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Gastrointestinal Surgery

Pathophysiology and
Management

HAILE T. DEBAS, MD

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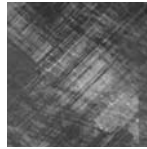
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*To my wife Kim,
for her unconditional love and support
and for all the sacrifices she has made over the last 35 years
to allow me to enjoy a career in academic surgery and administration.*



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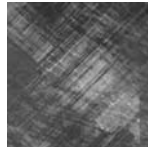
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Preface

Many excellent textbooks of surgery exist. Most of these are large, multiauthored, and have the distinct advantage of drawing on the experience of many surgeons with expertise in specific areas. The advantage, however, is often obtained at the expense of a unified approach and style that a book written by a single author can provide.

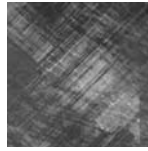
In writing this book about gastrointestinal surgery, I use an integrated approach to discuss fundamental anatomy and physiology; then examine how normal function is altered by disease, i.e., pathophysiology; and finally, provide the clinical correlates. Based on these three pillars of understanding particular disease processes, I then discuss surgical treatment as a means of correcting the abnormal physiology to restore health. I hope this approach will provide the reader a coordinated understanding that minimizes the need for rote memorization.

I believe that, when the student understands normal physiology, how disease disturbs that physiology, and how surgical treatment might restore normalcy, one need not remember too many extraneous facts. Instead, a foundation of understanding is established that stays with the student even after the details are forgotten. The Jesuits have an attractive definition of *culture* as “that which remains after you have forgotten all you have learnt.” While I hope that the readers of this book will not totally forget all the facts they have *learnt*, the concept of a *culture of understanding* is, nevertheless, valid.

The previous discussion applies to clinical conditions in which surgical strategies exist to correct the abnormal physiology. Unfortunately, in many surgical diseases, extirpation of the diseased organ is possible while correction of the pathophysiology is not. But, even here, the *physiologic approach* to surgical therapy has relevance. It enables the reader to better understand not only the cause of clinical symptoms and signs but also the physiologic insult that invariably results when organs or portions of them are removed. I have also attempted, therefore, to discuss the altered pathophysiology imposed by certain surgical procedures and the adaptive physiologic processes that are brought into play postoperatively.

I have not intended that this book provide the comprehensive information that multiauthored texts can provide. Rather, I attempt to offer a clinical and therapeutic approach to surgical diseases of the gastrointestinal tract based on how diseases and surgical procedures alter normal physiology. In this way, again, I hope that understanding will replace rote memorization of details. While the book should primarily serve the needs of medical students and surgical residents and fellows, I hope that surgeons in practice and academic environments will also find it useful.

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Acknowledgments

I wish to express my deepest gratitude and appreciation to Ms. Patricia Meagher, without whose commitment to the project, hard work, perseverance, organization, and sense of editorial perfection, this book would not have been possible. To her, the book has been a labor of love. I just hope that the final product is worthy of her Herculean effort to see this ambitious book to the finish.

Ms. Christine Galapp provided the illustrations. Her beautifully simple drawings have enlivened the pages of the book and will, undoubtedly, simplify the reader's task in understanding concepts of pathophysiology and treatment of surgical diseases.

Dr. Henry I. Goldberg, Clinical Professor of Radiology at the University of California, San Francisco (UCSF), provided the radiological images for the book. I am most appreciative of his indispensable contribution to the book and grateful for the privilege of tapping into his enormous experience and expertise in gastrointestinal radiology. I am also grateful to Dr. Vincent McCormick, Clinical Professor of Radiology at UCSF, for providing the radiological images for abdominal trauma.

Dr. Linda Ferrell, Professor of Pathology at UCSF, con-

tributed most of the figures depicting gross and microscopic surgical pathology. Dr. Ferrell's vast case collection and enormous experience and expertise in gastrointestinal pathology adds an important dimension to the book. I am very indebted to her.

I am also grateful to three other colleagues at UCSF: Dr. James Ostroff, Professor of Medicine, and Dr. John Cello, Professor of Medicine and Surgery, who contributed the endoscopic images; and Dr. Theodore Schrock, Professor of Surgery, who contributed several photographs of surgical specimens.

Finally, I wish to thank Ms. Daisy Leo, my Senior Executive Assistant, who somehow juggled my busy schedule to enable me to spend the time necessary to write the book.

Finally, I would like to acknowledge the contributions of generations of surgical residents with whom I have had the privilege to associate and from whom I have learnt so much in an enjoyable 30-year career in academic surgery.

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