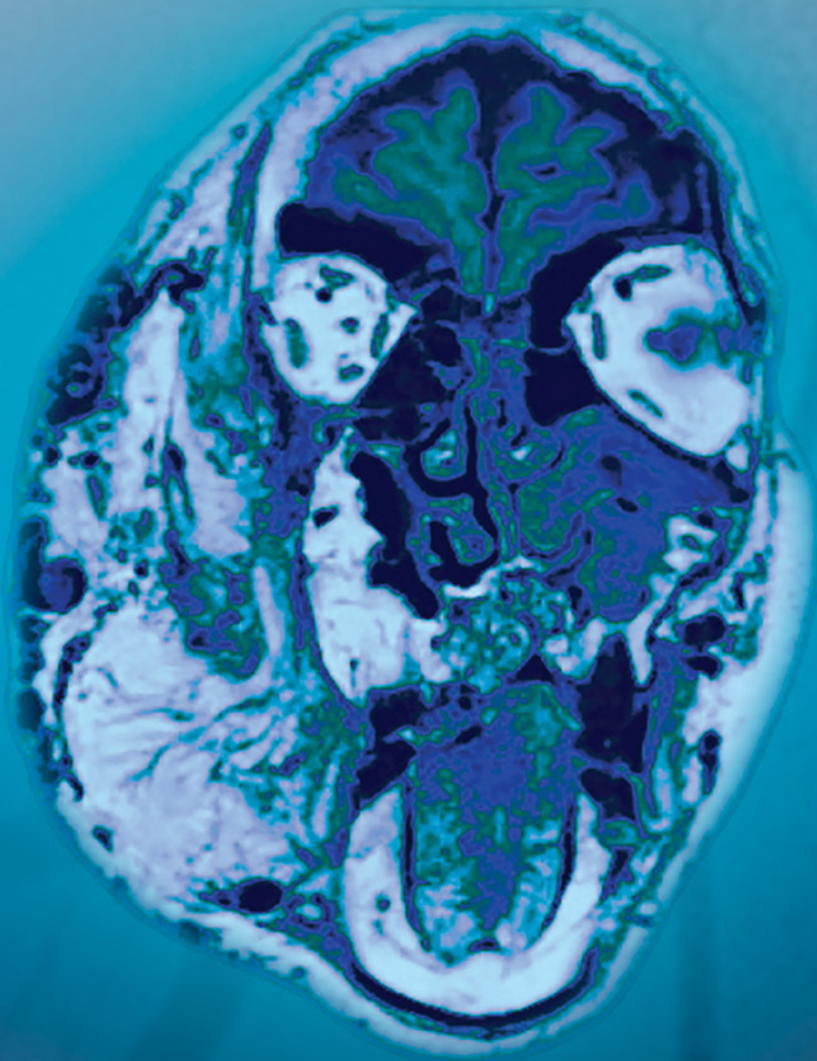


Operative Management of VASCULAR ANOMALIES



Arin K. Greene



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Operative Management of
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A microscopic image of blood vessels, showing a prominent, thick, dark blue vessel with a wavy, irregular lumen, surrounded by a network of thinner, lighter blue vessels. The background is a light, textured blue.

DEDICATION

*This book is dedicated to patients with vascular anomalies;
it is my hope that this shared knowledge
will improve their quality of life.*

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PREFACE

Vascular anomalies affect approximately 5% of the population and can cause significant morbidity. The use of incorrect terminology and treatment has been decreasing because of continuing education, as well as the creation of vascular anomalies centers in many academic institutions. The field remains highly specialized, and patients with significant problems are usually concentrated among large programs.

The primary stimulus for this book resulted from the types of questions I am asked when giving lectures or advice to colleagues about vascular anomalies. Inquiries are less commonly about diagnosis and general treatment; they are more likely to be specific questions regarding operative management: “What are your surgical indications?” “When do you intervene?” “How do you perform the procedure?” “How do you reduce blood loss?” “Where do you place your incision?” “What sutures do you use?” “How do you manage the patient postoperatively?” and “What are the complications and how do you treat them?” Because current literature does not adequately answer these questions, I realized the need for a “how-to” reference for surgeons.

Another motivation for this text is that surgical approaches to vascular anomalies are unique and often cannot be translated from the procedures described for other types of lesions. For example, operative techniques for lip conditions usually describe vertical extirpations of malignant lesions. By contrast, benign labial vascular anomalies do not require complete resection and can be removed using different methods, such as transverse mucosal excision.

This book is designed to have as much comprehensive, detailed information as possible; it contains abundant case examples with clear images to highlight important concepts, boxes and tables to summarize key points, and videos to support the techniques described. The book is also offered in ebook format so surgeons can access this content wherever they are.

The contributors were chosen because of their expertise on the topic and have generously shared their knowledge on a range of specifics. Although the text is focused on surgical treatment of vascular anomalies, operative intervention cannot be considered unless the surgeon understands the pathophysiology of the lesion and all available treatment options; this framework is presented at the beginning of the book. Chapters are organized based on the biologic classification of vascular anomalies—tumors or malformations. The last section of the text addresses specific considerations for vascular anomalies affecting different organ systems.

In addition to serving as a roadmap for operative treatment of vascular anomalies, my hope is that the book can be used as a source of information for more in-depth study of the subject, teaching, and/or research. Ideally, it will stimulate readers to innovate and improve our operative approaches to these lesions. In the future, I hope this text will no longer be needed as we replace surgical treatment of vascular anomalies with pharmacotherapy.

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John Mulliken taught me the foundation for the operative management of vascular anomalies. Steven Fishman has been a mentor in this field. John Meara has given me professional support. My gratitude to the contributors who shared their expertise in these pages. Executive Editor Sue Hodgson and the Thieme team did an outstanding job of putting the book together. And finally, I am grateful to my wife, Sarah, and three sons, Bert, Mac, and Henry, who encourage my passion to improve the lives of patients with vascular anomalies.

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