

《坎贝尔骨科手术学》

图书基本信息

《坎贝尔骨科手术学》

作者简介

S·泰瑞·卡奈尔 (S. Terry Canale)，医学博士，教授。美国著名骨科学专家，坎贝尔骨科医院，田纳西大学骨外科学系主席。詹姆斯·H·贝蒂 (James H. Beaty)，医学博士，教授。美国著名骨科学专家，坎贝尔骨科医院，田纳西大学骨外科学系主任。

书籍目录

ARTHROSCOPY General Principles of Arthroscopy Arthroscopy of the Foot and Ankle Arthroscopy of the Lower Extremity Barry B. Phillips and Marc J. Milhalko Arthroscopy of the Upper Extremity List of Techniques Arthroscopy of the Foot and Ankle 50-1 Arthroscopic Examination and Debridement of the Ankle Joint, 2379 50-2 Posterior Debridement for Ankle Impingement, 2382 50-3 Subtalar Arthroscopy, 2386 50-4 First Metatarsophalangeal Joint Arthroscopy, 2389 Arthroscopy of the Lower Extremity 51-1 Resection of Bucket-Handle Tear, 2403 51-2 Removal of Posterior Horn Tear, 2403 51-3 Treatment of Partial Depth Meniscal Tears, 2405 51-4 Partial Excision of the Discoid Meniscus, 2406 51-5 Inside-To-Outside Technique, 2409 51-6 Outside-To-Inside Technique (Johnson), 2411 51-7 Lateral Meniscal Suturing, 2412 51-8 Repair of Radial or Meniscal Root Tear, 2413 51-9 Preparation of Fibrin Clot (Port et al.), 2413 51-10 Meniscal Replacement, 2414 51-11 Removal of Loose Bodies, 2417 51-12 Resection of Plica, 2419 51-13 Arthroscopic Drilling of an Intact Lesion of the Femoral Condyle, 2420 51-14 Arthroscopic Screw Fixation for Osteochondritis Dissecans Lesions in the Medial Femoral Condyle, 2421 51-15 Osteochondral Autograft Transfer, 2422 51-16 Anatomical Single-Bundle Endoscopic Anterior Cruciate Ligament Reconstruction Using Bone-Patellar Tendon-Bone Graft, 2427 51-17 Two-Incision Technique for Anterior Cruciate Ligament Reconstruction Using Bone-Patellar Tendon-Bone Graft, 2432 51-18 Endoscopic Quadruple Hamstring Graft, 2432 51-19 Anatomic Double-Bundle Anterior Cruciate Ligament Reconstruction (Karlsson et al.), 2434 51-20 Transepiphyseal Replacement of Anterior Cruciate Ligament Using Quadruple Hamstring Grafts (Anderson), 2435 51-21 Physeal-Sparing Reconstruction of the Anterior Cruciate Ligament (Kocher, Garg, and Micheli), 2438 51-22 Single-Tunnel Posterior Cruciate Ligament Reconstruction, 2441 51-23 Double-Tunnel Posterior Cruciate Ligament Reconstruction (Clancy and Bisson), 2442 51-24 Lateral Retinacular Release, 2445 51-25 Synovectomy, 2447 51-26 Drainage and Debridement in Pyarthrosis, 2448 Arthroscopy of the Linnet Extremity

章节摘录

版权页：插图： Quadriceps Tendon Graft. Fulkerson and Langeland, Shelton, and others have described anterior cruciate ligament reconstruction using a 10-mm-wide quadriceps tendon with an attached piece of patellar bone. We have rarely used this as a revision technique, but it is an attractive alternative. Anterior Cruciate Ligament Injuries in Skeletally Immature Individuals. With athletic activities becoming more competitive at a younger age, the incidence of anterior cruciate ligament injuries in skeletally immature individuals has rapidly increased over the past decades. These injuries present a particularly perplexing problem with the potential for physeal injury with reaming of tunnels that is counterbalanced by the potential for meniscal damage from recurrent giving way in these individuals. Two principles must be followed: (1) preserve menisci if possible, and (2) prevent recurrent giving way. In some less active individuals with mild-to-moderate instability, reduction of activity level may be all that is necessary until they have had an appropriate growth spurt and maturing of the physes. In active, young boys, sometimes this is quite hard to accomplish. In these children when there is a meniscal tear or recurrent giving way, a physeal-preserving, soft tissue graft procedure is best. A small central tunnel made in the tibia just above the physis with preservation of the physis in the femur seems to be a safe procedure. The benefit of stabilizing the knee seems to outweigh the small potential for growth disturbance if these procedures are done correctly. It is necessary to use a soft tissue graft to avoid bone or fixation across the physis. The tunnel in the tibia can be drilled above the physis, or a small central tunnel through the physis probably is acceptable, particularly in Tanner stage II, III, and IV patients. In younger patients, a procedure going around the physis or an over-the-top procedure as described by Anderson and Kocher, Garg, and Micheli is recommended.

《坎贝尔骨科手术学》

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。

《坎贝尔骨科手术学》

编辑推荐

《坎贝尔骨科手术学》

名人推荐

关节镜分册内容在第12版延续了第11版的编写方式，并新增了足踝关节镜手术的内容，并按最新的进展进行了更新和修订。

《坎贝尔骨科手术学》

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:www.tushu111.com