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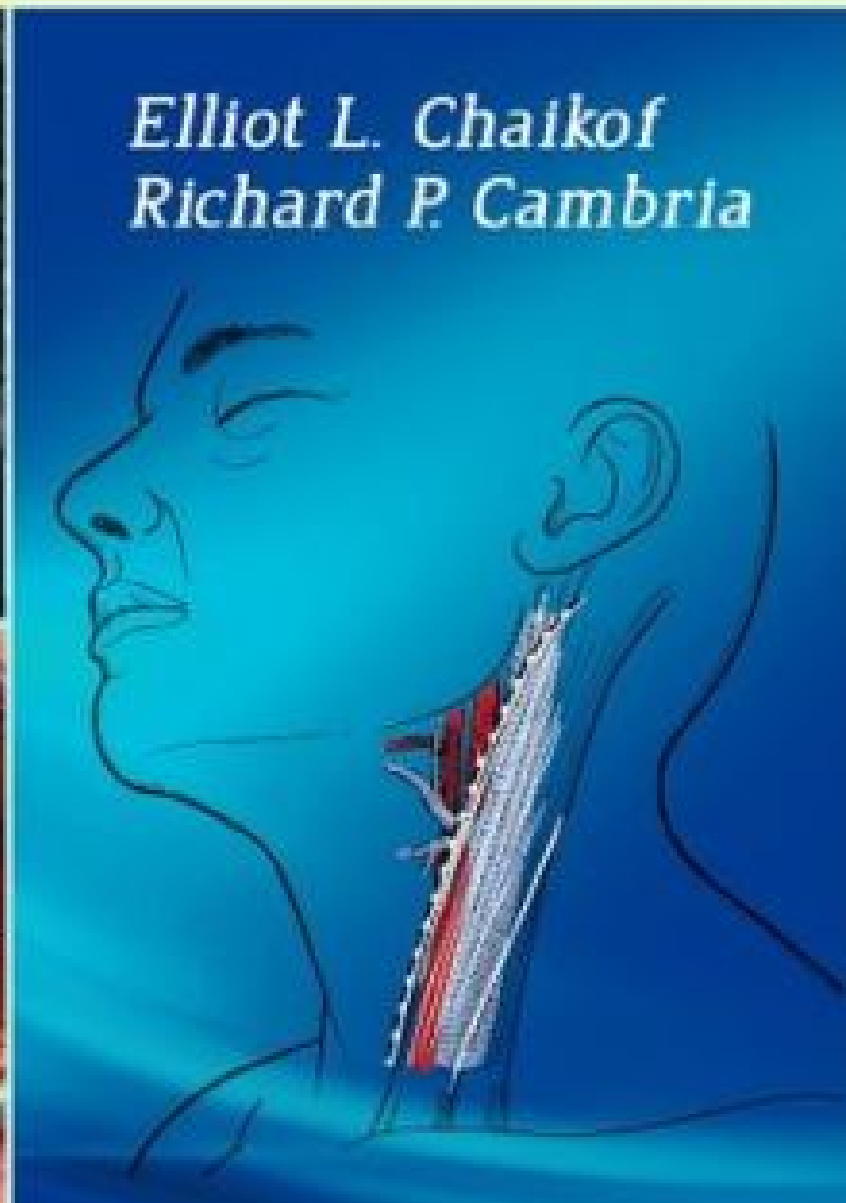
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# *Atlas of Vascular Surgery and Endovascular Therapy*

## *Anatomy and Technique*



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# ATLAS OF VASCULAR SURGERY AND ENDOVASCULAR THERAPY:

## Anatomy and Technique

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To our patients, families, students, and teachers,  
who have inspired us and provided us with  
the privilege of being able to serve



# Preface

The grammar of all medicine consists not in its tools but in its method: to effectively treat clinical problems based on fundamental principles and an ordered framework. Those principles require detailed knowledge not only of a patient's complaint and physical findings, but also through effective communication, intimate familiarity with the patient as a person, as well as the patient's family and unique circumstances. A framework is necessary for the care of the surgical patient. That framework is derived from an organized and structured approach that considers all options in formulating a therapeutic plan. Above all, it requires humility in the face of the existing limits inherent in the recommended treatment, so that the patient and the patient's family are provided with an understanding of the nature of the problem and recommended course of treatment with compassion, composure, and calm.

It has been difficult for surgeons living in the first decades of the twenty-first century to accurately measure the relative significance of what our age is contributing to the history of medicine. Our contributions can only be weighed from a single vantage point—a perspective based on the past. However, with the past as our reference, it appears that we have now entered a third era in vascular surgery, witnessing a revolutionary change that has made it necessary to rewrite our textbooks and profoundly alter our approach to the care of patients with vascular disease. Our field has evolved over the past 100 years, from one that focused largely on the applications of fundamental anatomic principles that rendered the entire vascular system surgically accessible, but with limited capability for repair, to a specialty capable of heroic feats of reconstruction and replacement. This third era in which we find ourselves today is defined by a focus on achieving these goals in a manner that seeks to limit the trace of our footprint.

An atlas provides a guide that allows us to trace our way through highly diverse pathways of surgical care. Although it is inevitable that during periods of rapid technical change, when new advances continue to afford changes in care, fundamental principles of surgical techniques and methods of teaching surgical techniques will remain unchanged. The proficient surgeon often performs many sophisticated surgical procedures automatically or intuitively through a process that has evolved over decades of experience. Nevertheless, effective teaching in the operating room requires a detailed understanding of the evolution of each clinical situation as a rational system of logical rules that can be communicated, demonstrated, and applied. To conduct an operation is to orchestrate a team in the interpretation of a score of anatomic findings and physiologic principles using an existing set of instruments. The strategic plan for each patient dictates that the surgeon select a pathway that is as safe and efficient as possible, based on an appreciation of all relevant pitfalls and danger points.

This atlas emphasizes operative and interventional strategy based on anatomic and physiologic principles, critical intraoperative decision making, and technique. In several instances, the technique described in print is supplemented by a

video presentation. Each description is preceded by a review of the rationale guiding the underlying approach, preoperative care, intraoperative pitfalls and errors, and techniques to achieve an effective result, including postoperative care.

In Greek mythology, Atlas was the primordial Titan who held up the celestial sphere, carrying the burden of this task in the service of mankind. For those who pursue a career in surgery, this chosen mission serves to organize and measure the best of our energies and skills as clinicians. It is with humility that we recognize that to be a surgeon is not easy, for surgery tests us each and every day. When patients and their families put their lives and their health in our hands, as surgeons we recognize, as represented by Atlas in an era long ago, that the burden of our duty is not light. Surgical training is not short or finite, but lifelong. We hope this atlas will be a source of both information and ideas that leads to more effective care of patients with vascular disease, easing the burden and lightening the load, so that we continue to move forward toward perfection.

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*Chapter 20: Endovascular Treatment of  
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*Chapter 39: Endovascular Treatment of  
Renal Artery Aneurysms*

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*Chapter 64: Forearm Loop Graft  
and Brachial Artery-Axillary Vein  
Interposition Graft*

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*Chapter 4: General Principles of  
Endovascular Therapy: Guidewire and  
Catheter Manipulation*

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*Chapter 44: Open Surgical Bypass of  
Femoral-Popliteal Arterial Occlusive  
Disease*

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*Chapter 43: Endovascular Treatment  
of Hepatic, Gastroduodenal,  
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Artery Aneurysms*

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*Chapter 59: Varicose Vein Stripping and  
Ambulatory Phlebectomy*

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*Chapter 25: Endovascular Treatment of  
Aneurysms of the Infrarenal Aorta*

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*Chapter 42: Direct Surgical Repair of  
Visceral Artery Aneurysms*

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*Chapter 5: General Principles of  
Endovascular Therapy: Angioplasty,  
Stenting, Recanalization, and  
Embolization*

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*Chapter 3: General Principles of  
Endovascular Therapy: Access Site  
Management*

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*Chapter 68: Surgical and Endovascular  
Intervention for Arteriovenous Graft  
Thrombosis*