstrated the characteristics and importance of the inferior gluon-humeral ligament as the primary static stabilizer against anterior inferior translation of the humeral head which the arm is abducted and externally rotated. and the ligament is placed under significant tension (Turkey et al 1981 Now et al 1993 Warner 1993a , Ticker et al 1 996a) . Conversely, the superior and middle glen humeral ligaments function to restrict anterior inferior translation when the arm is adducted and externally rotated , and are in maximal tension in this arm position (Warner 1993a) . With this in mind, repair of both the inferior and superior capsular flaps is performed with the arm in positions closer to the end ranges of motion to achieve static ' s stability yet avoid over-tightening or under-tightening the capsule The capsule tensioned in this man nerveless to preserve normal glen humeral rotation and to prevent loss of external rotation Additionally the procedure as described below can be performed by two operating surgeons , employs a cosmetic axtuaryincision , and uses nonmetallic suture anchors to complete the capsular repair, as well as a labial repair if indicated.

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编辑推荐

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