

《坎贝尔骨科手术学》

图书基本信息

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书籍目录

PERIPHERAL NERVE INJURIES Peripheral Nerve Injuries MICROSURGERY Microsurgery List of Techniques
Peripheral Nerve Injuries 62-1 Epineurial Neuroorrhaphy, 3082 62-2 Perineurial (Fascicular) Neuroorrhaphy, 3083
62-3 Interfascicular Nerve Grafting (Millesi, Modified), 3083 62-4 Approach to the Brachial Plexus, 3090 62-5
Transfer of the Ulnar Nerve Fascicles to Nerve of the Biceps Muscle(Oberlin et al.), 3093 62-6 Double Fascicular
Transfer from Ulnar and Median Nerves to Nerve of the brachialis Branches (MacKinnon and Colbert), 3094 62-7
Neurotization of the Suprascapular Nerve with the Spinal Accessory Nerve (MacKinnon and Colbert), 3095 62-8
Neurotization of the Axillary Nerve with Radial Nerve (MacKinnon and Colbert), 3096 62-9 Posterior Approach
for Division of the Transverse Scapular Ligament (Swafford and Lichtman), 3097 62-10 Approach to the Axillary
Nerve, 3099 62-11 Approach to the Musculocutaneous Nerve, 3099 62-12 Approach to the Radial Nerve, 3100
62-13 Approach to the Ulnar Nerve, 3104 62-14 Nerve Transfer for Ulnar Nerve Reconstruction (MacKinnon and
Novak), 3105 62-15 in Situ Decompression of the Ulnar Nerve, 3106 62-16 Endoscopic Cubital Tunnel Release
(Cobb), 3107 62-17 Medial Epicondylectomy, 3109 62-18 Transposition of the Ulnar Nerve, 3109 62-19
Approach to the Median Nerve, 3112 62-20 Approach to the Femoral Nerve, 3115 62-21 Approach to the Sciatic
Nerve, 3117 62-22 Approach to the Common, Superficial, and Deep Peroneal Nerves, 3119 62-23 Approach to the
Tibial Nerve Deep to the Soleus Muscle, 3121 Microsurgery 63-1 Microvascular Anastomosis (End-To-End), 3127
63-2 Microvascular End-To-Side Anastomosis, 3128 63-3 Microvascular Vein Grafting, 3129 63-4 Epineurial
Neuroorrhaphy, 3130

章节摘录

版权页：插图：METHODS OF CLOSING GAPS Gaps of 8 cm can be closed by mobilizing the lateral cord of the brachial plexus proximally into the neck and the musculocutaneous nerve distally to its muscular branches, by adducting the shoulder sharply, and by bringing the arm anteriorly across the chest as for relaxing the brachial plexus. Occasionally, the musculocutaneous nerve can be transposed so that it no longer pierces the coracobrachialis but runs across the axilla medial to this muscle between the biceps and brachialis muscles. As in repair of the brachial plexus, all sutures may be inserted in the nerve ends and the wound is closed except at the site of neurolysis before the sutures are tied. Interfascicular grafting also can be done if the gap is too wide to close by mobilization and limb positioning.

RESULTS AFTER INJURY TO THE MUSCULOCUTANEOUS NERVE Signs of recovery of the musculocutaneous nerve may appear at 4 to 9 months after injury. Excellent results have been reported after repair by secondary suture or grafting.

RADIAL NERVE The radial nerve, a continuation of the posterior cord of the brachial plexus, consists of fibers from C6, C7, and C8 and sometimes T1. It is primarily a motor nerve that innervates the triceps; the supinators of the forearm; and the extensors of the wrist, fingers, and thumb. This nerve is injured most often by fractures of the humeral shaft. Gunshot wounds are the second most common cause of radial nerve injury. Other causes include lacerations of the arm and proximal forearm, injection injuries, and prolonged local pressure. Entrapment syndromes of the radial nerve may develop when the nerve or one of its branches is compressed at some point along its course. Compression of the radial nerve in the arm may be caused by the fibrous arch of the lateral head of the triceps muscle. The posterior interosseous nerve may be compressed by the fibrous arcade of Frohse, fracture-dislocations or dislocations of the elbow, fractures of the forearm, Volkmann ischemic contracture, neoplasms, enlarged bursae, aneurysms, or rheumatoid synovitis of the elbow. According to Spinner, posterior interosseous nerve entrapment is of two types. In one type, all the muscles supplied by the nerve are completely paralyzed; these include the extensor digitorum communis, extensor indicis proprius, extensor digiti quinti, extensor carpi ulnaris, abductor pollicis longus, and extensor pollicis brevis.

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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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编辑推荐

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名人推荐

周围神经损伤与显微外科分册内容在第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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