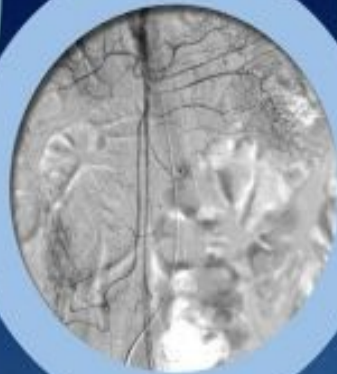


Clinical Scenarios In Surgery

DECISION MAKING AND OPERATIVE TECHNIQUE

Second Edition



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Decision Making and Operative Technique

SECOND EDITION

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To my wife, Anastasia, and our children, Mary and Paul, for their love and support. To the dedicated general surgery residents, who will use the contents of this book to heal and comfort our patients.

—Justin B. Dimick

To the faculty and residents at the University of Florida for accepting me as a Gator.

—Gilbert R. Upchurch Jr.

To the general surgery residents of the University of Michigan, for their constant inspiration and dedication to patient care.

—Christopher J. Sonnenday

To the general surgery faculty and residents at McGovern Medical School at the University of Texas Health Science Center at Houston and to the providers at Red Duke Trauma Institute and Memorial Hermann Hospital-Texas Medical Center for their dedication to high-quality, patient-centered surgical care.

—Lillian S. Kao

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FOREWORD

In preparing a generation of surgical residents to enter practice, there are some thoughts on reading that I may offer. There are also some rules that I have found useful while writing and editing chapters for surgical textbooks. Most of us are not born surgeons; we become surgeons through dedicated effort. If you are the exception—accomplished, articulate, and confident; if surgical principles come effortlessly, you may stop reading now. Still, you might want to take a look. Here are three thoughts:

1. Start reading right away

For most surgeons, the most difficult reading assignment is the first assignment. The problem lies not in realizing the high stakes of a board exam; the trouble comes with the commitment that board preparation requires. The form of most contemporary texts is part of the problem. A glance shows the chapters to be long, devoid of illustrations, a daunting proposition. *Clinical Scenarios in Surgery* is so inviting with its crisp writing, generous illustrations, and telegenic presentation that it begs to be read. Get started.

2. Look to the future

Modern surgery is forward looking, seeking to improve the care of current patients and to prevent disease in potential future patients. Given the pace of modern biomedical research, no individual can be expected to find, read, synthesize, and apply all new knowledge relevant to any clinical problem. All surgeons need an occasional guide through the surgical literature. In the midst of this information overload, the experienced, energetic editors of *Clinical Scenarios in Surgery* strike just the right balance. Keep going.

3. Keep reading, even just a little bit, every day

Reading is a skill, sharpened with practice, perfected by *continuous* practice. Operative surgery reinforces this notion. The physical skills, sense of prioritized organization, personal confidence, and intuition of the accomplished surgeon result from attention to the craft. That is the reason it is called the practice of surgery. A book becomes much friendlier with frequent use. Enjoy the journey.

Michael W. Mulholland, MD, PhD

PREFACE

Despite remarkable technical advances and rapid scientific progress, it has never been more challenging to become a safe and proficient surgeon.

Young surgeons are challenged both by the pace of change and the subspecialization of surgery. Traditional surgical textbooks, which have grown to keep pace with these changes, are becoming encyclopedic reference books, which we turn to only when we need a comprehensive overview. With the vast amount of information available, it is often difficult to sort out the basic principles of safe surgery for a given clinical scenario. The mismatch between existing education materials and the need for a solid understanding of general surgical principles becomes most apparent when young surgeons sit down to prepare to take their written and oral board exams.

Young surgeons also learn differently than those in the past. Modern surgical trainees do not sit down and read for hours at a time. They are multitaskers who demand efficiency and immediate relevance in their learning materials. Most medical schools have responded to these changes by transitioning to curricula based on case-based learning. Clinical narratives are extremely effective learning tools because they use patient stories to teach essential surgical principles. Most existing surgical textbooks have not kept pace with these broader changes in medical education.

We wrote this book to fill these gaps. We have created a case-based text that communicates core principles of general surgery and its specialties. We believe the patient stories in these clinical scenarios will provide context to facilitate learning the principles of safe surgical care. Students, residents, and other young surgeons should find the chapters short enough to read between cases or after a long day in the hospital. We hope this book will be particularly useful for senior surgical residents and recent graduates as they prepare for the American Board of Surgery oral examination.

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