

Preface to the Fourth Edition

*“They will soar on wings like eagles;
they will run and not grow weary,
they will walk and not be faint.”*

ISAIAH 40:31

In this fourth edition of *Surgical Anatomy and Technique: a Pocket Manual*, several chapters were revised and a new chapter has been added. In the chapter on the abdominal wall and hernias, operating room strategies have been updated and techniques of historical interest only have been removed. A major addition to the chapter is a section on the anatomy and principles of component separation. The chapter on the pancreas was brought up-to-date by Drs. Harrison S. Pollinger and Marty T. Sellers with the addition of laparoscopic pancreatectomy. Any techniques that involve the use of the Harmonic Scalpel or the LigaSure have been updated to reflect those instruments. Much credit goes to Dr. Monica A. Hum, who did a major revision of the longest chapter in this book, Colon and Anorectum. This revamp involved extensive rewriting; I am most appreciative of her thoughtful emendation.

In the liver chapter, Dr. Marty T. Sellers clarified for all of us the segmental anatomy of this organ. Dr. Eyal Ben-Arie made some very useful additions to the treatment of the vascular system through vascular access procedures. Dr. John G. Seiler III completely revised the carpal tunnel chapter. We have also added an additional chapter, Miscellaneous Procedures, which includes subclavian vein catheter insertion, chest tube insertion, and sural nerve and muscle

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biopsies. I am delighted that we were also able to include a new chapter on Bariatric Surgery written by doctors Kevin McGill and Charles Procter. This material is timely considering the ranks of the morbidly obese are increasing daily.

We have tried again to present what are considered to be basic surgical techniques. As more surgeons train in laparoscopic surgery, what were once considered advanced laparoscopic techniques have now become basic laparoscopic techniques. It is for this reason that I felt compelled to ask Dr. Pollinger to add the section on a laparoscopic pancreatectomy. Though many might consider it to be an advanced technique, the actual mechanics of removing the distal pancreas laparoscopically do not differ from performing this procedure in an open fashion. What is different is the placement of ports and the positioning of the patient in concert with “advanced” laparoscopic instruments and devices. Once again, if a suture is mentioned, it is only a suggestion. As we all know, there are many alternatives to various suture materials.

Though the senior and principal author (JES) passed away in 2009 he continues to influence this and future editions of this text. He is sorely missed.

Atlanta, GA, USA

Lee J. Skandalakis, MD, FACS



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Skandalakis, L.J.; Skandalakis, J.E. (Eds.)

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