

《坎贝尔骨科手术学》

图书基本信息

《坎贝尔骨科手术学》

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章节摘录

版权页：插图： made after discussion with the patient and family concerning potential risks of operative and nonoperative treatment. Delayed neurological injury has been reported in three patients who initially received conservative treatment. We, therefore, recommend prophylactic stabilization of the odontoid. In patients with neurological deficits, skull traction should be used before surgery to achieve reduction, allow recovery of neurological function, and decrease spinal cord irritation. Achieving and maintaining reduction are probably the most important aspects in the treatment of this anomaly. Before C1-2 fusion, the integrity of the posterior arch of C1 must be documented. Incomplete development of the posterior ring of C1 is uncommon (three cases in 1000) but is reported to occur with increased frequency in patients with an odontoid. POSTERIOR CERVICAL APPROACHES I ATLANTOAXIAL FUSION Many variations of two basic techniques of atlantoaxial fusion exist (Box 40-2). The Gallie and the Brooks and Jenkins techniques have been the most frequently used for posterior atlantoaxial fusion (see Figs. 40-6 to 40-8). The Gallie technique has the advantage of using only one wire passed beneath the lamina of C1, but tightening the wire can cause the unstable C1 vertebra to displace posteriorly and fuse in a dislocated position (Fig. 40-6). The Brooks and Jenkins technique has the disadvantage of requiring sublaminar wires at C1 and C2 but gives greater resistance to rotational movement, lateral bending, and extension. The wire used varies in size from 22 gauge to 18 gauge, depending on the age of the patient and the size of the spinal canal. Songer cables also may be used instead of wires for the Brooks and Jenkins fusion. In a very young child, wire fixation may be unnecessary; instead, the graft is placed along the decorticated fusion site and a halo or Minerva cast is used for postoperative immobilization.

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媒体关注与评论

一、出版时间紧随原著：《坎贝尔骨科手术学》第12版的英文原版于2012年12月新近出版，影印版几乎在第一时间同步推出，使中国读者得以率先领略原著风采。二、专业英语原汁原味：《坎贝尔骨科手术学》第12版对于刚开始从事骨科工作的低年资住院医师、年资较高的骨科专家及广大医学院校师生均为一部值得深入研读的高级参考书，影印版更可作为学习专业英语的最佳读物。三、平装版本性价比高：平装版按照骨科学分支将原著分为14个分册出版，内文印刷采用全铜版纸，保持与精装版相同的质量，性价比更高，更方便读者根据需要进行选择。四、最新进展完美呈现：第12版全面进行知识更新，介绍骨科近5年的新技术、新装备，如全髋及全膝关节置换微创入路、骨折固定术的小截面植入物、脊柱手术新设备，深入探讨新型骨移植材料，以及关节镜和内镜技术等。

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脊柱分册内容在第12版延续了第11版的编写方式，并按最新的进展对内容进行了更新和修订。

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- 1、内容丰富，图片清晰！
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- 3、纸质不错。。内容也较新，要是彩页就更好了。

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