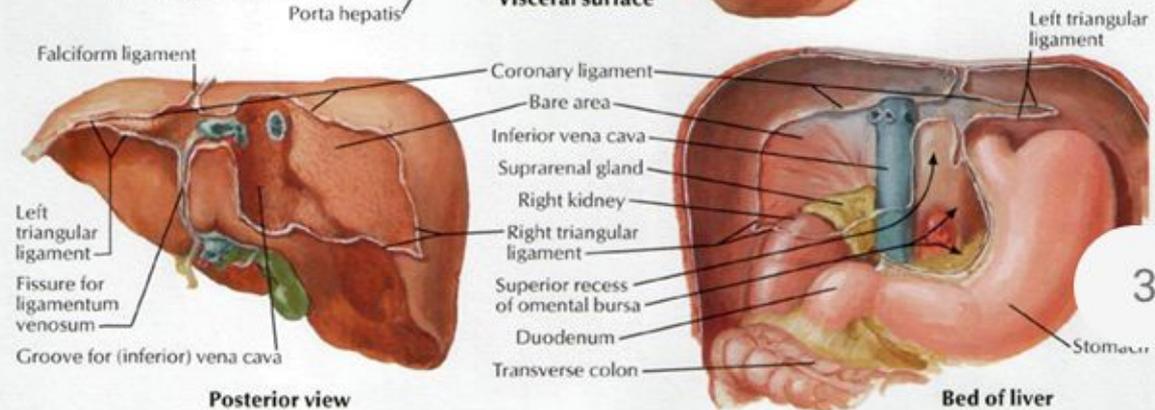
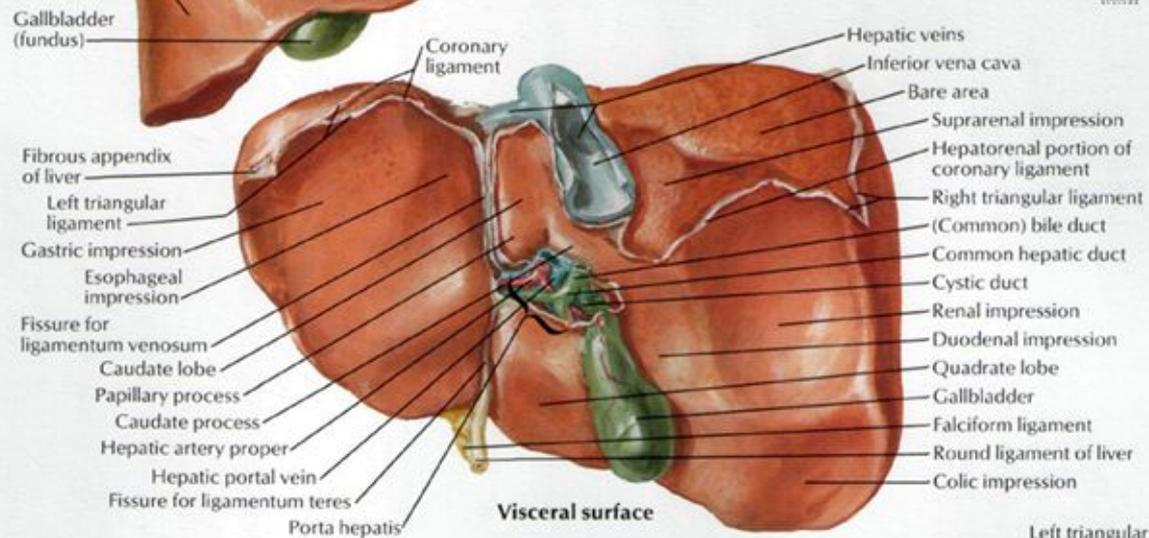
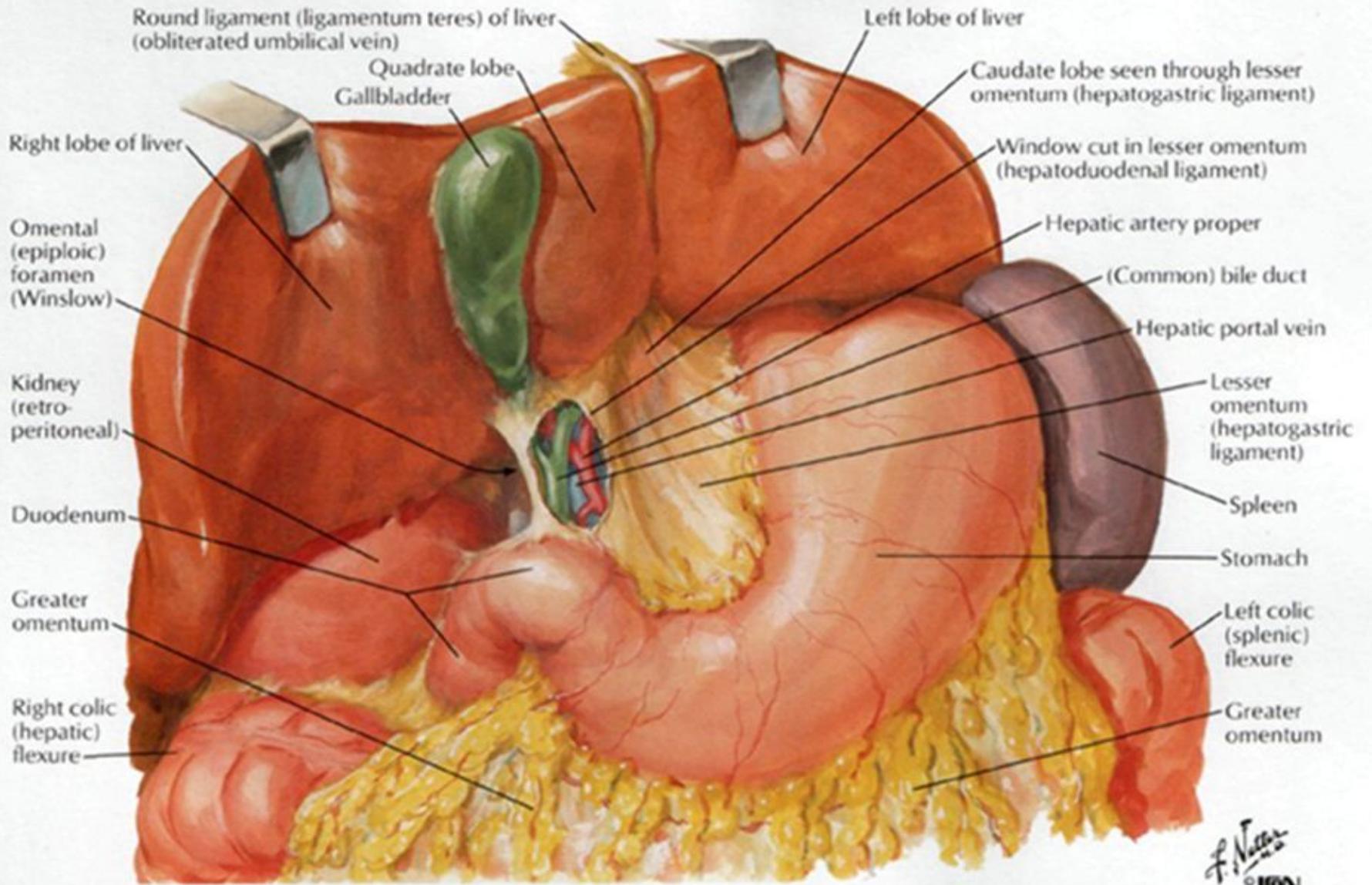
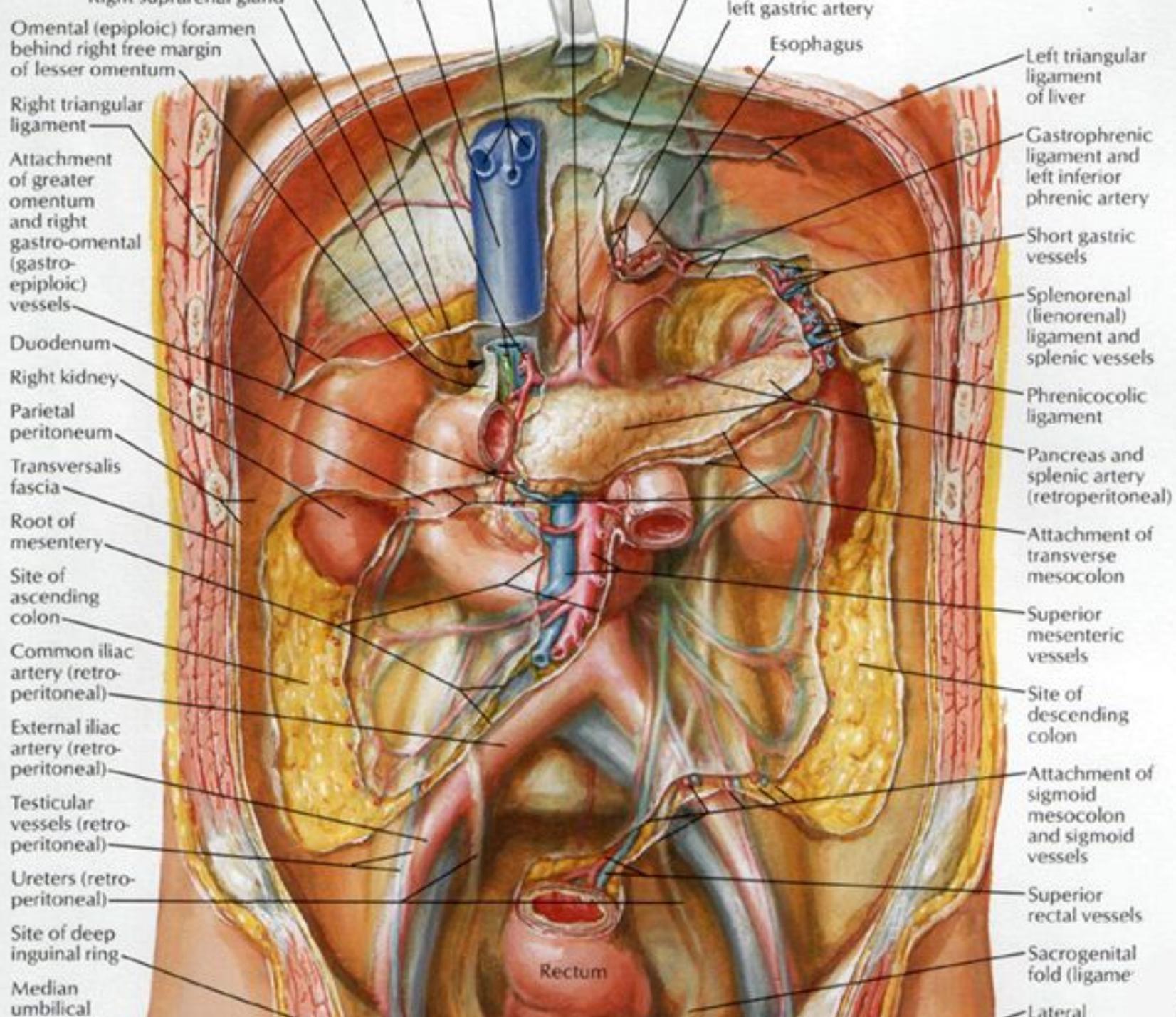


F. Netter
M.D.
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Omental (epiploic) foramen behind right free margin of lesser omentum

Right triangular ligament

Attachment of greater omentum and right gastro-omental (gastro-epiploic) vessels

Duodenum

Right kidney

Parietal peritoneum

Transversalis fascia

Root of mesentery

Site of ascending colon

Common iliac artery (retro-peritoneal)

External iliac artery (retro-peritoneal)

Testicular vessels (retro-peritoneal)

Ureters (retro-peritoneal)

Site of deep inguinal ring

Median umbilical

Esophagus

left gastric artery

Left triangular ligament of liver

Gastrophrenic ligament and left inferior phrenic artery

Short gastric vessels

Splenorenal (lienorenal) ligament and splenic vessels

Phrenicocolic ligament

Pancreas and splenic artery (retroperitoneal)

Attachment of transverse mesocolon

Superior mesenteric vessels

Site of descending colon

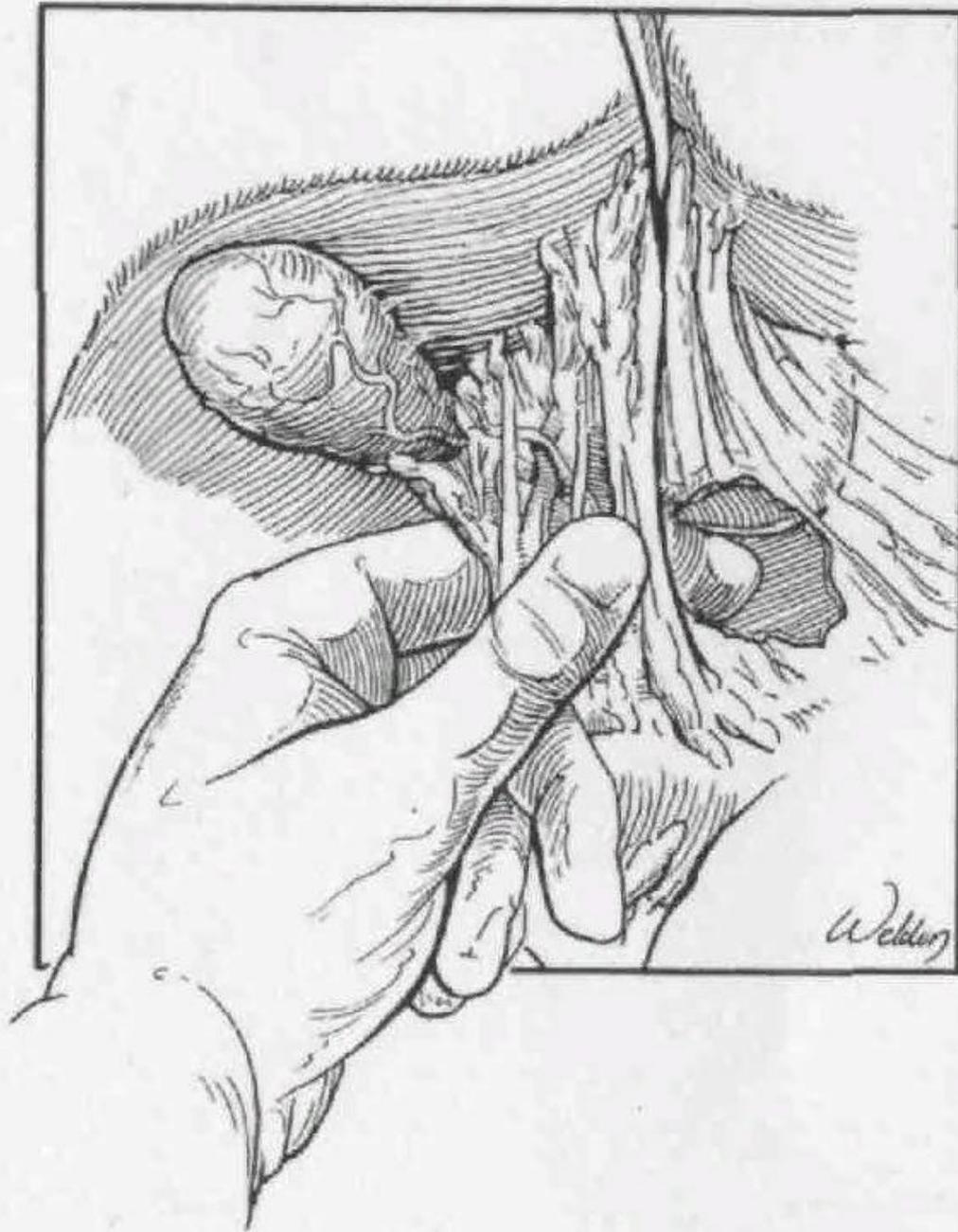
Attachment of sigmoid mesocolon and sigmoid vessels

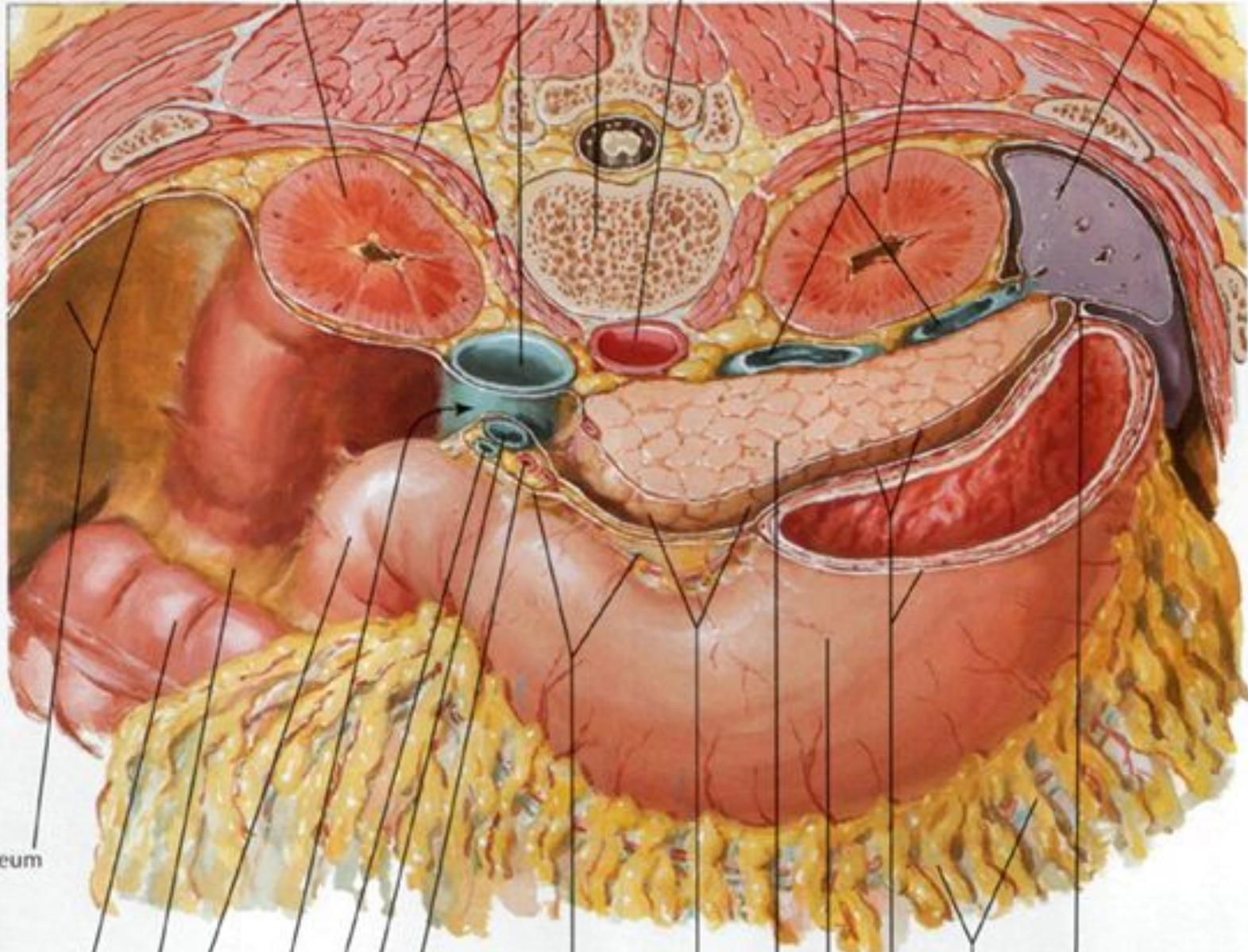
Superior rectal vessels

Sacrogenital fold (ligame

Lateral

Rectum





Parietal peritoneum

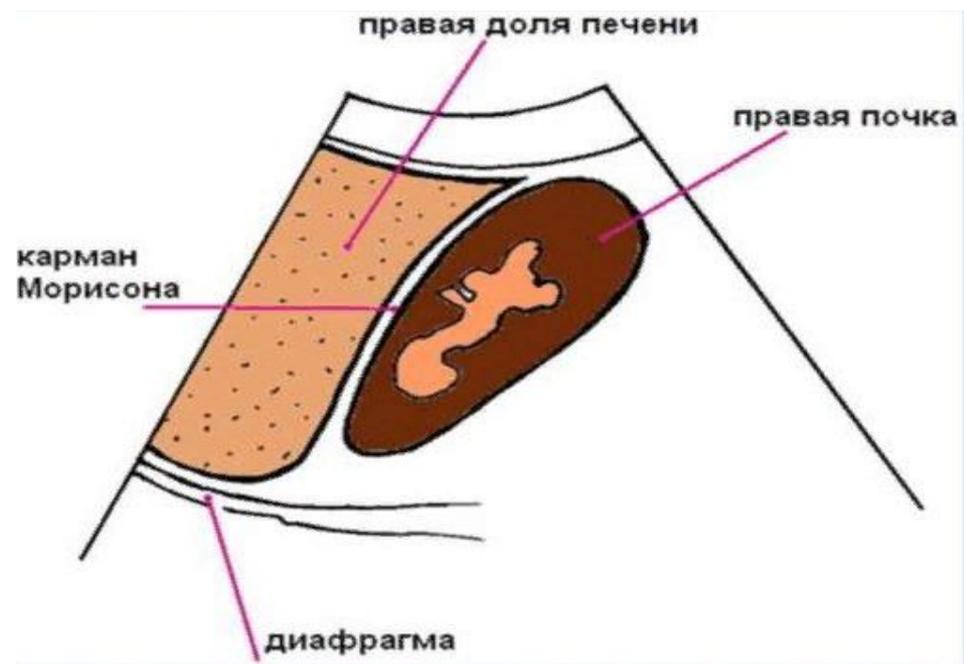
Transverse colon

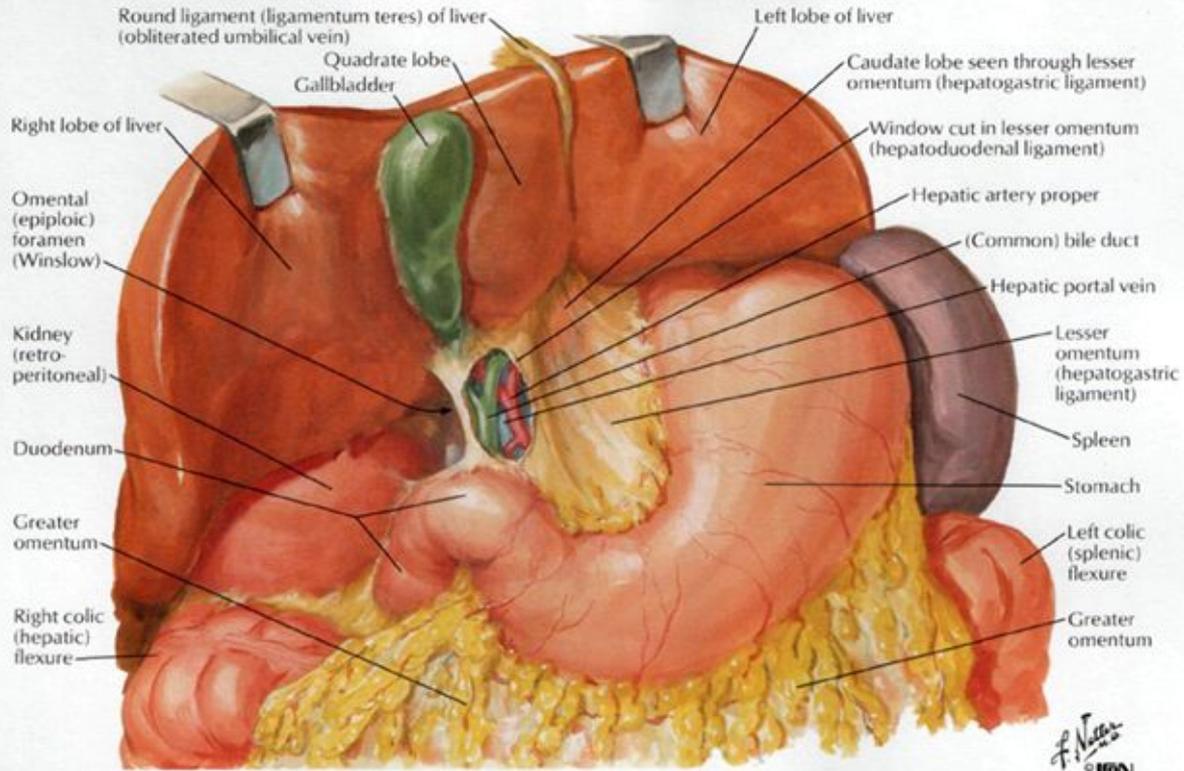
Transverse mesocolon

Duodenum

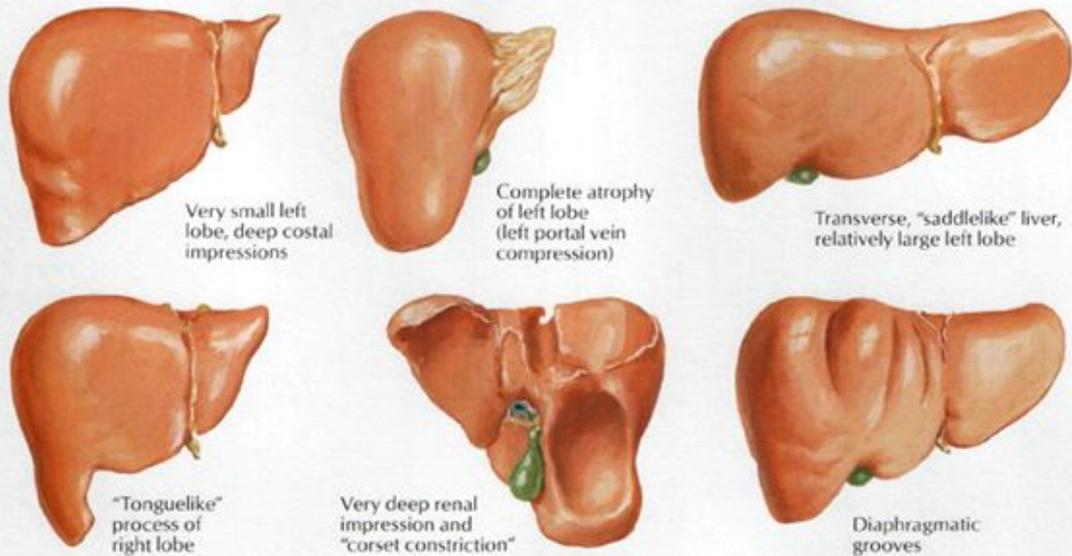
Gastrosplenic (gastrosplenic) ligament

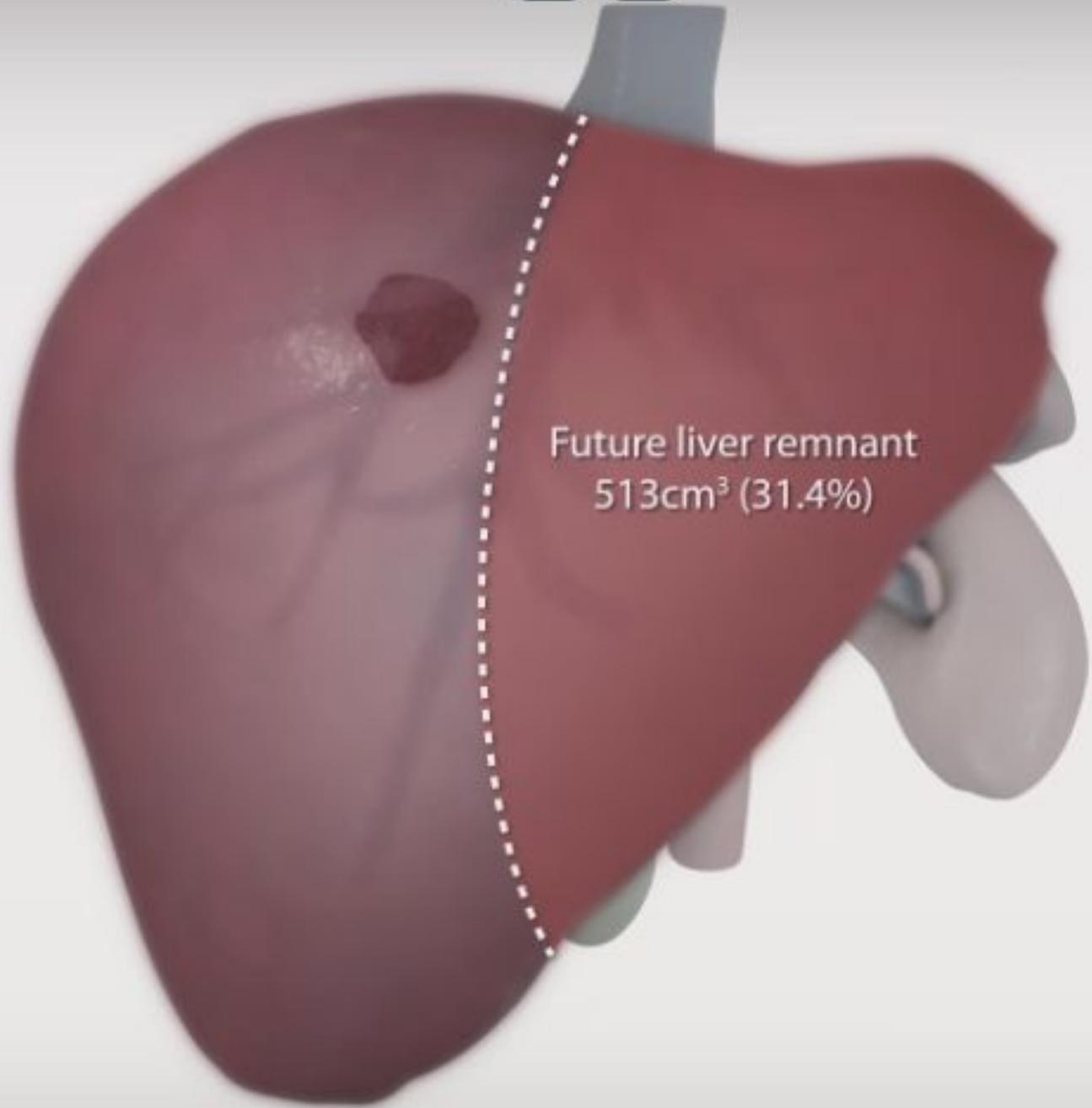
Greater omentum



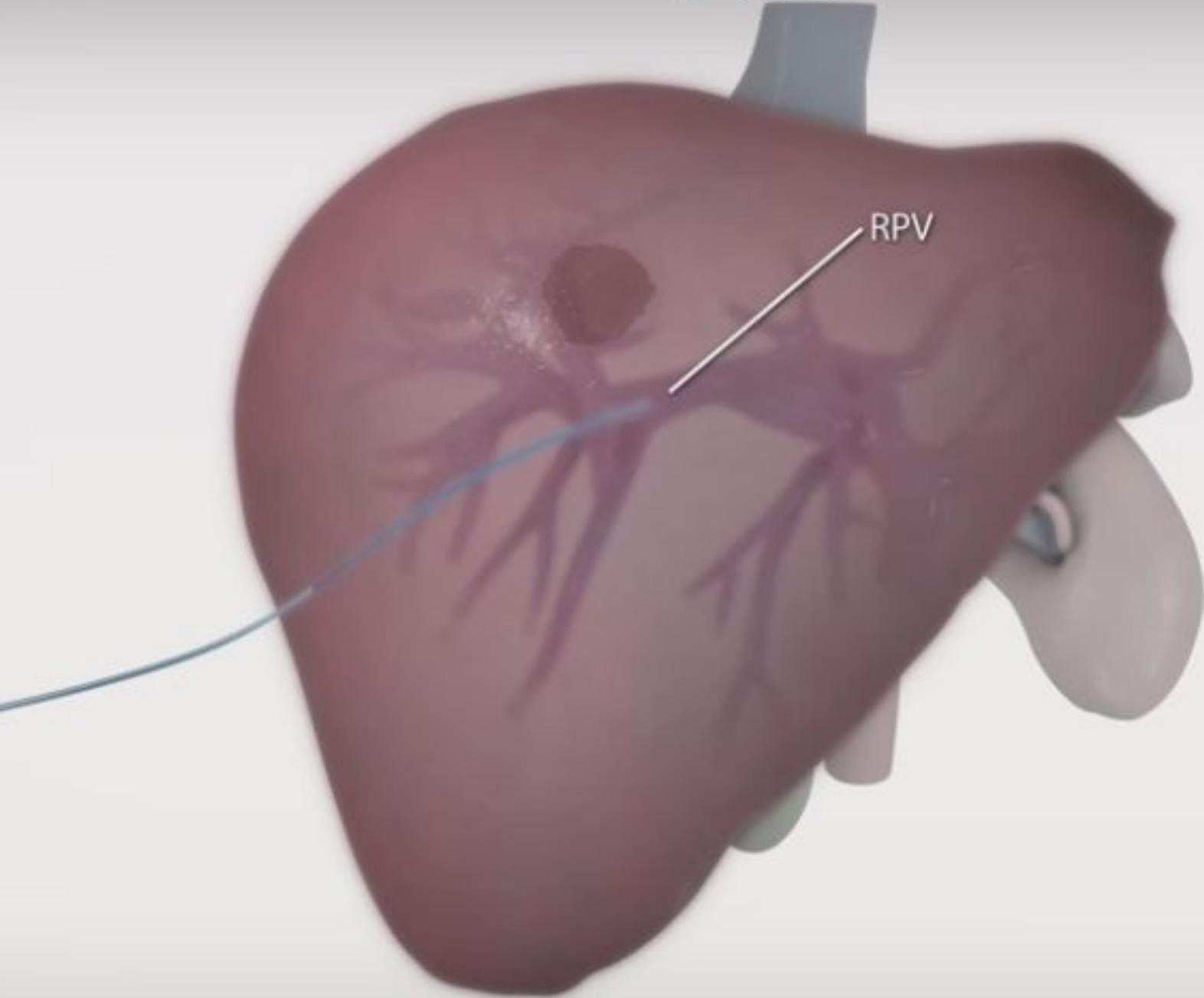


Variations in form of liver

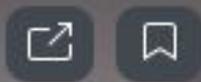




Future liver remnant
513cm³ (31.4%)

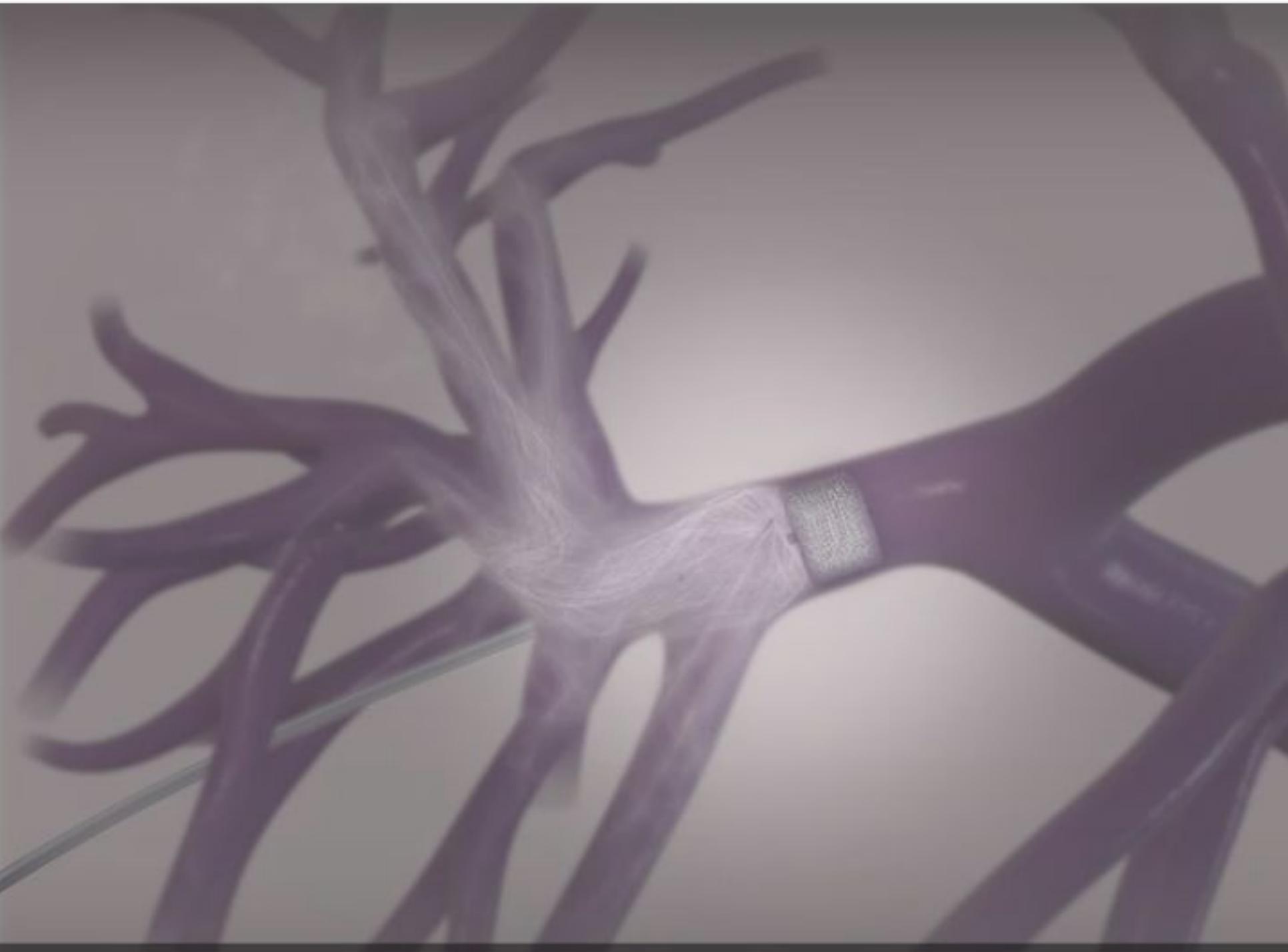


RPV



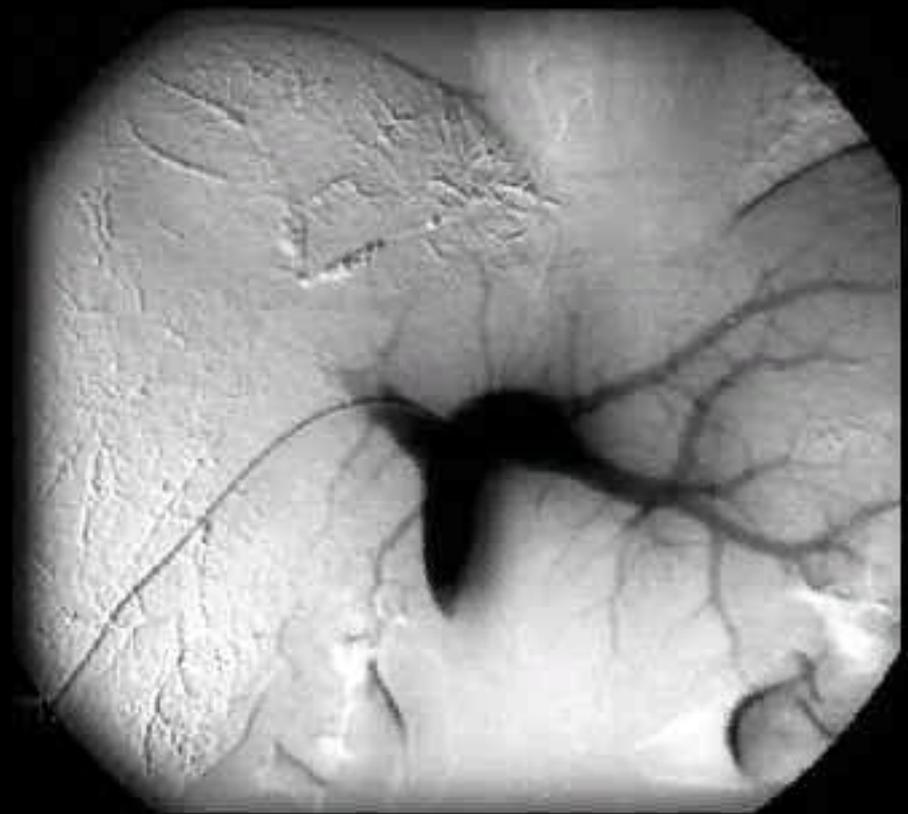
Nitinol plug



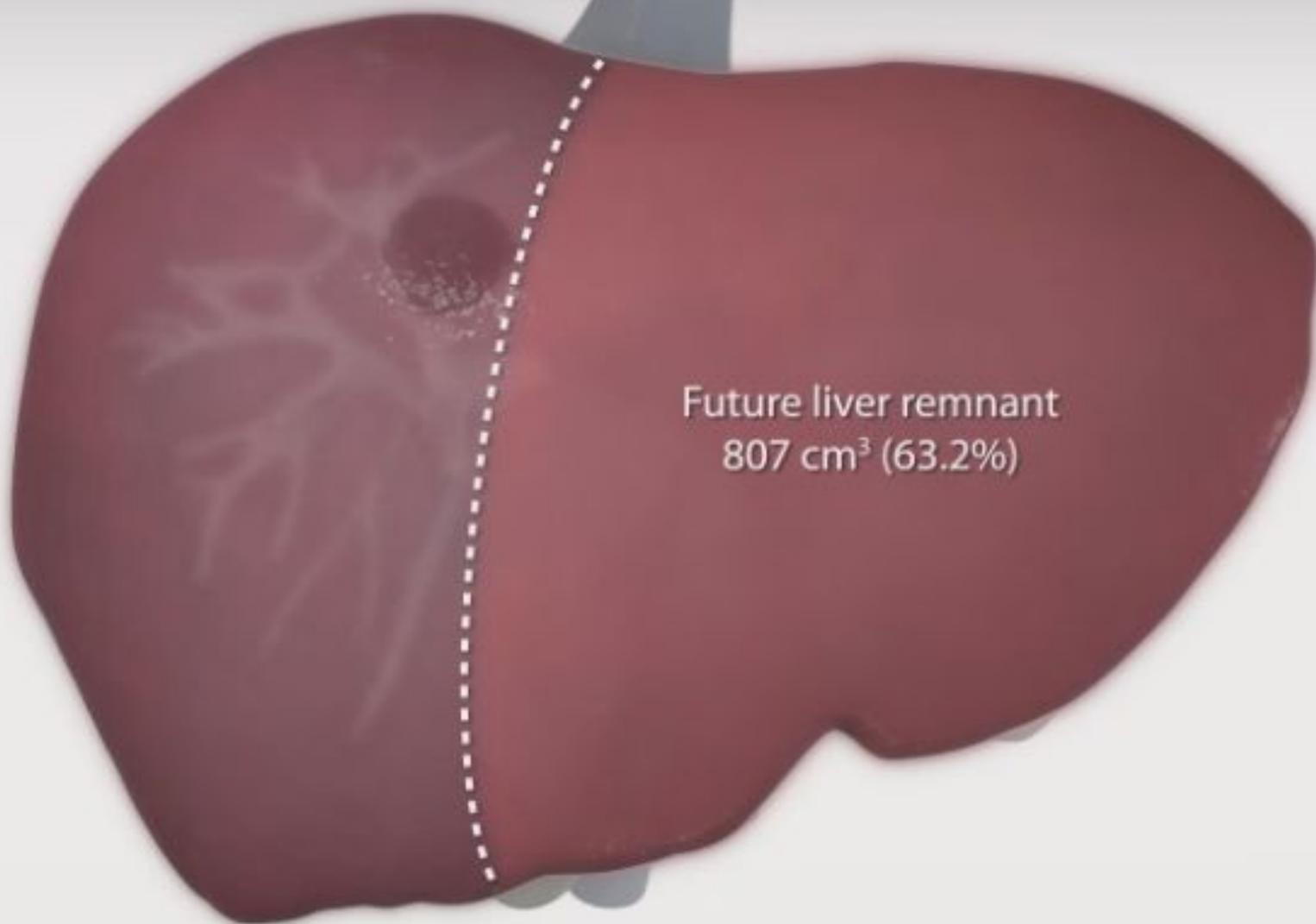




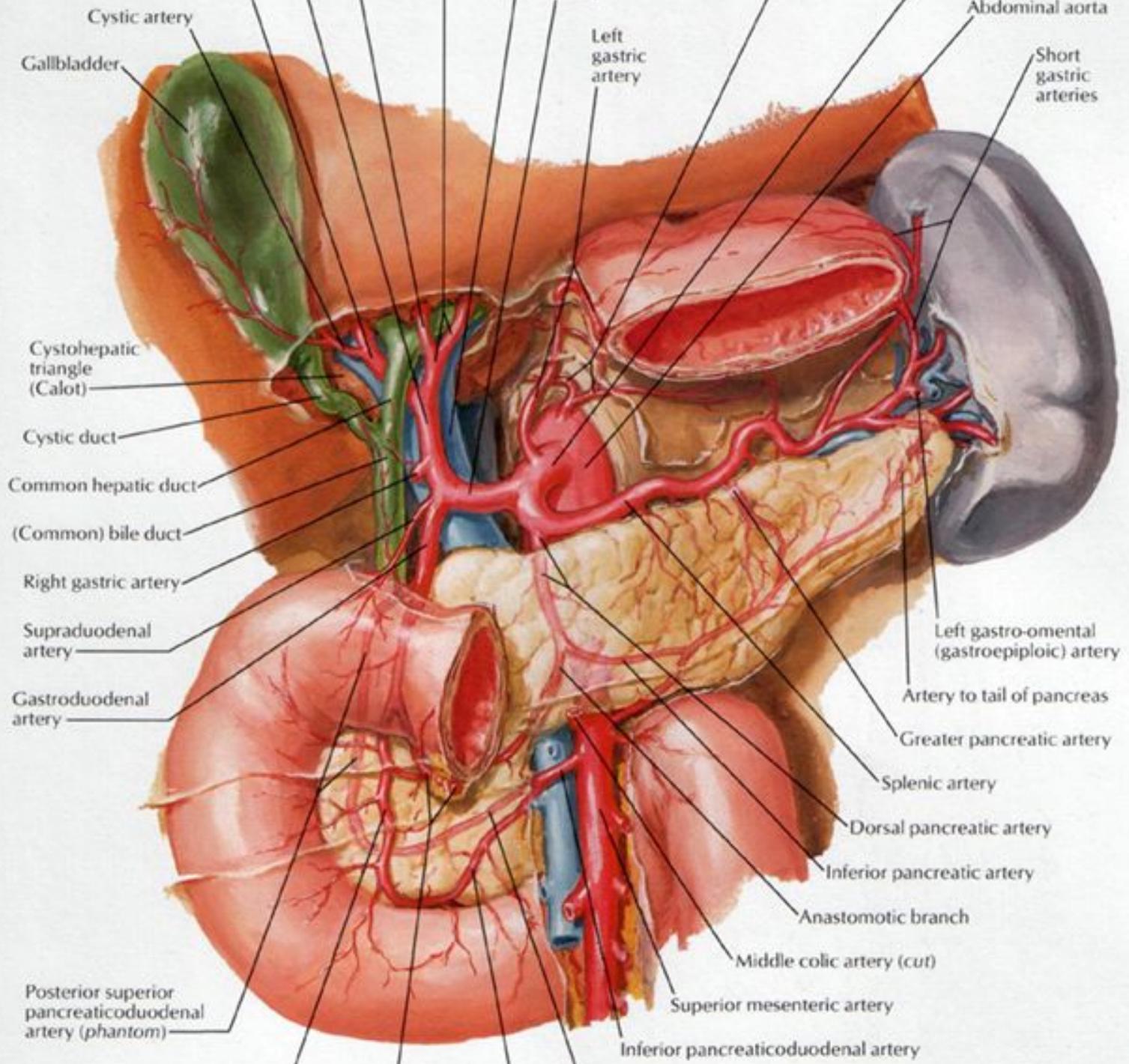
до ЭПВВ



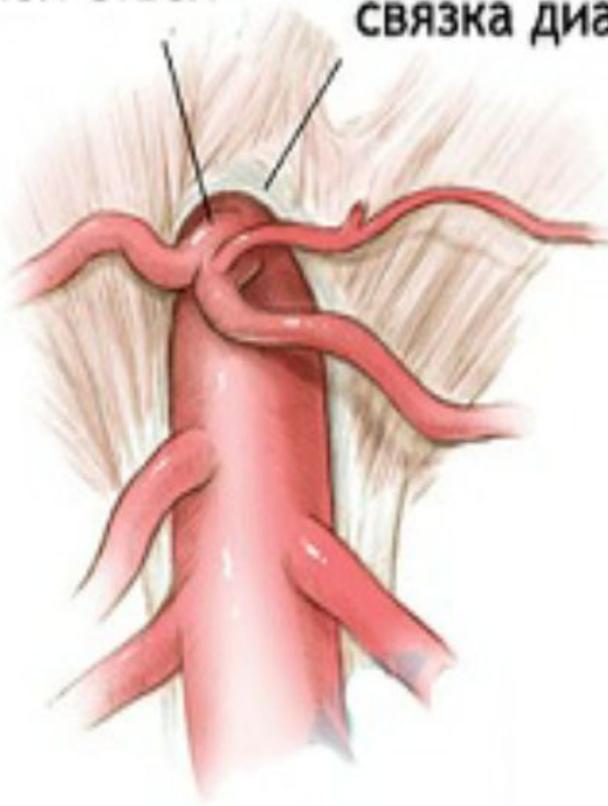
после ЭПВВ



Future liver remnant
807 cm³ (63.2%)

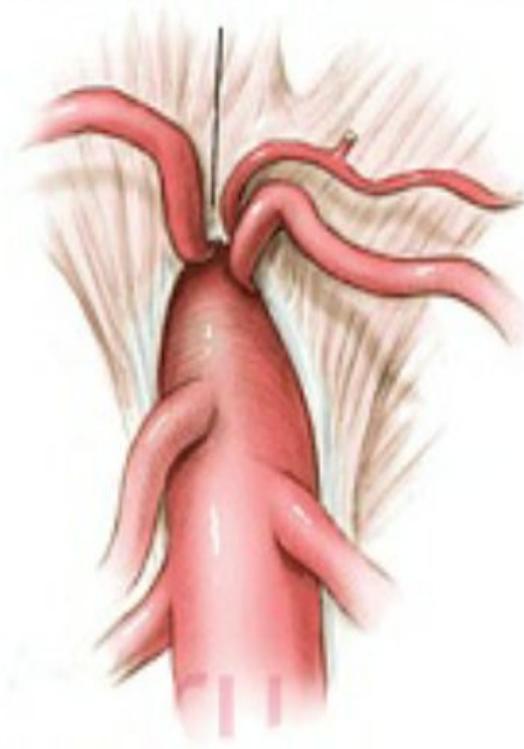


чревной ствол
средняя дугообразная
связка диафрагмы



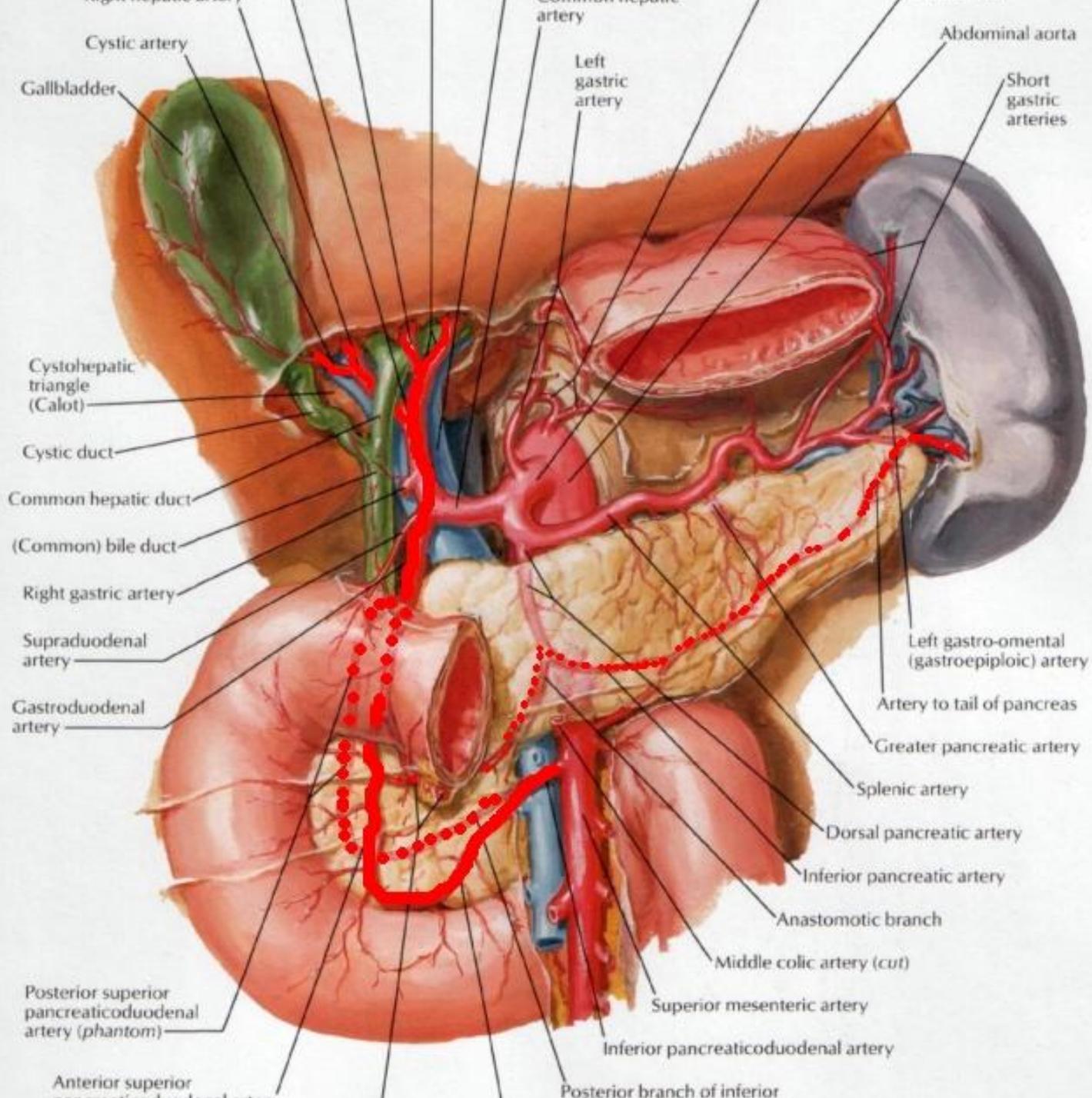
норма

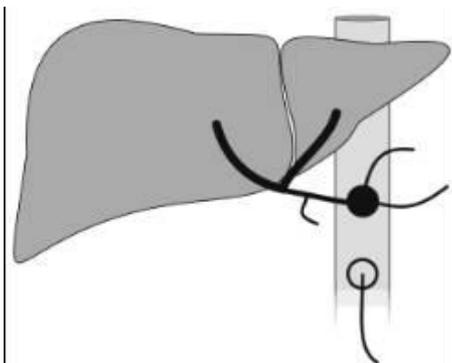
связка диафрагмы
сдавливает чревной ствол



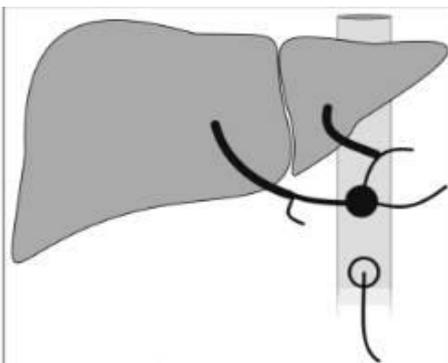
стеноз

**Схематическое изображение
синдрома Данбара (компрессионный стеноз чревного ствола).**

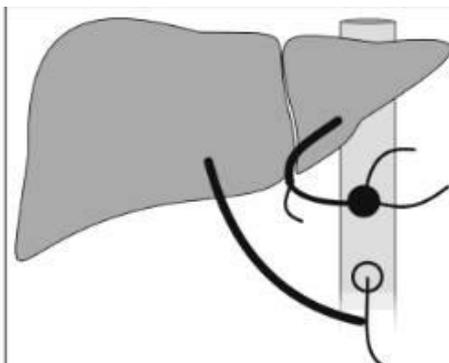




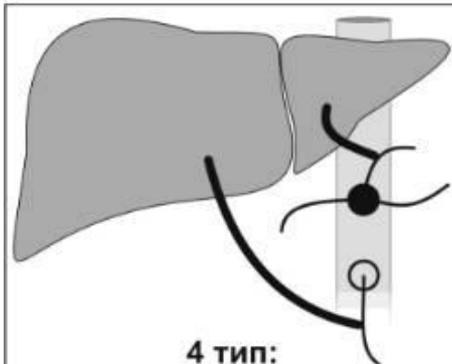
1 тип:
Типичная анатомия



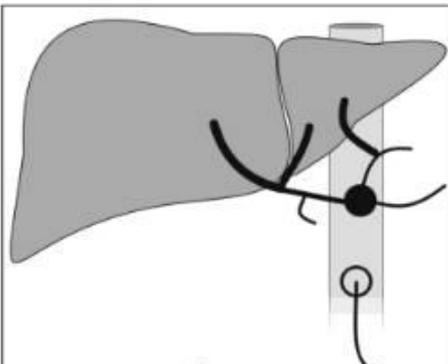
2 тип:
Замещающая ЛПА от ЛЖА



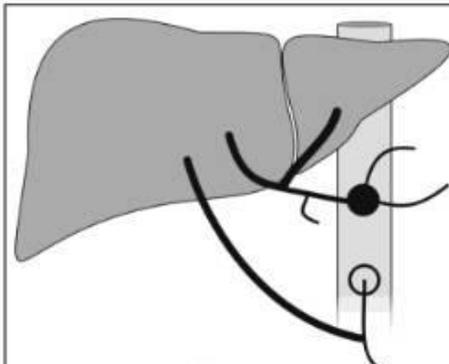
3 тип:
Замещающая ППА от ВБА



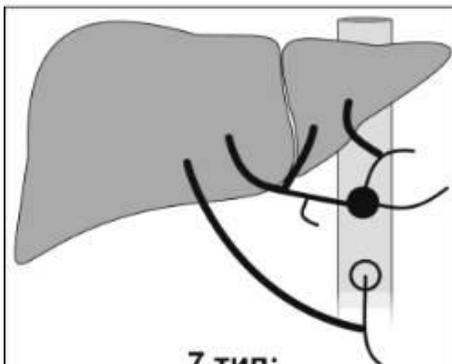
4 тип:
Замещающая ЛПА от ЛЖА
Замещающая ППА от ВБА



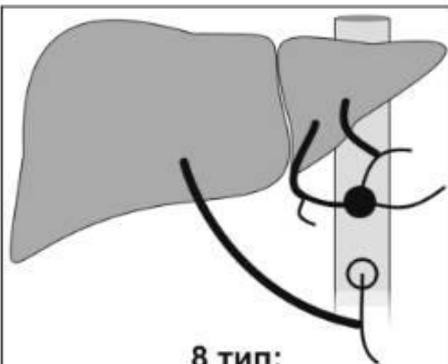
5 тип:
Добавочная ЛПА от ЛЖА



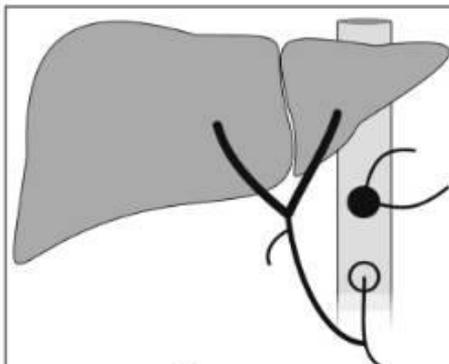
6 тип:
Добавочная ППА от ВБА



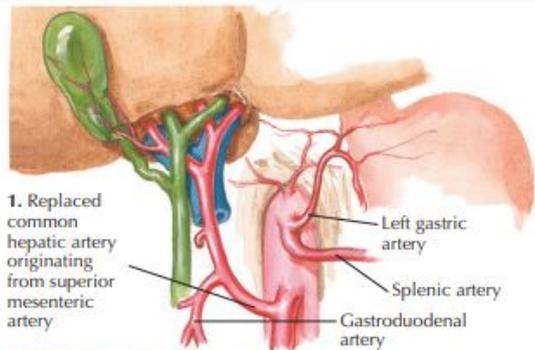
7 тип:
Добавочная ЛПА от ЛЖА
Добавочная ППА от ВБА



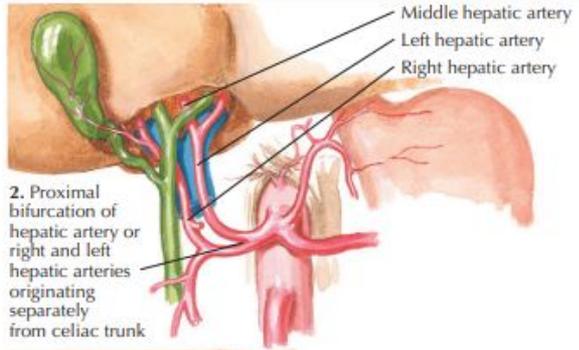
8 тип:
Добавочная ЛПА от ЛЖА
Замещающая ППА от ВБА



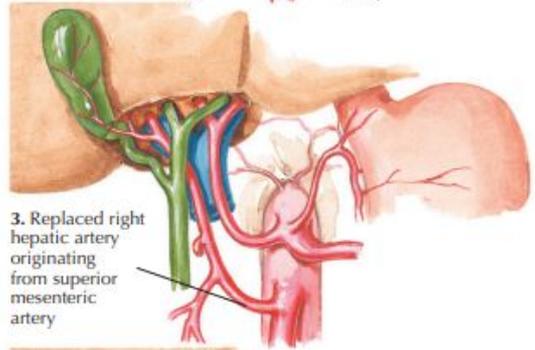
9 тип:
ОПА от ВБА



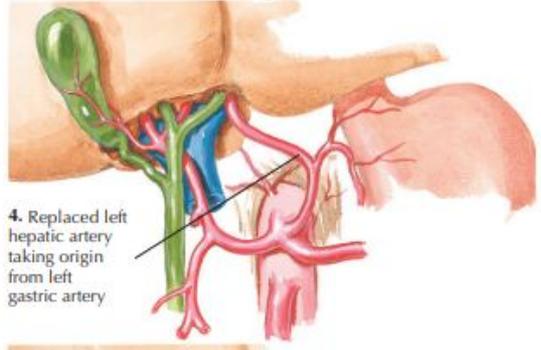
1. Replaced common hepatic artery originating from superior mesenteric artery



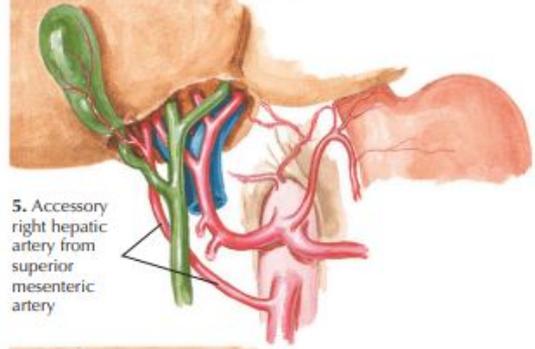
2. Proximal bifurcation of hepatic artery or right and left hepatic arteries originating separately from celiac trunk



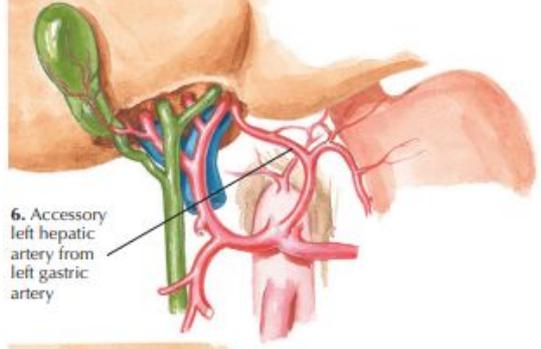
3. Replaced right hepatic artery originating from superior mesenteric artery



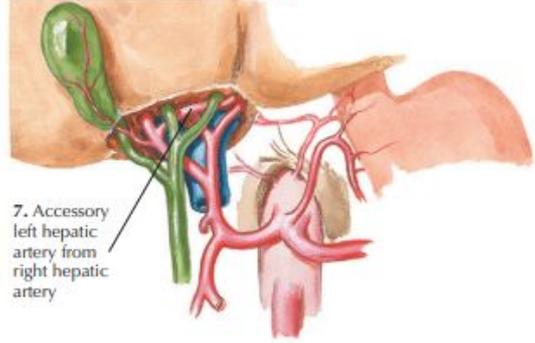
4. Replaced left hepatic artery taking origin from left gastric artery



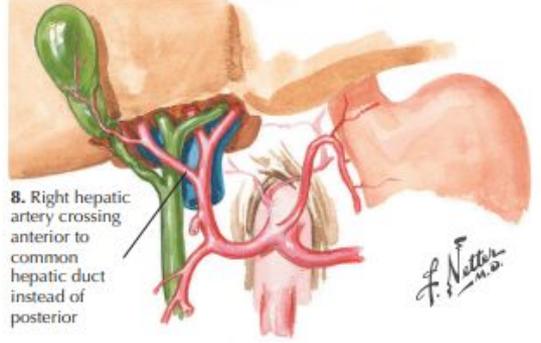
5. Accessory right hepatic artery from superior mesenteric artery



6. Accessory left hepatic artery from left gastric artery



7. Accessory left hepatic artery from right hepatic artery

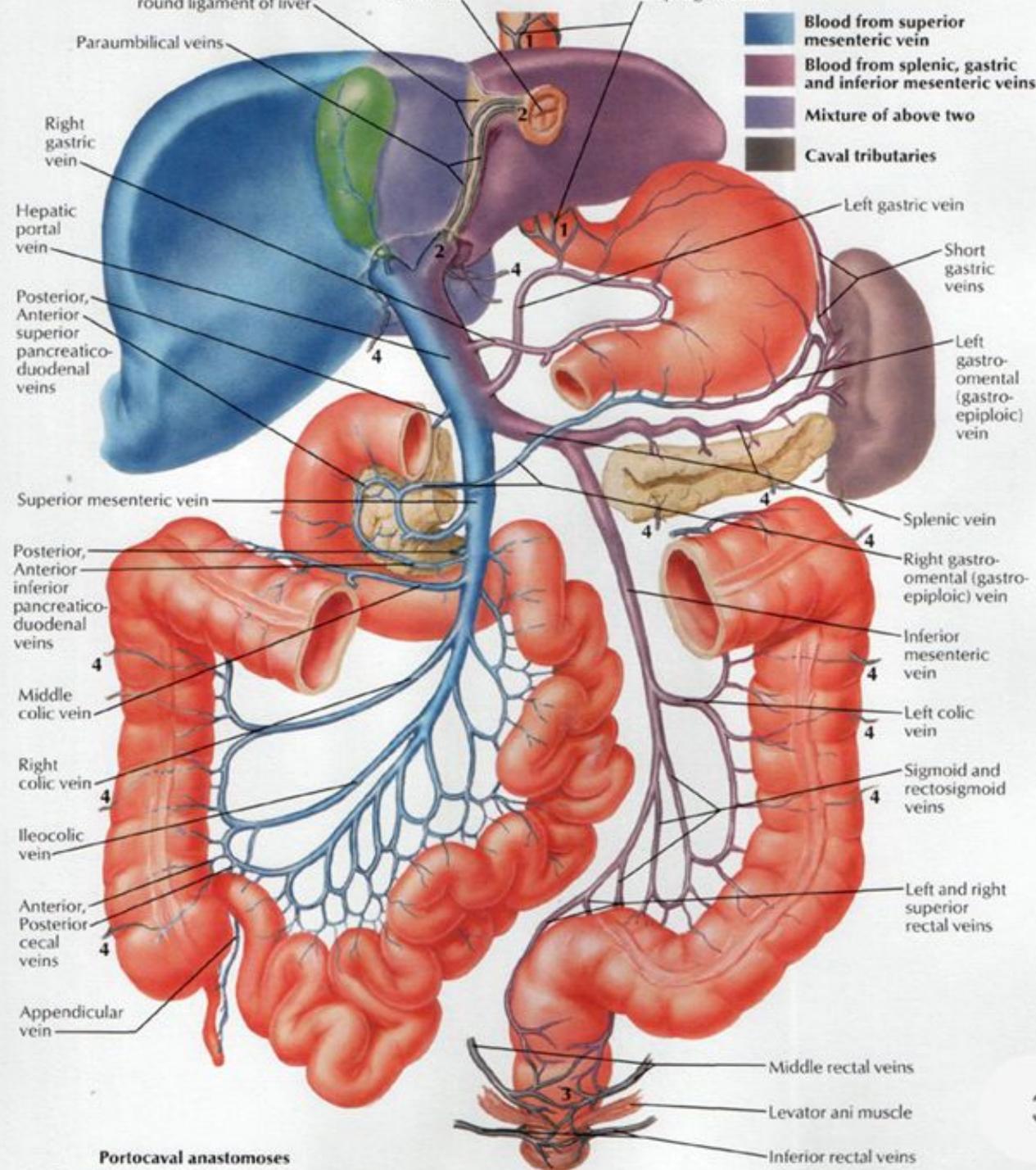


8. Right hepatic artery crossing anterior to common hepatic duct instead of posterior

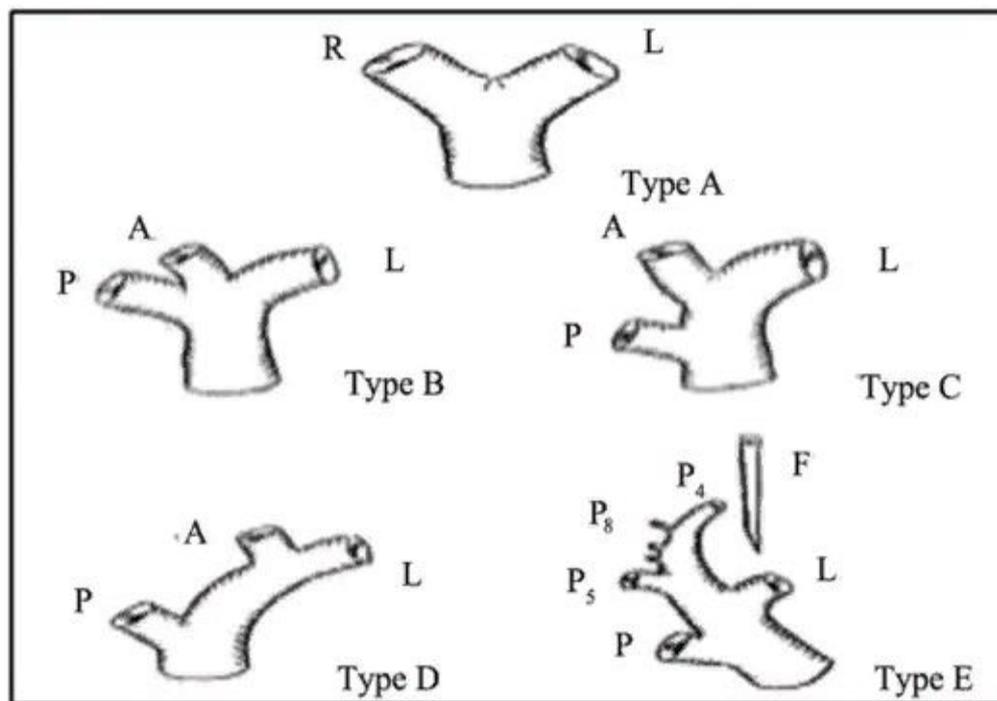
Операция из МКНЦ. Добавочная
артерия к S2 из ЛЖА питающая
гемангиому. + на операции видно
дольку Ридля

02:30 – и далее

<https://laparoscopyrf.ru/videos/292/jivaya-hirurgiya-i-rossiyskaya-shkola-po-laparoskopicheskoj-hirurgii-pecheni/>



Portocaval anastomoses



L — левая ВВ
 R — правая ВВ
 А — передняя правая ветвь
 Р — задняя правая ветвь

Type А — классический тип деления ВВ на правый и левый стволы

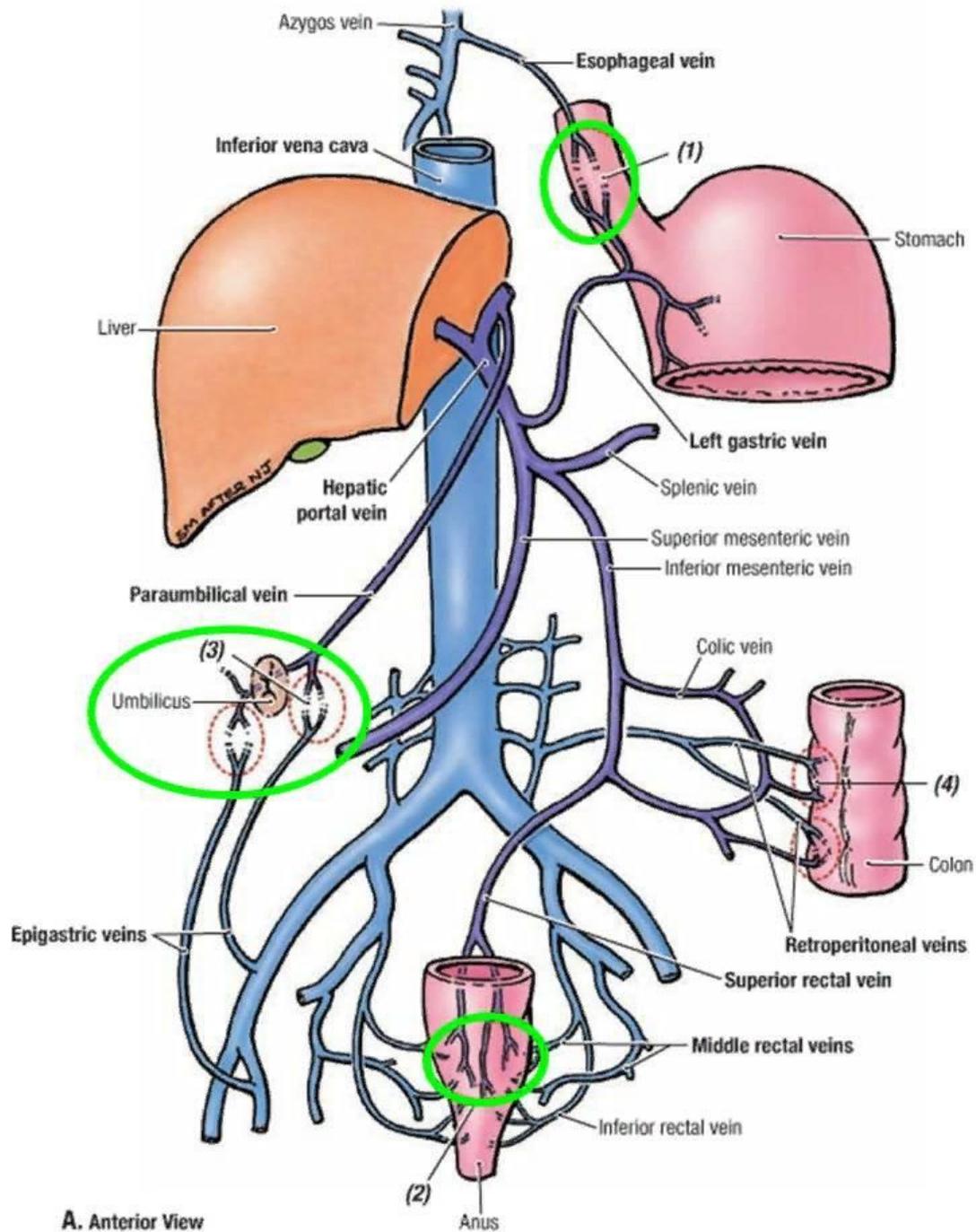
Type В — истинная трифуркация, без основного ствола правой воротной вены

Type С — внепеченочное отхождение передней ветви правой воротной вены

Type D — внутripеченочное отхождение передней ветви правой воротной вены

Type E — отсутствие целостной ветви передней правой воротной вены

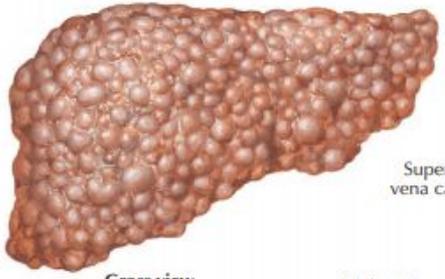
Отхождение отдельных сегментарных ветвей от ВВ



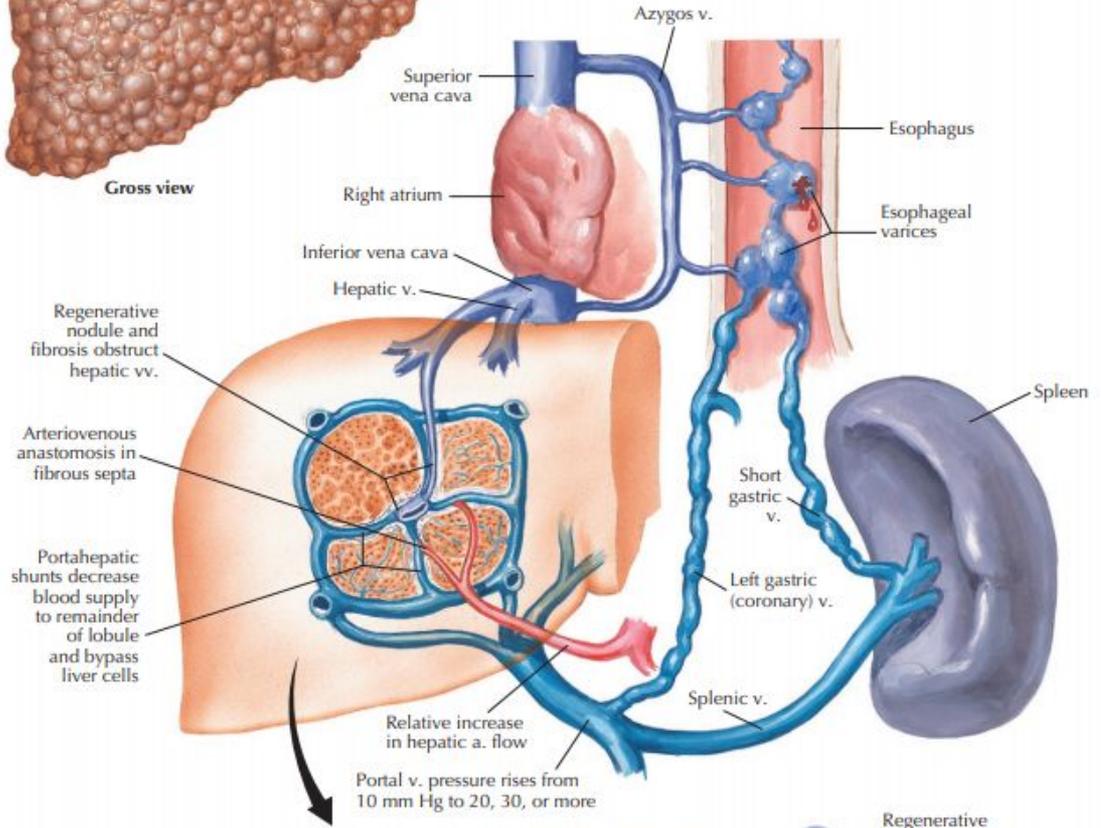
A. Anterior View



Regular formation of small nodules and thin septa, characteristic of Laennec's cirrhosis



Gross view



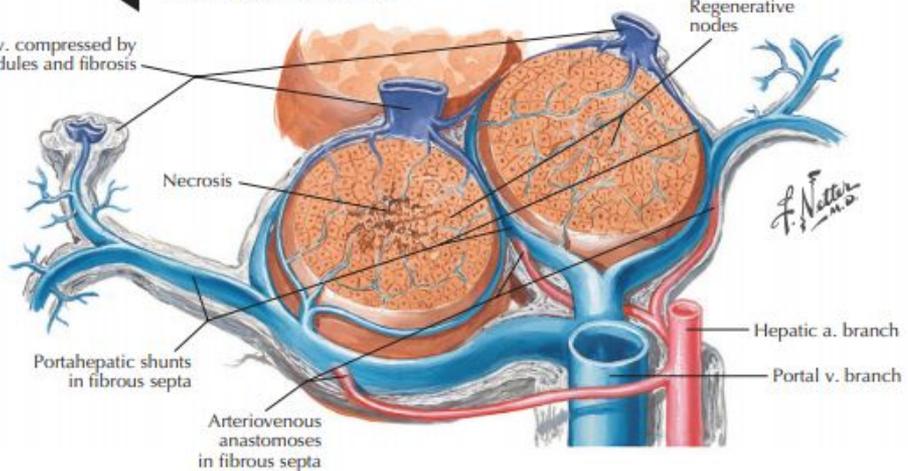
Regenerative nodule and fibrosis obstruct hepatic vv.

Arteriovenous anastomosis in fibrous septa

Portahepatic shunts decrease blood supply to remainder of lobule and bypass liver cells

Portal v. pressure rises from 10 mm Hg to 20, 30, or more

Hepatic vv. compressed by regenerative nodules and fibrosis



Necrosis

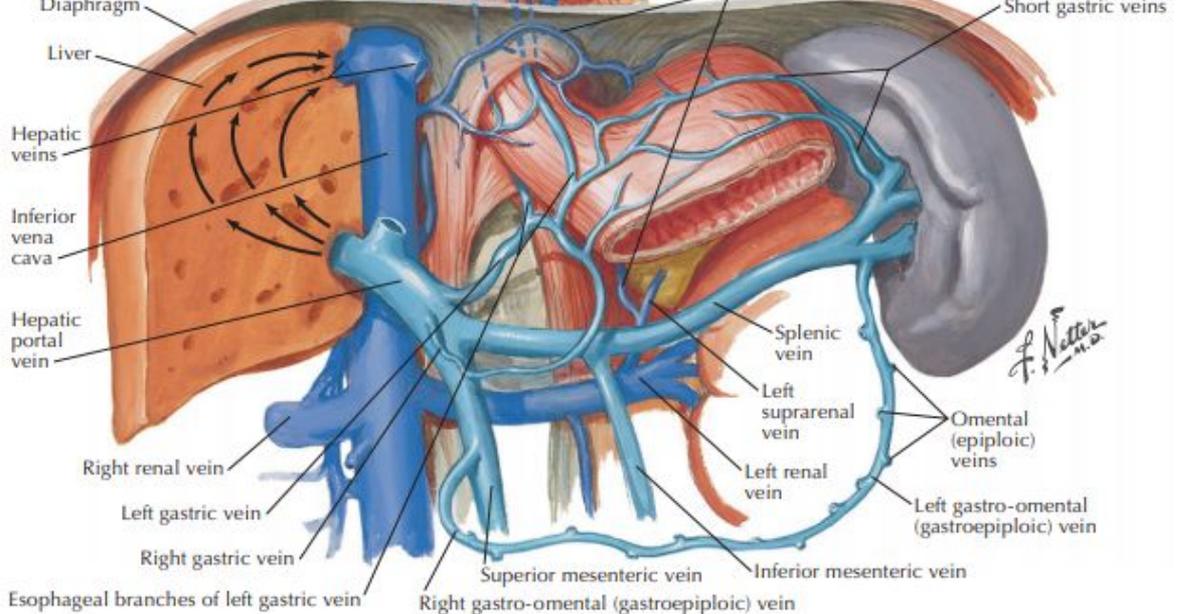
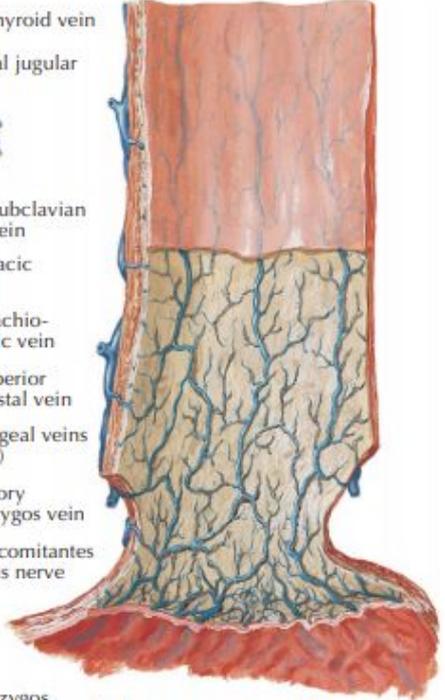
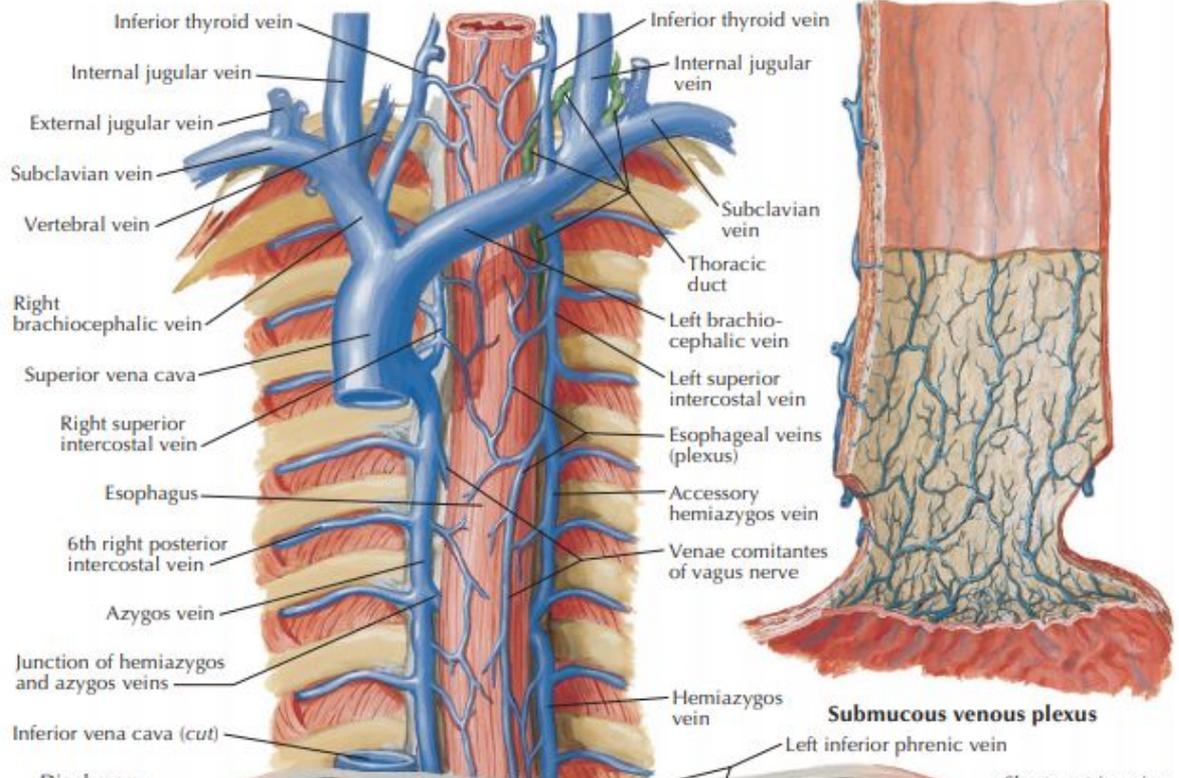
Portahepatic shunts in fibrous septa

Arteriovenous anastomoses in fibrous septa

Regenerative nodes

Hepatic a. branch

Portal v. branch

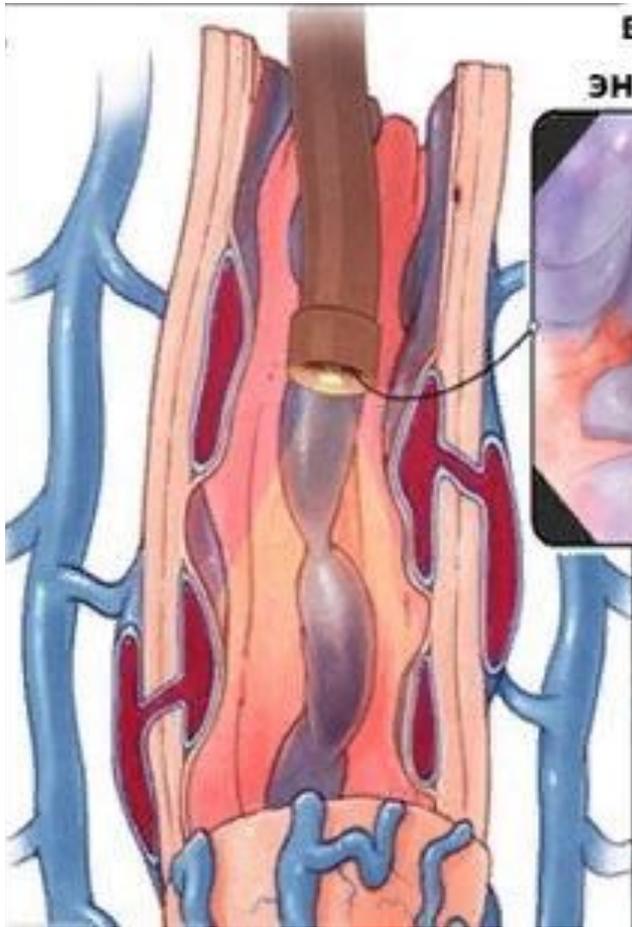


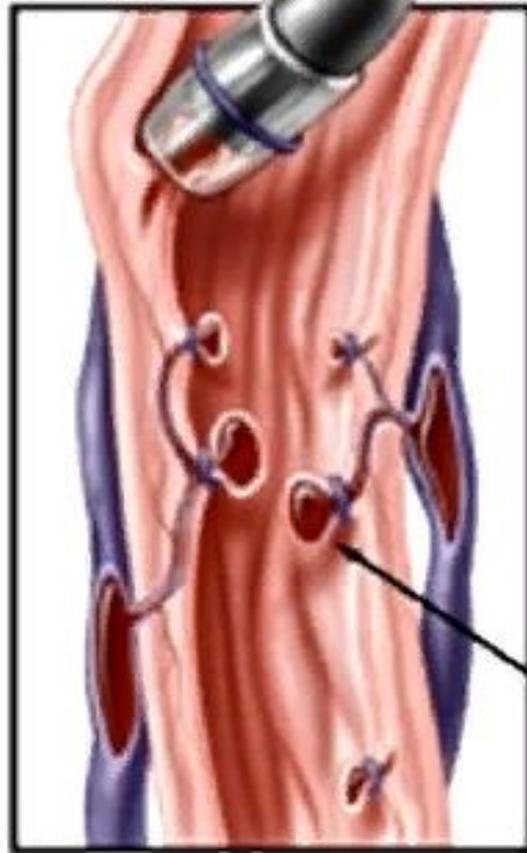
эзофагоскопия

вид при
эндоскопии



расширенная вена пищевода



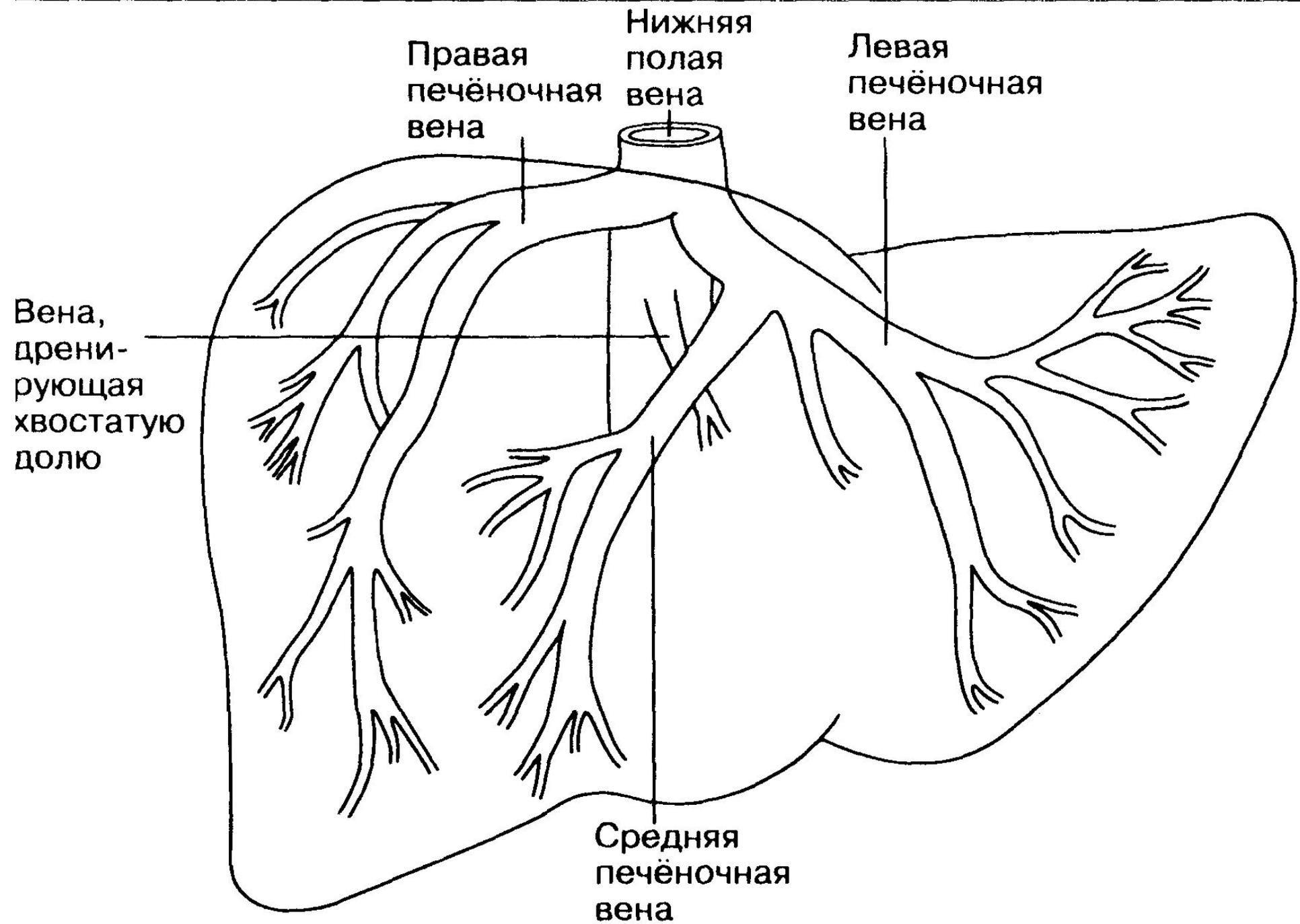


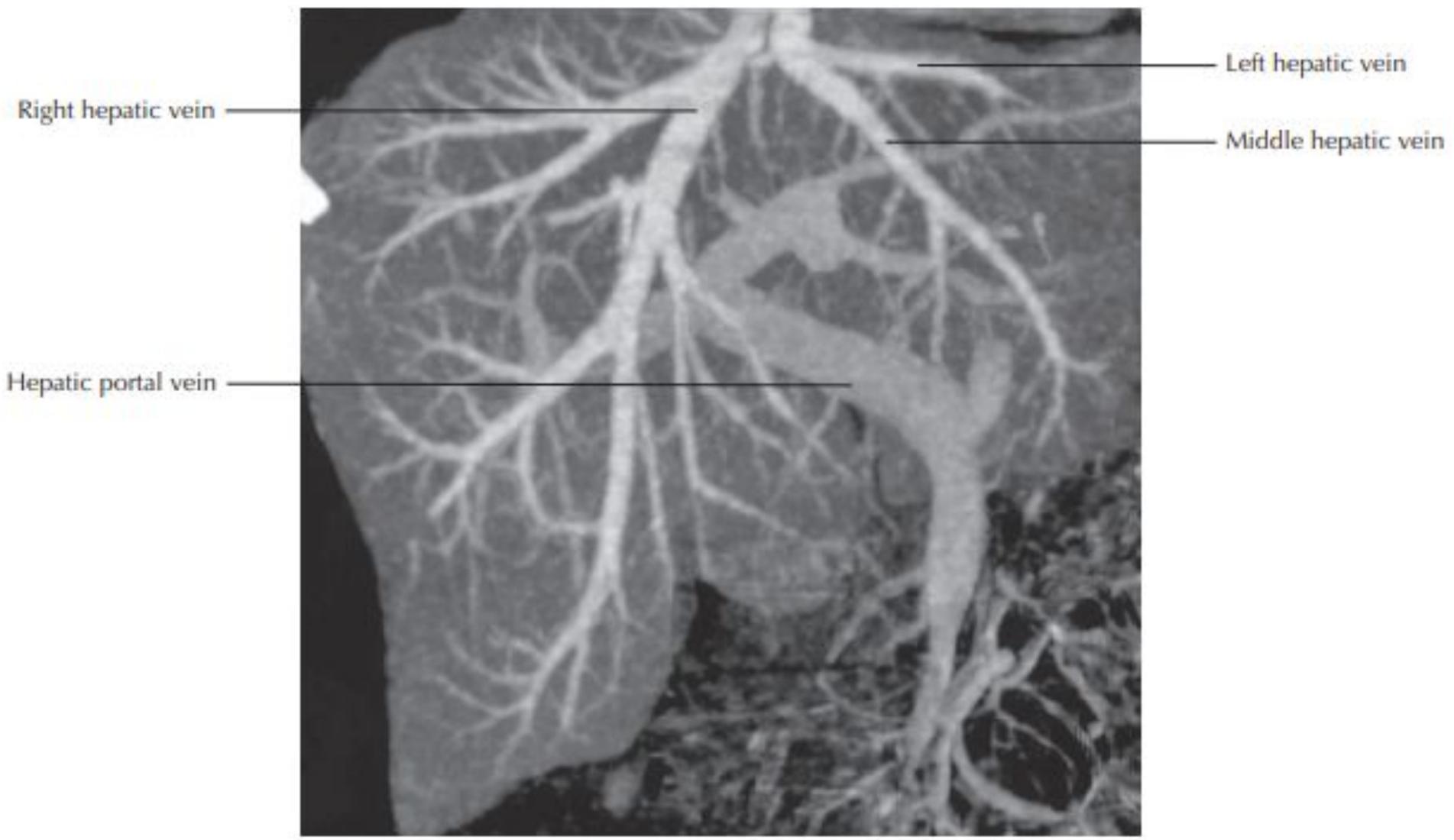
**Лигированные ВРВ
пищевода**

Если захочется видео из МКНЦ по
лигированию вен.

Смотреть 07:32 – 09:15

- <https://yandex.ru/video/preview/?filmId=3322308443689264692&from=tabbar&parent-requestId=1587826932223447-855981273579961176000291-production-app-host-sas-web-yp-75&text=кровоотечение+из+врв+пищевода+мкб+10>



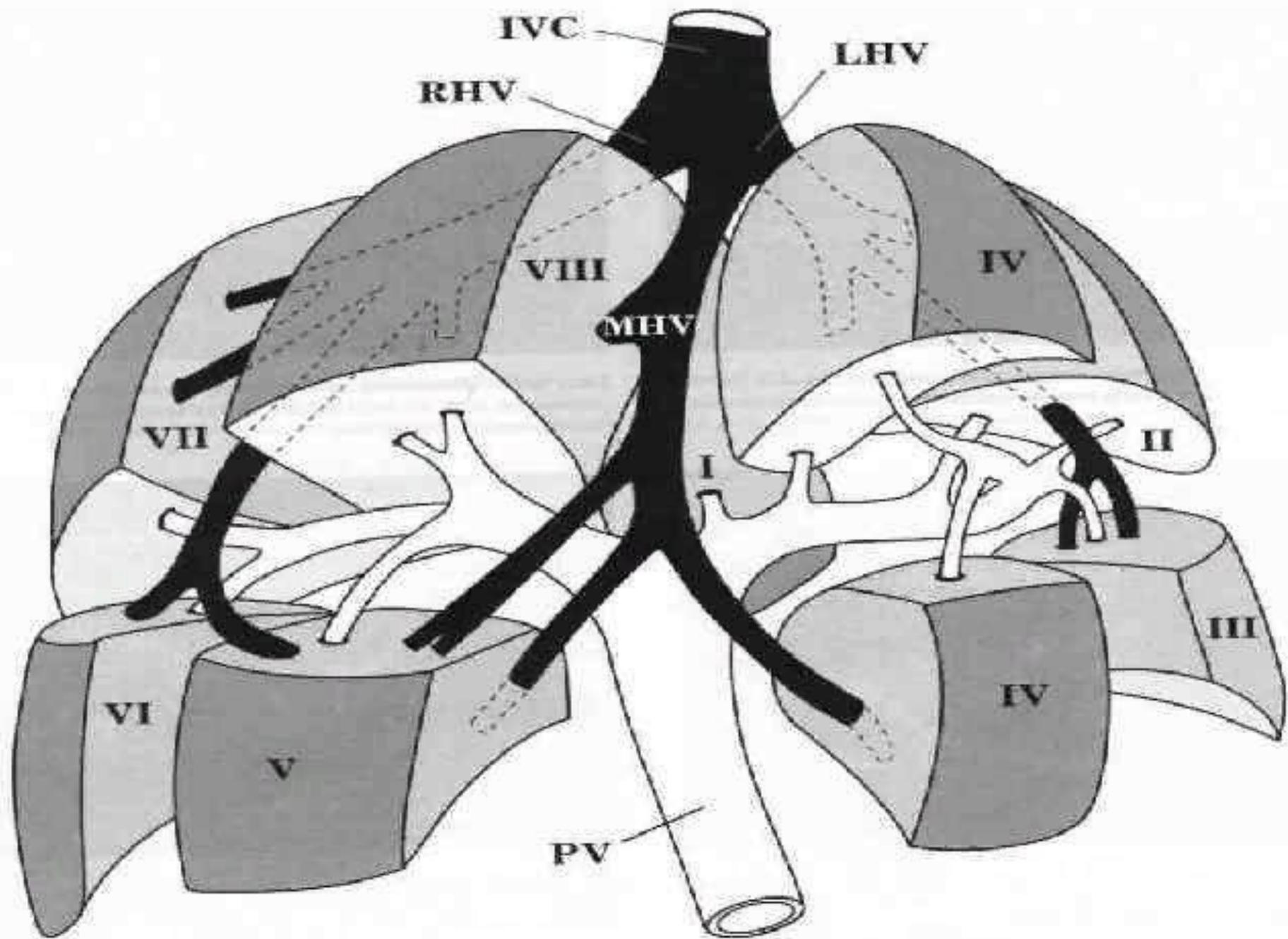


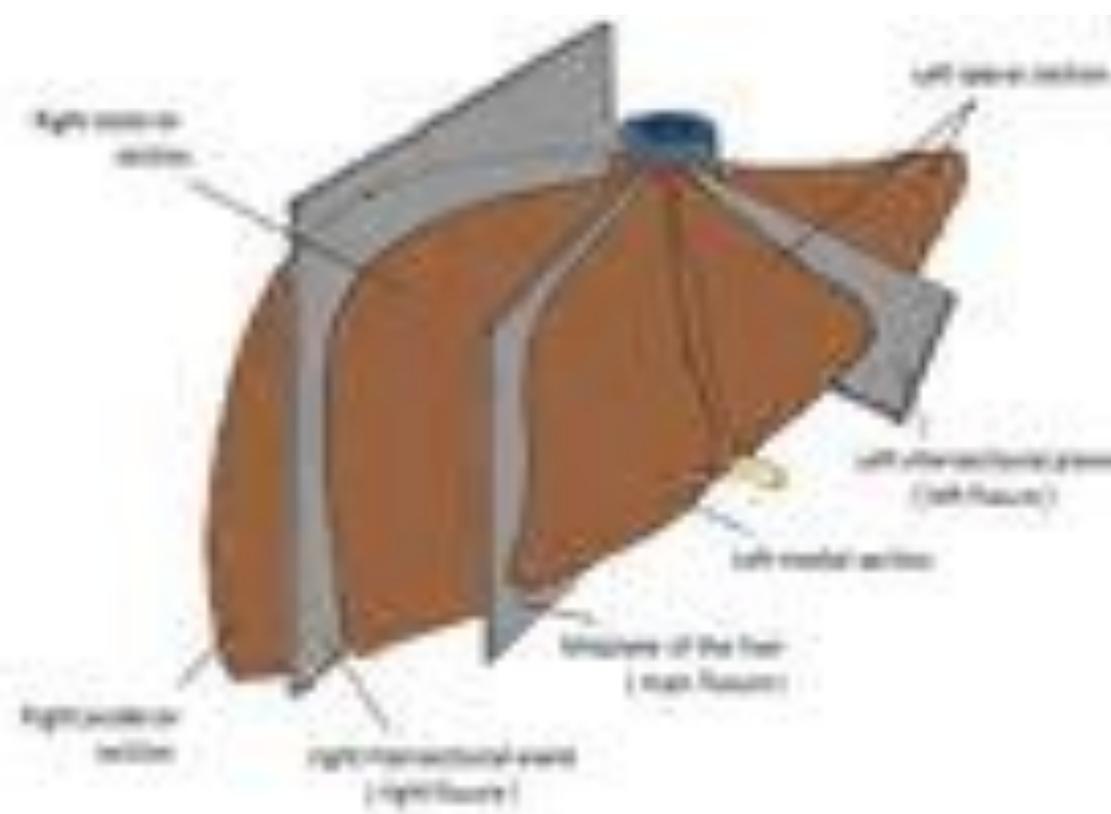


Видео с операции. Чтобы понять
где кавальные ворота печени и
печеночные вены.

02:00 – 06:15

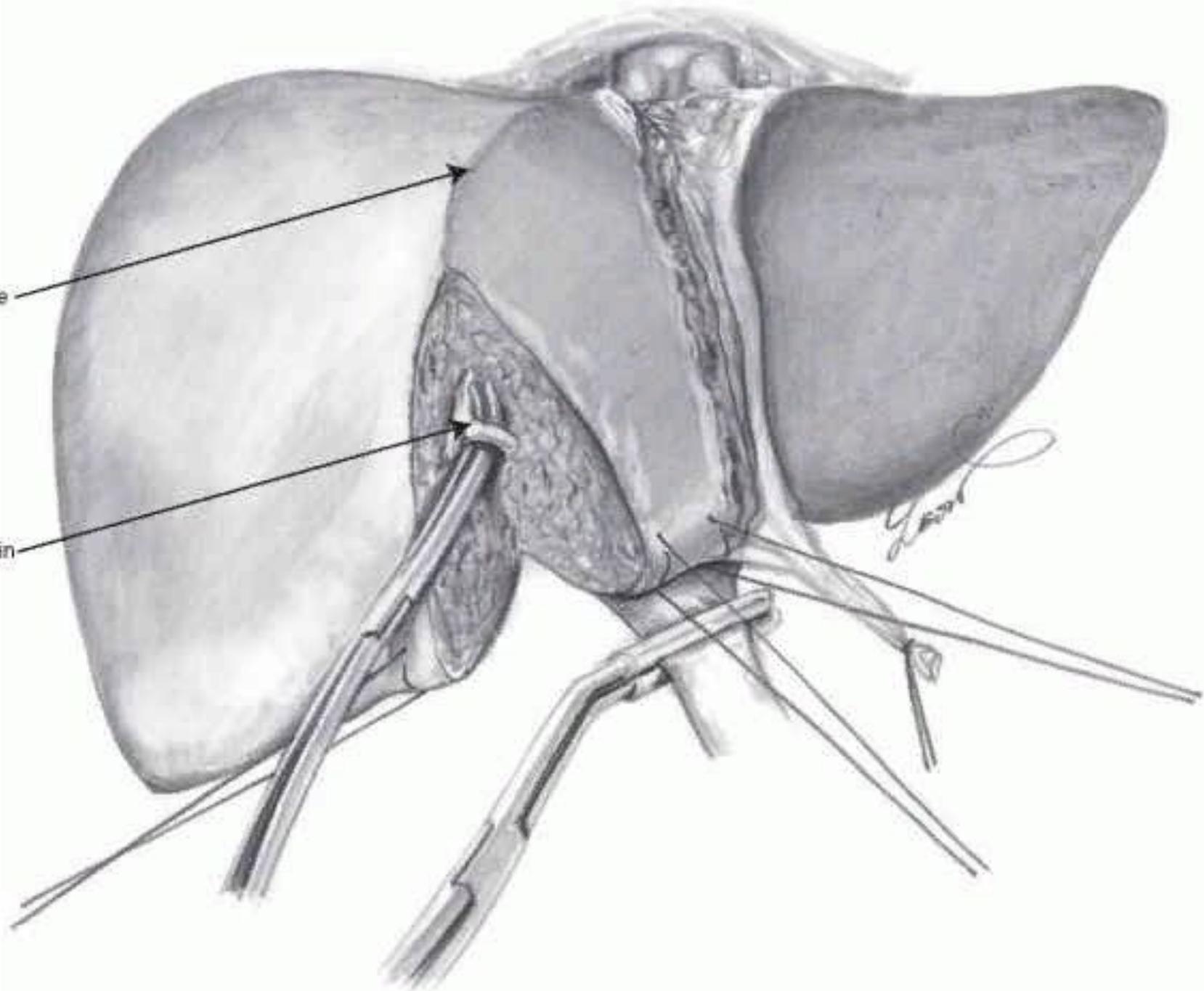
- <https://www.youtube.com/watch?v=CajDSIIVZp8&feature=youtu.be>

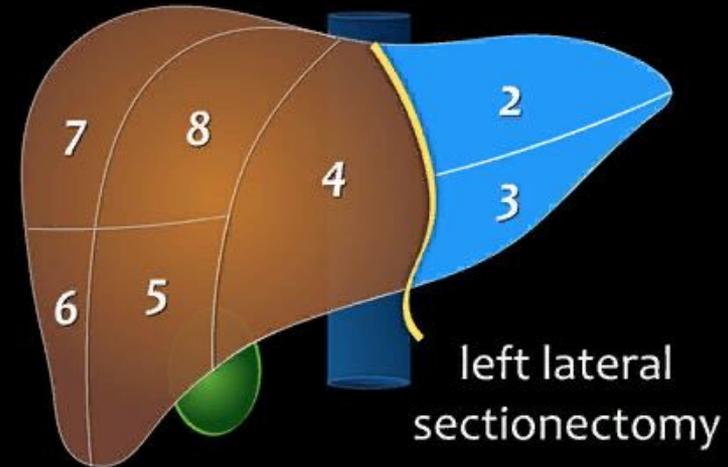
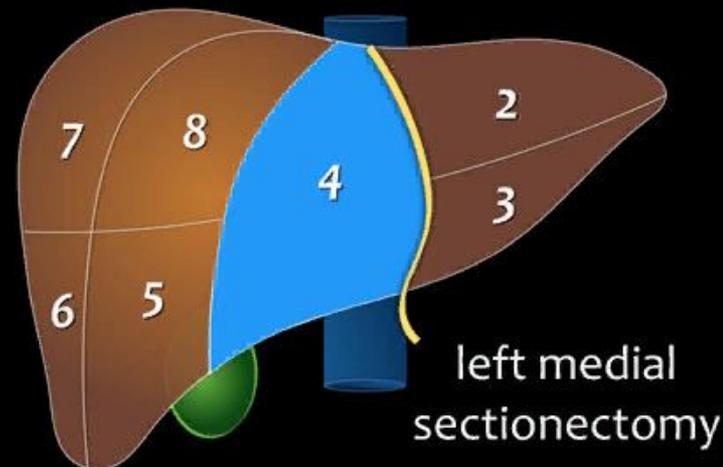
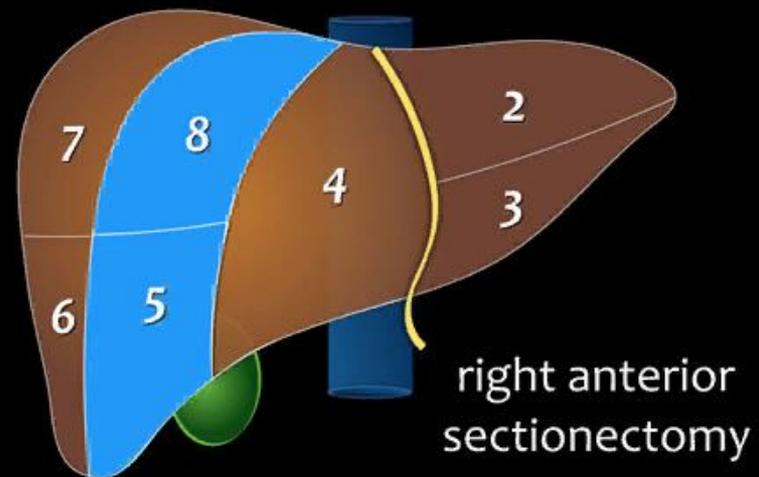
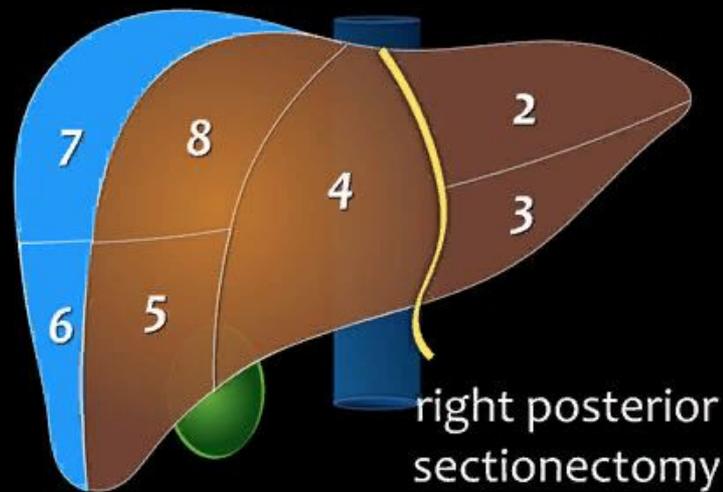




Cantlie line

Middle hepatic vein





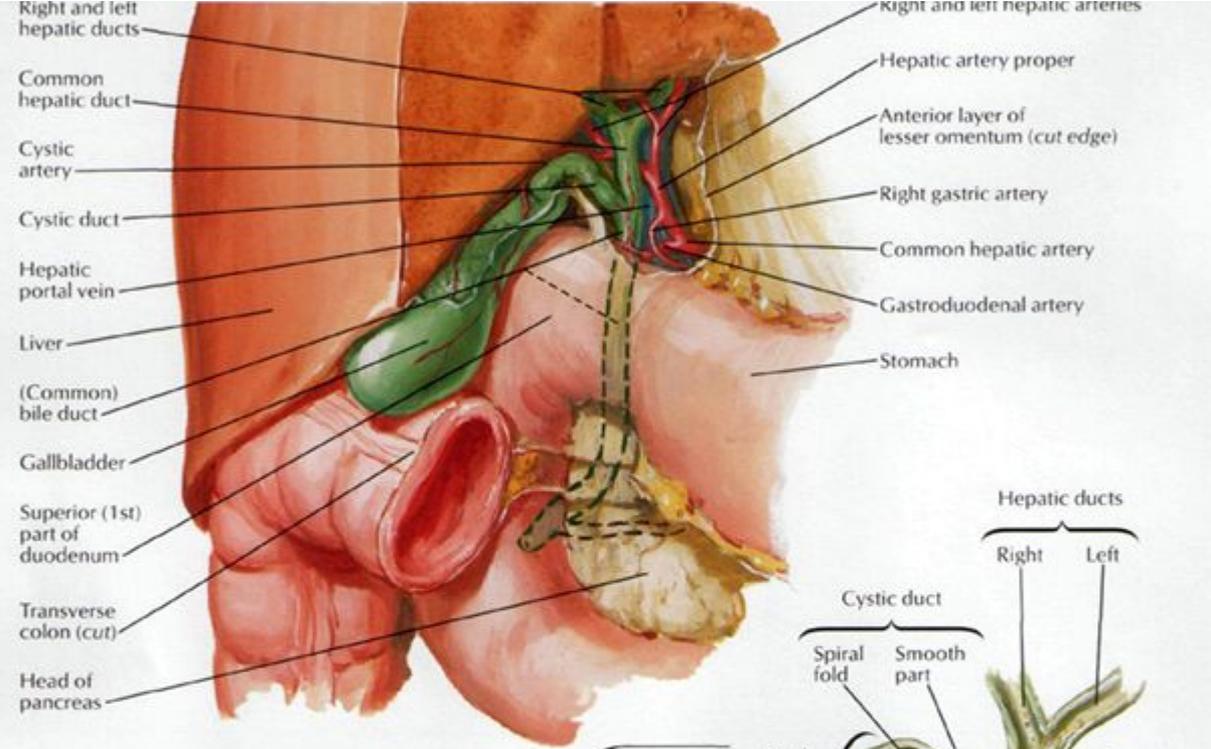
Классификация обширных резекций печени (по В.С. Шапкину, 1967).

- Гемигепатэктомия правосторонняя (удаление сегментов 5, 6, 7, 8).
- Гемигепатэктомия левосторонняя (удаление сегментов 2, 3, 4±1).
- Расширенная правосторонняя гемигепатэктомия (удаление сегментов 5, 6, 7, 8, 4±1).
- Расширенная левосторонняя гемигепатэктомия (удаление сегментов 2, 3, 4, 5, 8±1).

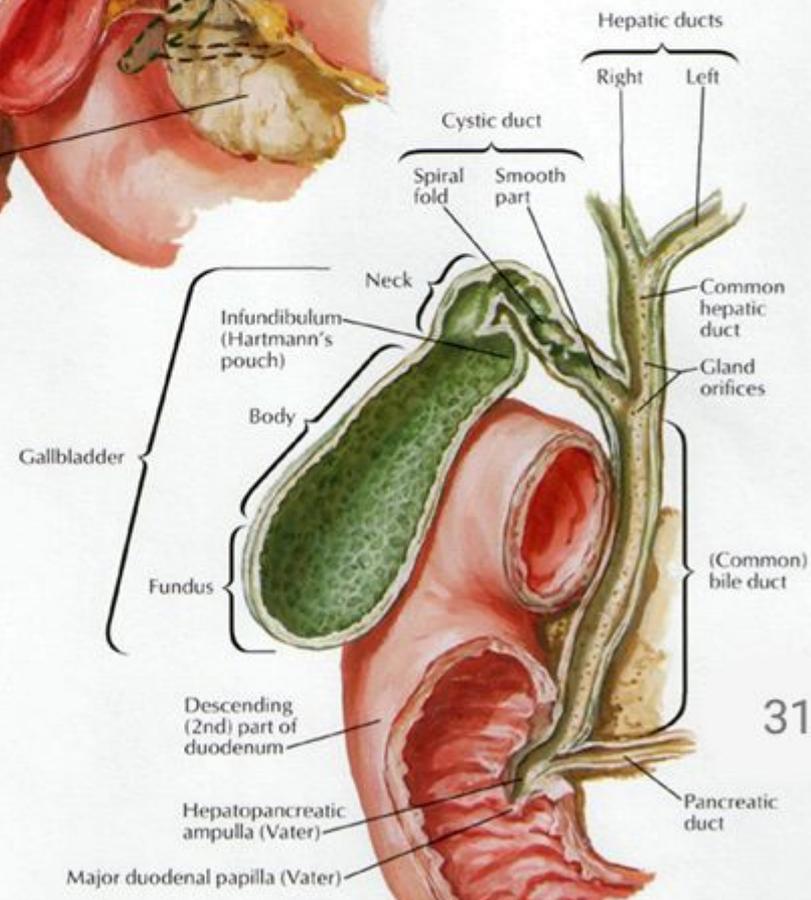
Видео по резекции печени.
Хорошо видно линию Рекса-
Кантли.

03:40 – и далее

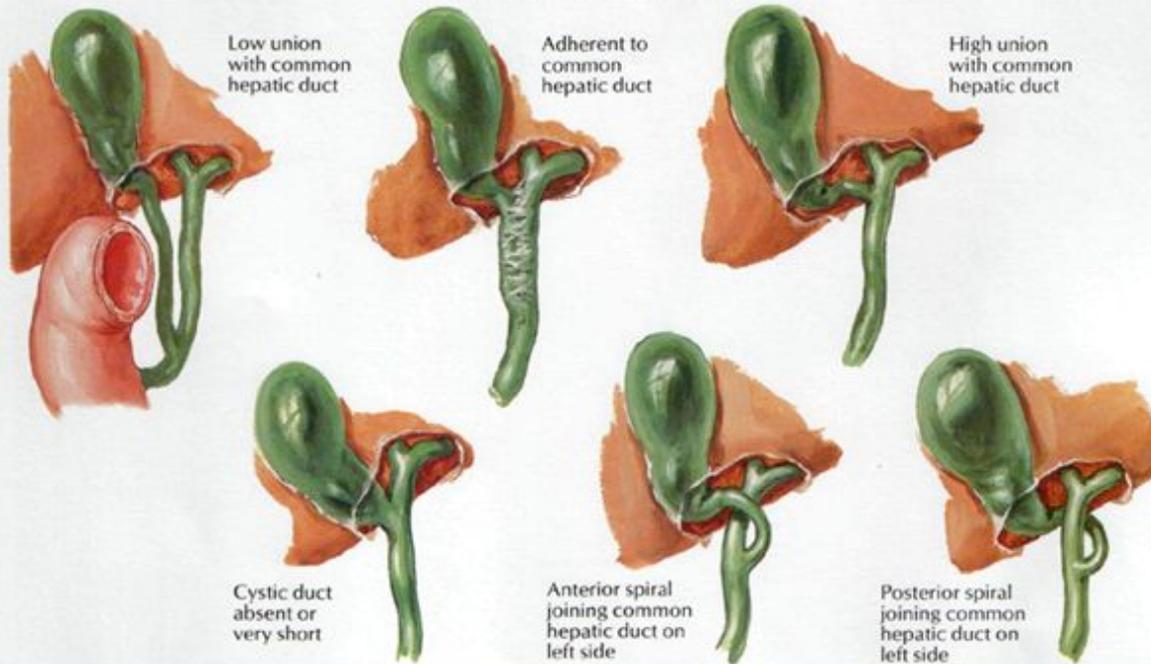
- <http://pie.med.utoronto.ca/TVASurg/project/rihthep-pvembolization/>



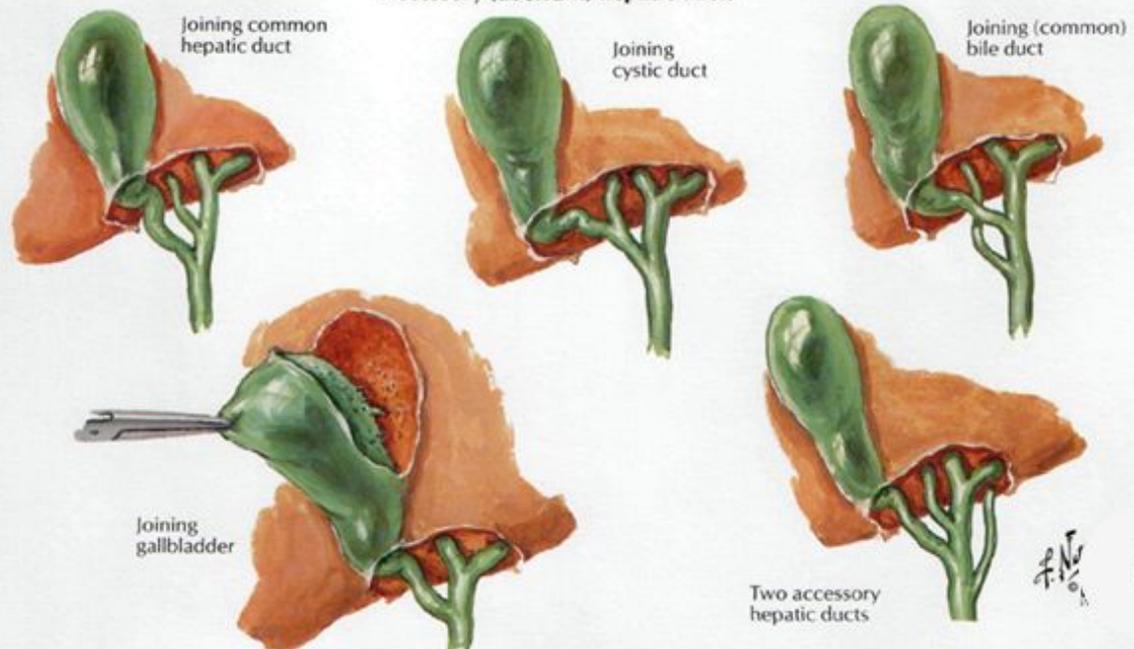
F. Netter
 M.D.
 © 1989
 W.B. SAUNDERS
 COMPANY



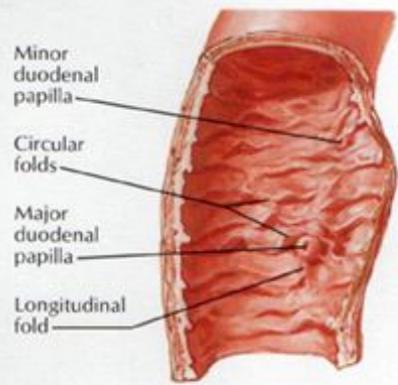
Variations in cystic duct



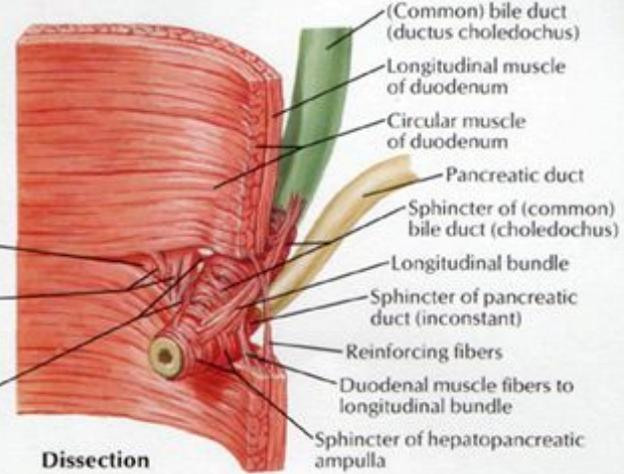
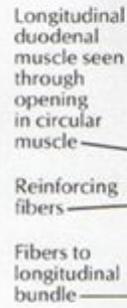
Accessory (aberrant) hepatic ducts



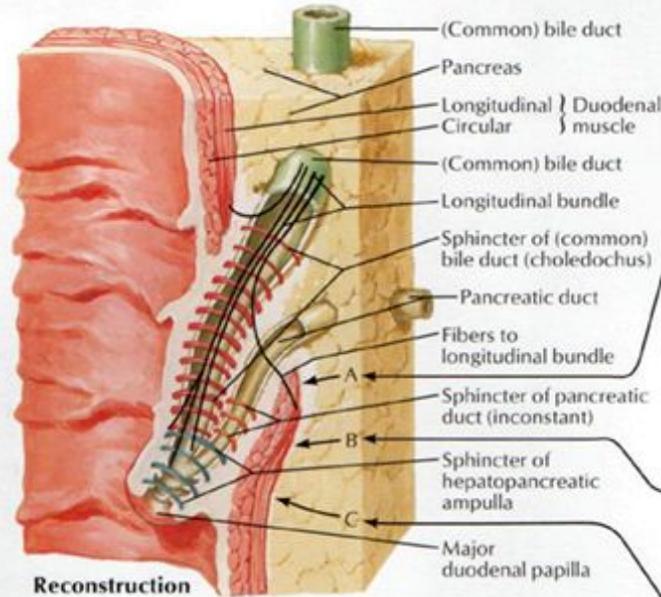
f.N.



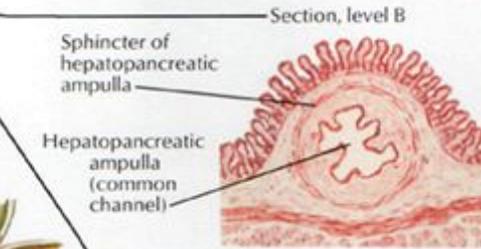
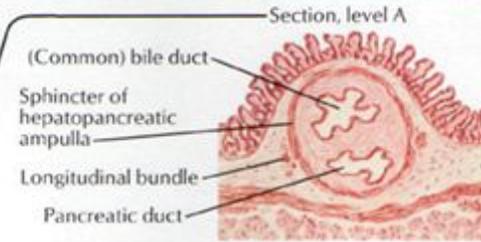
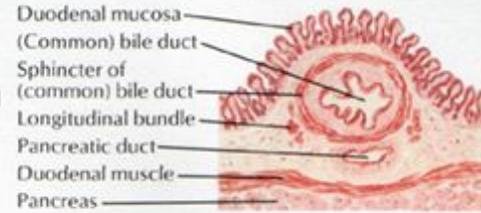
Interior of descending (2nd) part of duodenum



Dissection

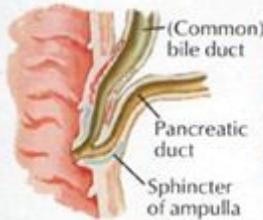


Reconstruction

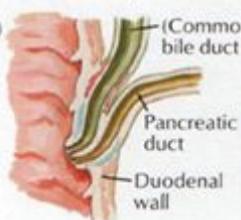


Section, level C

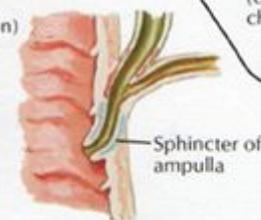
Variations in union of bile and pancreatic ducts



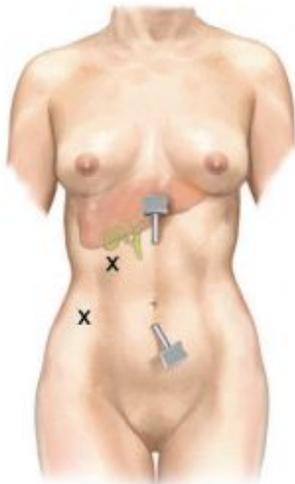
Short common channel



No common channel



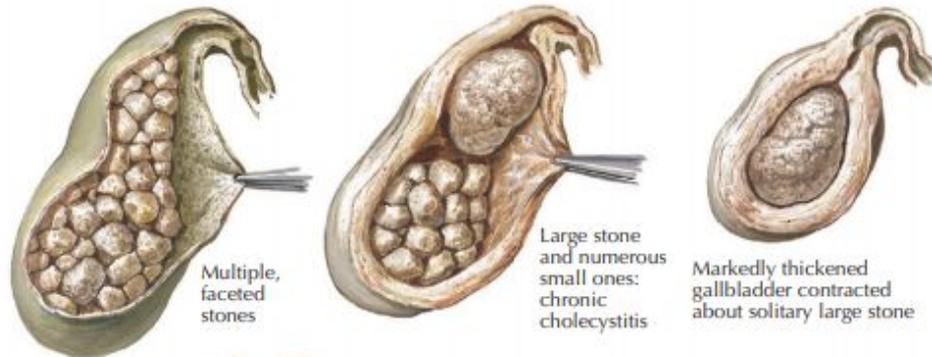
Long common channel



Laparoscopic port placement for bile duct exploration



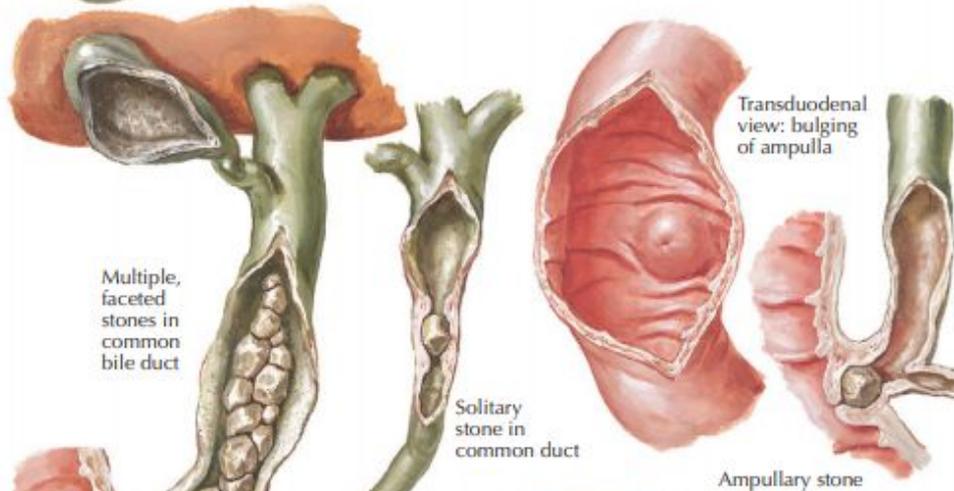
T-tube cholangiogram shows retained stone in common duct



Multiple, faceted stones

Large stone and numerous small ones: chronic cholecystitis

Markedly thickened gallbladder contracted about solitary large stone



Multiple, faceted stones in common bile duct

Solitary stone in common duct

Transduodenal view: bulging of ampulla

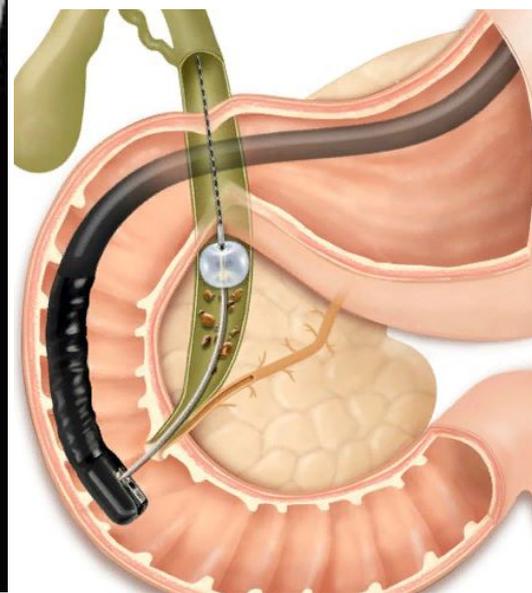
Ampullary stone

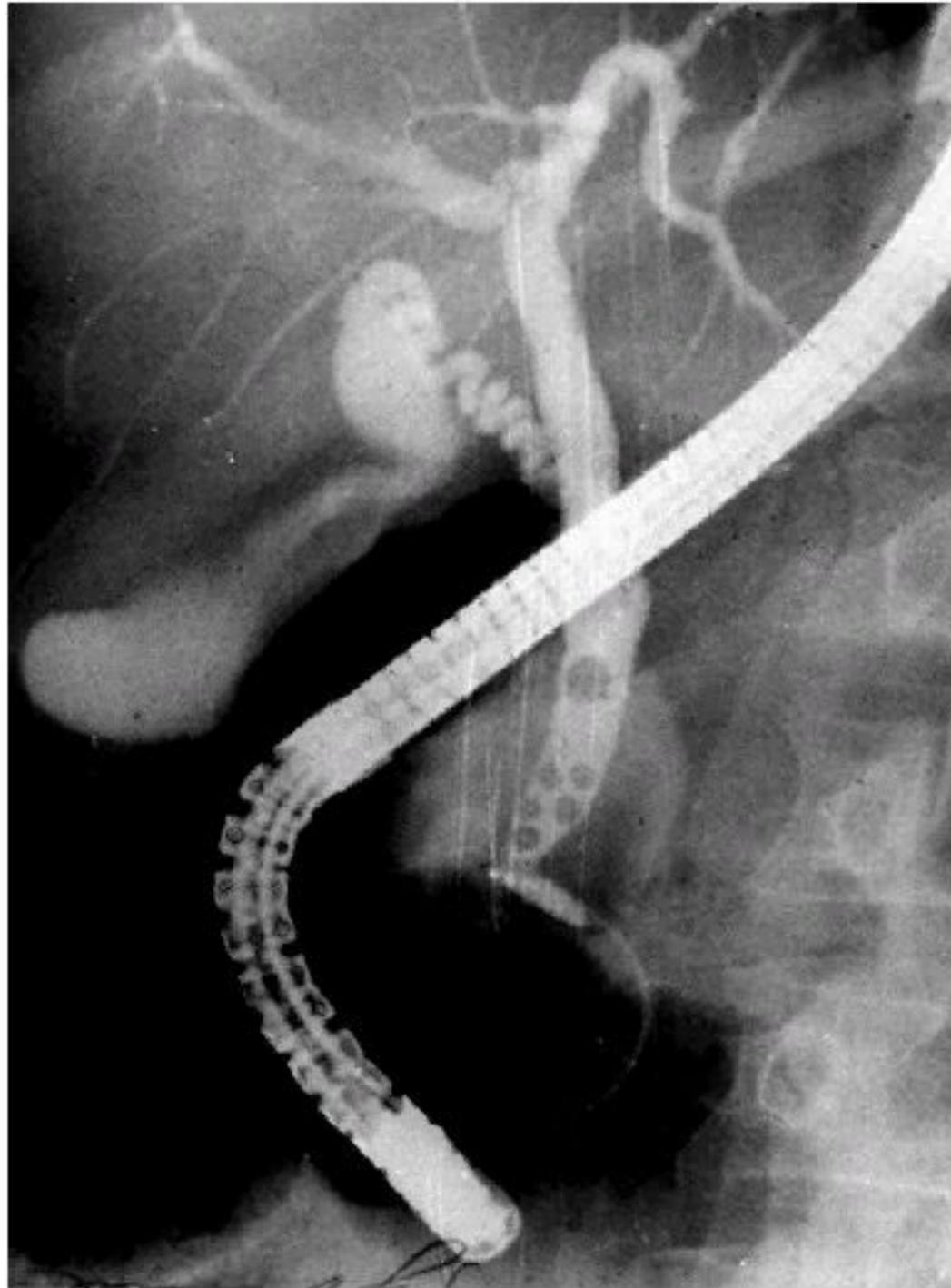


Intrahepatic stones

F. Netter M.D.
C. Machado M.D.
K. Merzsin





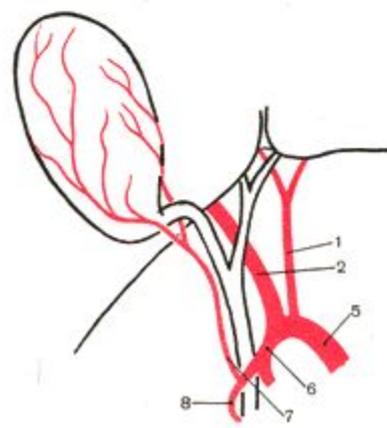
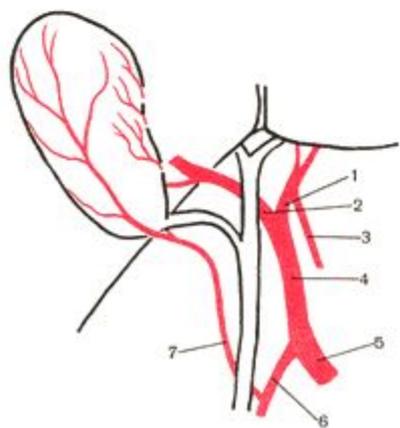
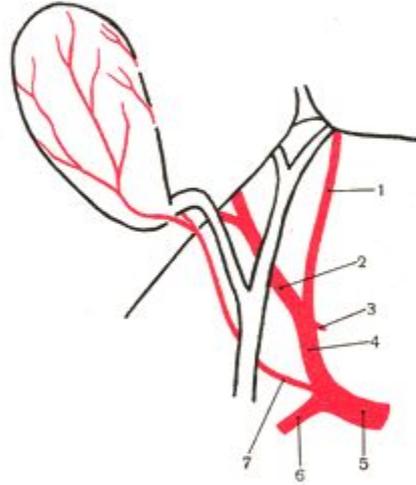
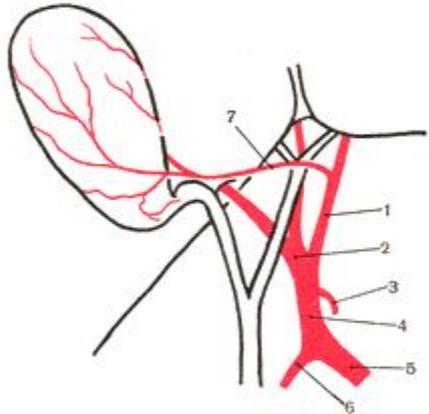
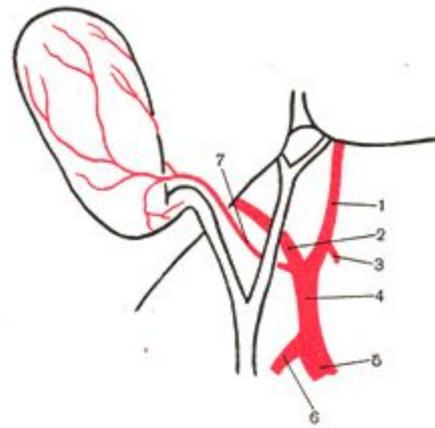
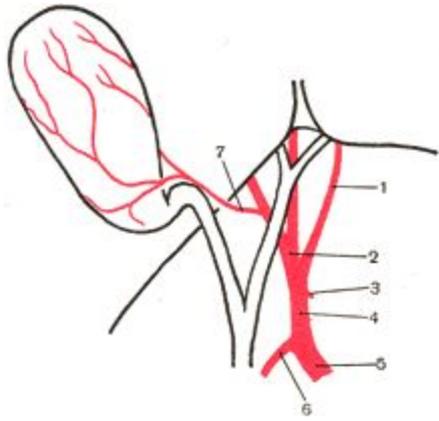


Видео от ХПП, ЭПСТ,

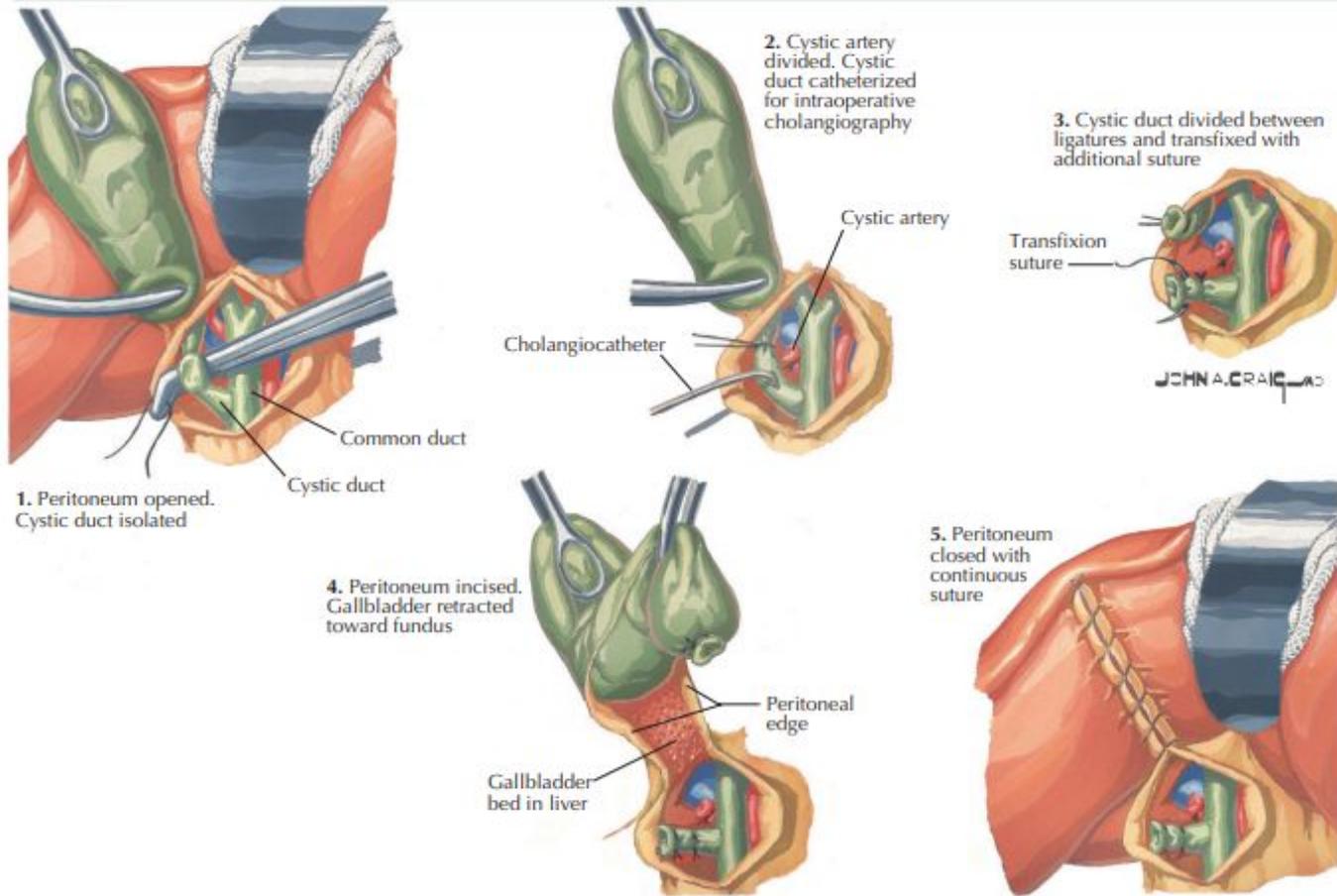
Литоэкстракция.

02:10 и далее на быстрой
промотке

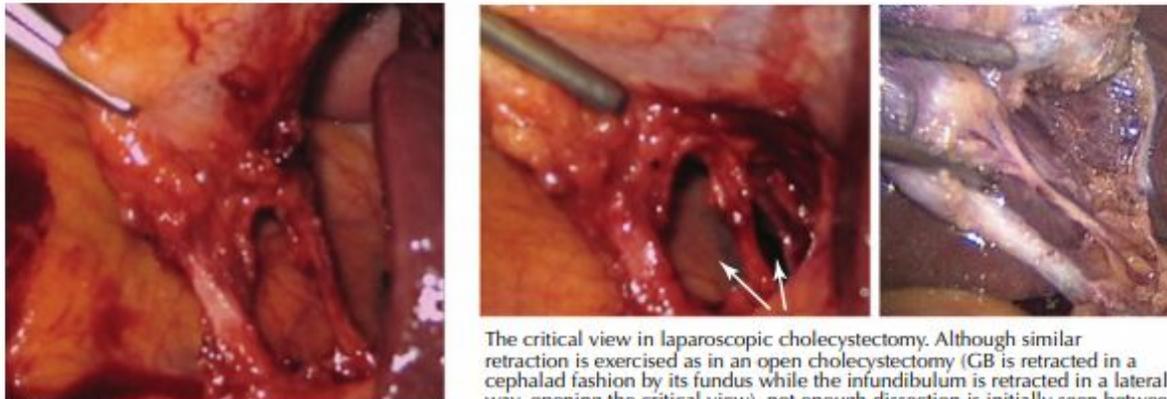
- <https://www.youtube.com/watch?v=x9OceQhcg-l>



Cholecystectomy



Critical view in open and laparoscopic cholecystectomy



ЛХЭ

<http://pie.med.utoronto.ca/TVASurg/project/standardlapchole/>