

ANATOMY OF CEREBROVASCULAR ACCIDENT

ANATOMY OF CEREBROVASCULAR ACCIDENT IS A CRITICAL AREA OF STUDY THAT ENCOMPASSES THE UNDERSTANDING OF STROKES, THEIR CAUSES, EFFECTS, AND THE UNDERLYING MECHANISMS THAT DRIVE THESE LIFE-ALTERING EVENTS. A CEREBROVASCULAR ACCIDENT (CVA), COMMONLY KNOWN AS A STROKE, OCCURS WHEN THERE IS A DISRUPTION IN THE BLOOD SUPPLY TO THE BRAIN, RESULTING IN BRAIN CELL DAMAGE. THIS ARTICLE WILL EXPLORE THE ANATOMY INVOLVED IN CEREBROVASCULAR ACCIDENTS, INCLUDING THE TYPES OF STROKES, THE VASCULAR STRUCTURES AFFECTED, AND THE PHYSIOLOGICAL PROCESSES LEADING TO THESE EVENTS. BY DELVING INTO THE RISK FACTORS, SYMPTOMS, AND TREATMENT OPTIONS, WE AIM TO PROVIDE A COMPREHENSIVE UNDERSTANDING OF CEREBROVASCULAR ACCIDENTS AND THEIR IMPACT ON HEALTH.

- UNDERSTANDING CEREBROVASCULAR ACCIDENT
- TYPES OF CEREBROVASCULAR ACCIDENTS
- ANATOMICAL STRUCTURES INVOLVED
- RISK FACTORS AND CAUSES
- SYMPTOMS AND DIAGNOSIS
- TREATMENT AND MANAGEMENT
- REHABILITATION AND RECOVERY
- CONCLUSION

UNDERSTANDING CEREBROVASCULAR ACCIDENT

CEREBROVASCULAR ACCIDENTS ARE A MEDICAL EMERGENCY CHARACTERIZED BY SUDDEN NEUROLOGICAL DEFICITS CAUSED BY A DISTURBANCE IN CEREBRAL BLOOD FLOW. THESE EVENTS CAN LEAD TO SIGNIFICANT MORBIDITY AND MORTALITY, MAKING IT ESSENTIAL TO UNDERSTAND THEIR ANATOMY AND PATHOLOGY. THE BRAIN REQUIRES A CONSTANT SUPPLY OF OXYGEN AND NUTRIENTS PROVIDED BY BLOOD FLOW; ANY INTERRUPTION CAN RESULT IN CELL DEATH AND LOSS OF FUNCTION. THE DURATION OF THE INTERRUPTION AND THE BRAIN REGION AFFECTED PLAY CRUCIAL ROLES IN DETERMINING THE SEVERITY OF THE STROKE AND THE POTENTIAL FOR RECOVERY.

THE TWO PRIMARY TYPES OF CEREBROVASCULAR ACCIDENTS ARE ISCHEMIC AND HEMORRHAGIC STROKES. ISCHEMIC STROKES, WHICH ACCOUNT FOR APPROXIMATELY 87% OF ALL STROKES, OCCUR WHEN A BLOOD CLOT BLOCKS A BLOOD VESSEL SUPPLYING BLOOD TO THE BRAIN. HEMORRHAGIC STROKES OCCUR WHEN A BLOOD VESSEL RUPTURES, LEADING TO BLEEDING IN OR AROUND THE BRAIN. UNDERSTANDING THE DIFFERENCES BETWEEN THESE TYPES IS VITAL FOR EFFECTIVE TREATMENT AND INTERVENTION.

TYPES OF CEREBROVASCULAR ACCIDENTS

THERE ARE TWO MAIN CATEGORIES OF CEREBROVASCULAR ACCIDENTS: ISCHEMIC AND HEMORRHAGIC STROKES, EACH WITH DISTINCT CHARACTERISTICS AND IMPLICATIONS FOR TREATMENT.

ISCHEMIC STROKE

ISCHEMIC STROKES ARE FURTHER CATEGORIZED INTO TWO MAIN TYPES: THROMBOTIC AND EMBOLIC STROKES. THROMBOTIC STROKES OCCUR WHEN A BLOOD CLOT FORMS IN AN ARTERY SUPPLYING BLOOD TO THE BRAIN, OFTEN DUE TO ATHEROSCLEROSIS, A CONDITION CHARACTERIZED BY THE BUILDUP OF FATTY DEPOSITS IN THE ARTERIAL WALLS. EMBOLIC STROKES, ON THE OTHER HAND, OCCUR WHEN A CLOT FORMS ELSEWHERE IN THE BODY, TYPICALLY THE HEART, AND TRAVELS TO THE BRAIN, LODGING IN A BLOOD VESSEL.

HEMORRHAGIC STROKE

HEMORRHAGIC STROKES OCCUR WHEN A BLOOD VESSEL IN THE BRAIN BURSTS, LEADING TO BLEEDING IN THE SURROUNDING TISSUES. THIS CAN BE CAUSED BY CONDITIONS SUCH AS HYPERTENSION, ANEURYSMS, OR ARTERIOVENOUS MALFORMATIONS. THERE ARE TWO MAIN TYPES OF HEMORRHAGIC STROKES: INTRACEREBRAL HEMORRHAGE, WHICH OCCURS WITHIN THE BRAIN TISSUE, AND SUBARACHNOID HEMORRHAGE, WHICH OCCURS IN THE SPACE SURROUNDING THE BRAIN.

ANATOMICAL STRUCTURES INVOLVED

UNDERSTANDING THE ANATOMY OF THE BRAIN AND THE VASCULAR STRUCTURES INVOLVED IN CEREBROVASCULAR ACCIDENTS IS ESSENTIAL FOR GRASPING HOW STROKES OCCUR AND THEIR POTENTIAL IMPACTS. THE BRAIN'S BLOOD SUPPLY PRIMARILY COMES FROM TWO PAIRS OF ARTERIES: THE INTERNAL CAROTID ARTERIES AND THE VERTEBRAL ARTERIES.

MAJOR BLOOD VESSELS

THE INTERNAL CAROTID ARTERIES SUPPLY THE ANTERIOR CIRCULATION OF THE BRAIN, WHILE THE VERTEBRAL ARTERIES PROVIDE BLOOD TO THE POSTERIOR CIRCULATION. THESE ARTERIES BRANCH INTO SMALLER VESSELS, INCLUDING THE MIDDLE CEREBRAL ARTERY, ANTERIOR CEREBRAL ARTERY, AND POSTERIOR CEREBRAL ARTERY, EACH RESPONSIBLE FOR SUPPLYING SPECIFIC REGIONS OF THE BRAIN.

CIRCLE OF WILLIS

THE CIRCLE OF WILLIS IS A CRITICAL ANATOMICAL STRUCTURE AT THE BASE OF THE BRAIN WHERE THESE MAJOR ARTERIES CONVERGE. IT ACTS AS A SAFETY MECHANISM, ALLOWING FOR COLLATERAL CIRCULATION IN CASE ONE OF THE MAJOR ARTERIES BECOMES OBSTRUCTED. UNDERSTANDING THE CIRCLE OF WILLIS IS CRUCIAL, AS ITS INTEGRITY CAN INFLUENCE THE SEVERITY AND OUTCOMES OF CEREBROVASCULAR ACCIDENTS.

RISK FACTORS AND CAUSES

NUMEROUS RISK FACTORS CONTRIBUTE TO THE LIKELIHOOD OF EXPERIENCING A CEREBROVASCULAR ACCIDENT. THESE FACTORS CAN BE CLASSIFIED INTO MODIFIABLE AND NON-MODIFIABLE CATEGORIES.

MODIFIABLE RISK FACTORS

- **HYPERTENSION:** HIGH BLOOD PRESSURE IS ONE OF THE LEADING RISK FACTORS FOR BOTH ISCHEMIC AND HEMORRHAGIC STROKES.
- **DIABETES:** POORLY CONTROLLED DIABETES CAN DAMAGE BLOOD VESSELS, INCREASING STROKE RISK.
- **SMOKING:** TOBACCO USE CONTRIBUTES TO ATHEROSCLEROSIS AND INCREASES THE LIKELIHOOD OF BLOOD CLOTS.

- **OBESEITY:** EXCESS WEIGHT IS ASSOCIATED WITH VARIOUS HEALTH CONDITIONS THAT HEIGHTEN STROKE RISK.
- **HIGH CHOLESTEROL:** ELEVATED CHOLESTEROL LEVELS CAN LEAD TO PLAQUE FORMATION IN ARTERIES.

Non-Modifiable Risk Factors

- **AGE:** THE RISK OF STROKE INCREASES WITH AGE, PARTICULARLY AFTER AGE 55.
- **GENDER:** MEN ARE GENERALLY AT HIGHER RISK, ALTHOUGH WOMEN TEND TO HAVE WORSE OUTCOMES.
- **FAMILY HISTORY:** A FAMILY HISTORY OF STROKE CAN INCREASE INDIVIDUAL RISK.
- **RACE:** CERTAIN RACIAL AND ETHNIC GROUPS, SUCH AS AFRICAN AMERICANS, HAVE A HIGHER INCIDENCE OF STROKE.

Symptoms and Diagnosis

THE SYMPTOMS OF A CEREBROVASCULAR ACCIDENT CAN VARY SIGNIFICANTLY BASED ON THE AREA OF THE BRAIN AFFECTED AND THE SEVERITY OF THE INTERRUPTION IN BLOOD FLOW. RECOGNIZING THESE SYMPTOMS PROMPTLY IS CRITICAL FOR TIMELY INTERVENTION.

Common Symptoms

- **SUDDEN NUMBNESS OR WEAKNESS:** THIS OFTEN AFFECTS ONE SIDE OF THE BODY, INCLUDING THE FACE, ARM, OR LEG.
- **CONFUSION:** INDIVIDUALS MAY EXPERIENCE SUDDEN CONFUSION, TROUBLE SPEAKING, OR DIFFICULTY UNDERSTANDING SPEECH.
- **VISION PROBLEMS:** SUDDEN TROUBLE SEEING IN ONE OR BOTH EYES CAN OCCUR.
- **DIFFICULTY WALKING:** THIS MAY INCLUDE DIZZINESS, LOSS OF BALANCE, OR COORDINATION ISSUES.
- **SEVERE HEADACHE:** A SUDDEN AND SEVERE HEADACHE WITH NO KNOWN CAUSE CAN SIGNAL A HEMORRHAGIC STROKE.

Diagnostic Procedures

DIAGNOSING A CEREBROVASCULAR ACCIDENT INVOLVES A COMBINATION OF CLINICAL EVALUATION AND IMAGING STUDIES. HEALTHCARE PROVIDERS OFTEN UTILIZE:

- **CT Scan:** TO QUICKLY IDENTIFY OR RULE OUT BLEEDING IN THE BRAIN.
- **MRI:** THIS PROVIDES MORE DETAILED IMAGES OF THE BRAIN'S STRUCTURE AND BLOOD FLOW.
- **CEREBRAL ANGIOGRAPHY:** THIS PROCEDURE VISUALIZES BLOOD VESSELS IN THE BRAIN TO IDENTIFY BLOCKAGES OR ABNORMALITIES.

TREATMENT AND MANAGEMENT

THE TREATMENT OF CEREBROVASCULAR ACCIDENTS VARIES BASED ON THE TYPE AND SEVERITY OF THE STROKE. PROMPT MEDICAL INTERVENTION IS CRUCIAL IN IMPROVING OUTCOMES AND REDUCING LONG-TERM DISABILITIES.

TREATMENT FOR ISCHEMIC STROKE

FOR ISCHEMIC STROKES, THE PRIMARY TREATMENT IS THE ADMINISTRATION OF THROMBOLYTICS, COMMONLY KNOWN AS “CLOT BUSTERS,” WHICH DISSOLVE THE BLOOD CLOT AND RESTORE BLOOD FLOW. THIS TREATMENT IS MOST EFFECTIVE WHEN GIVEN WITHIN A FEW HOURS OF SYMPTOM ONSET. ADDITIONALLY, ANTIPLATELET MEDICATIONS AND ANTICOAGULANTS MAY BE PRESCRIBED TO PREVENT FUTURE STROKES.

TREATMENT FOR HEMORRHAGIC STROKE

IN THE CASE OF HEMORRHAGIC STROKES, THE FOCUS IS ON CONTROLLING THE BLEEDING AND REDUCING INTRACRANIAL PRESSURE. SURGICAL INTERVENTIONS MAY BE NECESSARY TO REPAIR BLOOD VESSELS OR RELIEVE PRESSURE ON THE BRAIN. MEDICATIONS MAY ALSO BE ADMINISTERED TO MANAGE BLOOD PRESSURE AND PREVENT VASOSPASM.

REHABILITATION AND RECOVERY

AFTER THE ACUTE PHASE OF A CEREBROVASCULAR ACCIDENT, REHABILITATION IS ESSENTIAL FOR RECOVERY. THE GOAL OF REHABILITATION IS TO HELP INDIVIDUALS REGAIN LOST FUNCTIONS AND IMPROVE THEIR QUALITY OF LIFE.

TYPES OF REHABILITATION

- **PHYSICAL THERAPY:** FOCUSES ON IMPROVING MOBILITY, STRENGTH, AND COORDINATION.
- **OCCUPATIONAL THERAPY:** HELPS INDIVIDUALS RELEARN DAILY ACTIVITIES AND REGAIN INDEPENDENCE.
- **SPEECH THERAPY:** ADDRESSES COMMUNICATION AND SWALLOWING DIFFICULTIES.
- **PSYCHOLOGICAL SUPPORT:** PROVIDES COUNSELING AND SUPPORT FOR EMOTIONAL AND MENTAL HEALTH CHALLENGES.

CONCLUSION

UNDERSTANDING THE ANATOMY OF CEREBROVASCULAR ACCIDENTS IS VITAL FOR RECOGNIZING THEIR IMPLICATIONS AND IMPROVING PATIENT OUTCOMES. BY EXPLORING THE TYPES OF STROKES, ANATOMICAL STRUCTURES INVOLVED, RISK FACTORS, SYMPTOMS, DIAGNOSIS, TREATMENT, AND REHABILITATION, WE GAIN A COMPREHENSIVE VIEW OF THIS CRITICAL HEALTH ISSUE. EARLY RECOGNITION AND PROMPT INTERVENTION REMAIN KEY TO MINIMIZING THE EFFECTS OF A CEREBROVASCULAR ACCIDENT AND ENHANCING RECOVERY PROSPECTS.

Q: WHAT IS THE ANATOMY OF A CEREBROVASCULAR ACCIDENT?

A: THE ANATOMY OF A CEREBROVASCULAR ACCIDENT INVOLVES THE DISRUPTION OF BLOOD FLOW TO THE BRAIN, IMPACTING VARIOUS BRAIN REGIONS. KEY ANATOMICAL STRUCTURES INCLUDE THE INTERNAL CAROTID ARTERIES, VERTEBRAL ARTERIES, AND THE CIRCLE OF WILLIS, WHICH ARE CRUCIAL FOR UNDERSTANDING THE VASCULAR SUPPLY TO THE BRAIN.

Q: WHAT ARE THE MAIN TYPES OF CEREBROVASCULAR ACCIDENTS?

A: THE MAIN TYPES OF CEREBROVASCULAR ACCIDENTS ARE ISCHEMIC STROKES, CAUSED BY A BLOCKAGE IN A BLOOD VESSEL, AND HEMORRHAGIC STROKES, CAUSED BY A RUPTURE OF A BLOOD VESSEL. EACH TYPE HAS DISTINCT CAUSES AND TREATMENT APPROACHES.

Q: WHAT ARE THE RISK FACTORS FOR CEREBROVASCULAR ACCIDENTS?

A: RISK FACTORS FOR CEREBROVASCULAR ACCIDENTS INCLUDE HYPERTENSION, DIABETES, SMOKING, OBESITY, AND HIGH CHOLESTEROL. NON-MODIFIABLE FACTORS INCLUDE AGE, GENDER, FAMILY HISTORY, AND RACE.

Q: HOW CAN CEREBROVASCULAR ACCIDENTS BE DIAGNOSED?

A: DIAGNOSIS OF CEREBROVASCULAR ACCIDENTS TYPICALLY INVOLVES CLINICAL EVALUATION AND IMAGING STUDIES SUCH AS CT SCANS, MRIs, AND CEREBRAL ANGIOGRAPHY TO ASSESS THE BRAIN'S CONDITION AND IDENTIFY THE TYPE OF STROKE.

Q: WHAT TREATMENTS ARE AVAILABLE FOR ISCHEMIC STROKES?

A: TREATMENTS FOR ISCHEMIC STROKES INCLUDE THROMBOLYTICS TO DISSOLVE BLOOD CLOTS, ANTIPLATELET MEDICATIONS TO PREVENT FURTHER CLOTS, AND ANTICOAGULANTS FOR LONG-TERM MANAGEMENT.

Q: WHAT IS INVOLVED IN THE REHABILITATION PROCESS AFTER A STROKE?

A: THE REHABILITATION PROCESS AFTER A STROKE MAY INVOLVE PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AND PSYCHOLOGICAL SUPPORT, AIMED AT HELPING INDIVIDUALS REGAIN LOST FUNCTIONS AND IMPROVE THEIR QUALITY OF LIFE.

Q: HOW DO HEMORRHAGIC STROKES DIFFER FROM ISCHEMIC STROKES?

A: HEMORRHAGIC STROKES INVOLVE BLEEDING IN OR AROUND THE BRAIN DUE TO A RUPTURED BLOOD VESSEL, WHILE ISCHEMIC STROKES ARE CAUSED BY A BLOCKAGE IN BLOOD FLOW TO THE BRAIN. THEY REQUIRE DIFFERENT TREATMENT APPROACHES.

Q: WHAT ARE THE IMMEDIATE SYMPTOMS OF A CEREBROVASCULAR ACCIDENT?

A: IMMEDIATE SYMPTOMS OF A CEREBROVASCULAR ACCIDENT CAN INCLUDE SUDDEN NUMBNESS OR WEAKNESS, CONFUSION, DIFFICULTY SPEAKING, VISION PROBLEMS, AND SEVERE HEADACHES, PARTICULARLY IN HEMORRHAGIC STROKES.

Q: WHAT ROLE DOES THE CIRCLE OF WILLIS PLAY IN STROKES?

A: THE CIRCLE OF WILLIS IS AN IMPORTANT ANATOMICAL STRUCTURE THAT ALLOWS FOR COLLATERAL BLOOD FLOW TO THE BRAIN. ITS INTEGRITY CAN INFLUENCE THE SEVERITY AND OUTCOMES OF CEREBROVASCULAR ACCIDENTS.

Q: WHAT LONG-TERM EFFECTS CAN RESULT FROM A CEREBROVASCULAR ACCIDENT?

A: LONG-TERM EFFECTS FROM A CEREBROVASCULAR ACCIDENT CAN INCLUDE PHYSICAL DISABILITIES, SPEECH IMPAIRMENTS, COGNITIVE CHALLENGES, AND EMOTIONAL DIFFICULTIES, HIGHLIGHTING THE IMPORTANCE OF COMPREHENSIVE REHABILITATION AND SUPPORT.

Anatomy Of Cerebrovascular Accident

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process, leadership, nutrition, the older adult, growth and nutrition, legal/ethical considerations, evidence-based nursing care, and many more essential topics, avoiding repetition later in the text. Includes a separate, comprehensive unit on the older adult and related disorders — no other LPN/LVN med-surg text has as much coverage of this primary patient group. Includes a separate, comprehensive unit on psychosocial responses to illness, psychiatric disorders, and substance abuse — eliminating the need for a separate psychiatric mental health nursing text. Emphasizes content related to the NCLEX-PN Test Plan, including health promotion, nutrition, legal/ethical issues, HIPAA, and prevention of medication/medical errors. Offers in-depth pharmacology coverage: the Pharmacology Tutorial covers drug classifications, how drugs work, and nursing responsibilities; Pharmacology Capsules boxes provide medication information, precautions for use, interactions, and side/adverse effects; and Pharmacology and Medications tables in body systems chapters include classification, use/action, side/adverse effects, and nursing interventions — all with the goal of reducing medication errors on the job and equipping you to pass the NCLEX exam. Assists with assignment and supervision, helping you assign tasks to nurse assistants, patient care techs, and unlicensed assistive personnel, and making sure you understand the difference between delegation, management, supervision, and assignment of tasks on the health care team. Features Diagnostic Tests and Procedures tables for a quick reference to MRI, CT, Doppler flow, lumbar puncture tests for neurologic disorders, and much more. Highlights timely information with Health Promotion boxes, Cultural Considerations boxes, Nutrition Considerations boxes, and Complementary and Alternative Therapies boxes. Provides bulleted lists of nursing instructions for Patient Teaching Plans, stressing the role and responsibility of the LPN/LVN to reinforce patient education. Provides consistent Nursing Care Plans that reinforce the nursing process and focus on critical thinking, and Put on Your Thinking Cap Critical Thinking boxes encourage you to pause and consider the practical implications of what you have just read.

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in cerebrovascular disease interventions.

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and medical and surgical treatment of each anatomic distribution in one chapter of section, the editors have provided a facile reference. A particular chapter will inform the physician's or nurse's care of an individual patient, without that medical profession having to skip around - using the index - to garner or refresh their expertise in, say, the 'contemporary management of superior vena cava syndrome.' - Benjamin M. Jackson, MD (Ann Thorac Surg 2011;92:1555)

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Pasquale F. Finelli, 2013-10-22 Diagnostic Reference Index of Clinical Neurology aims to give the busy clinician a fast, easy-to-use guide to the core neurological literature published from 1980 to 1986. This book is divided into two sections, key words and references. The keywords section consists of neuroscience terms and each main entry is followed by reference citation numbers and corresponding references. This index, unlike the usual computerized systems for literature retrieval, is structured around clinical problems and uses the approach and terminology of a practicing neurologist. The contents were sources from the full text of articles that were published in critical core of fourteen major international English-language journals in medicine and neurology. This book will be of interest to neurology students and to practicing clinical neurologists.

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Jane C. Rothrock, 2014-03-01 NEW and UNIQUE! Patient-Centered Care boxes feature simplified conversations that you can have with patients to help them better understand their surgical procedure. NEW! A Critical Thinking Question at the end of every chapter tests your understanding of chapter content. NEW! Key Points at the end of every chapter help you retain important concepts from the text. NEW! Laboratory Values appendix contains all laboratory value information in one convenient location.

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An introductory text that transitions into a moderately advanced, case-based analysis of neurologic disorders and diseases, this book emphasizes how to simplify the process of making a neurologic diagnosis. Medical students and residents are often intimidated by a deluge of data, perception of anatomic complexity, extensive differential diagnoses, and often have no organized structure to follow. Diagnostic methods of general medicine are not applicable. Indeed, neurology is a unique specialty since it requires the intermediary step of an anatomic diagnosis prior to proffering a differential diagnosis. Yet the required knowledge of neuroanatomy need not be profound for the student or resident who will not specialize in neurology or neurosurgery. The Neurologic Diagnosis: A Practical Bedside Approach, 2nd Edition is primarily directed to neurology and neurosurgery residents but it will be useful for medical and family practice residents who will discover that a great percentage of their patients have neurologic symptoms. A one-month neurology rotation out of four years of medical school is not sufficient to make a cogent neurologic diagnosis. The aim of this concise, practical book -- which includes an in-depth video of how to perform a neurologic examination -- is to facilitate the process of establishing a neuroanatomic diagnosis followed by a rigorous analysis of symptoms and signs to reach a well-thought out differential diagnosis. Focused and succinct, this book is an invaluable resource for making a lucid neurologic diagnosis.

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M. Townsend, B. Mark Evers, 2010-04-16 Atlas of General Surgical Techniques covers the full spectrum and breadth of general surgery through nearly 1200 easy-to-follow anatomic drawings. Drs. Courtney M. Townsend, Jr. and B. Mark Evers present step-by-step guidance for common and complex procedures, including open and minimally invasive techniques. The highly consistent approach and format allow for large educational illustrations with pearls and pitfalls at the end of each chapter. Comprehensive coverage includes hot topics such as Thyroidectomy, Parathyroidectomy, Hepaticojejunostomy, Choledochojejunostomy, Splenectomy, Hernia Repair, Exploration of Neck for Trauma, and Subclavian Artery Stab. You'll have a complete array of surgical procedures at your fingertips. 2009 PROSE Awards (awarded by Association of American Publishers for professional and scholarly excellence) Finalist/Honorable Mention, Clinical Medicine Features 1200 easy-to-follow, step-by-step anatomic drawings that clearly depict the full spectrum

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Sandra L. Hagen-Ansert, 2017-01-25 Updated to reflect the newest curriculum standards, Textbook of Diagnostic Sonography, 8th Edition provides you with the pertinent information needed for passing the boards. This highly respected text enhances your understanding of general/abdominal and obstetric/gynecologic sonography, the two primary divisions of sonography, as well as vascular sonography and echocardiography. Each chapter covers patient history; normal anatomy, including cross-sectional anatomy; sonography techniques; pathology; and related laboratory findings. And more than 3,100 images and anatomy drawings guide you in recognizing normal anatomy and abnormal pathology. - Full-color presentation, including color scans of gross pathology photos, where appropriate, enhances your learning experience and the teaching value of the text. - Pathology tables give you quick access to clinical findings, laboratory findings, sonography findings, and differential considerations. - Pedagogy, including chapter objectives and outlines, alerts you to the important information you will learn in each chapter. - Evolve site includes PowerPoint slides, an image bank, review questions and a workbook answer key for students, and a test bank for faculty to aid in the reinforcement and teaching of sonography skills. - Sonography Findings, highlighted with icon and special type, call attention to key clinical information. - NEW! Full coverage of general/abdominal, transplantation, superficial structures, pediatrics, fetal heart, and obstetric/gynecologic sonography, along with several new chapters on vascular sonography, hemodynamics, and introduction to echocardiography, provides you with the information needed to pass the boards and succeed in clinicals. - UPDATED! Content reflects the newest curriculum standards so you have the information you need to pass the boards. - NEW! Updated images depict the latest advances in the field of sonography and help you prepare for the boards and clinicals. - NEW! Key words in chapter openers focus your attention on the terms that you are required to know and understand. - NEW! Bulleted summary lists at the end of each chapter reinforce important concepts. - NEW! A condensed bibliography at the end of the book lists essential references and guides you in the direction to obtain more information in a given area.

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Updated and revised, this new edition of Caplan's Stroke continues to provide a concise and pragmatic approach to the evaluation, diagnosis, and management of adult and pediatric stroke patients. Dr. Caplan—a highly esteemed stroke authority—shares with you his vast experience and wisdom as a stroke clinician, including his time-tested strategies and unique clinical pearls that you can implement into your own practice. Expanded coverage of imaging and laboratory diagnosis and treatment as well as extensive revisions throughout, brings you the latest advances on prevention, complications, and rehabilitation. The use of case studies illustrates the types of clinical scenarios you may experience in practice. And, its conversational, easy-to-read format make Caplan's Stroke an ideal resource for general neurologists, non-neurologists, and stroke specialists alike. Discusses all cerebrovascular diseases to help you differentiate among all types of stroke so you can treat each patient appropriately. Takes a distinctly personal and individual approach to general principles, pathophysiology, diagnosis, treatment, and rehabilitation, offering practical, clinical guidance on stroke and stroke related issues. Provides detailed discussions on stroke syndromes in children and adults, including large artery occlusive disease of the anterior circulation, brain embolism, spinal cord stroke, and many, many more, to help you better manage every condition you see. Uses case studies to highlight and emphasize clinical points. Includes expanded coverage of imaging and laboratory diagnosis and treatment to help you make better informed evaluation and management

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