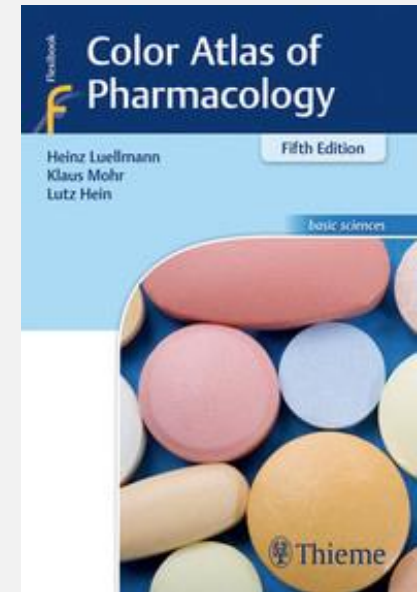
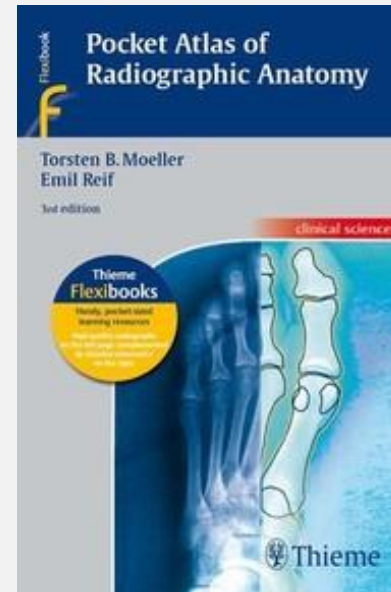
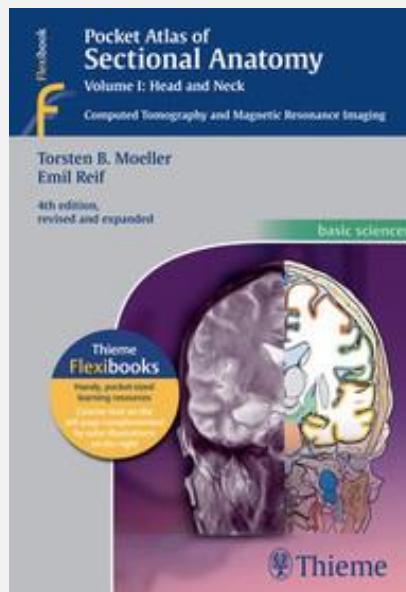
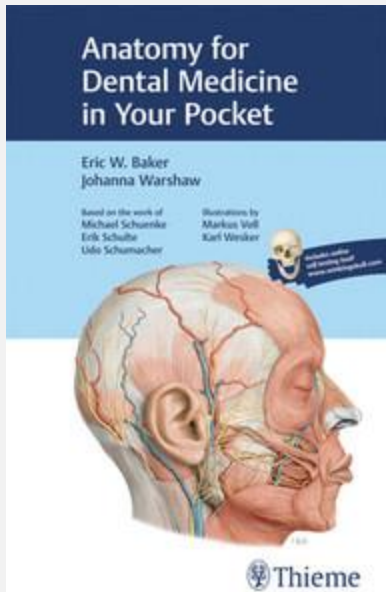


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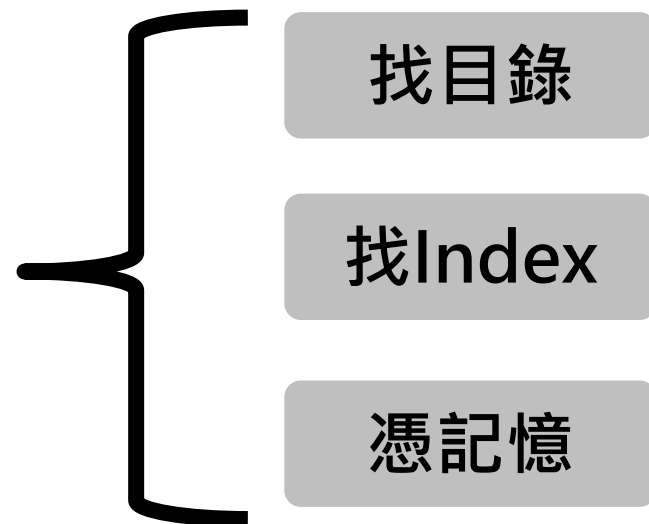
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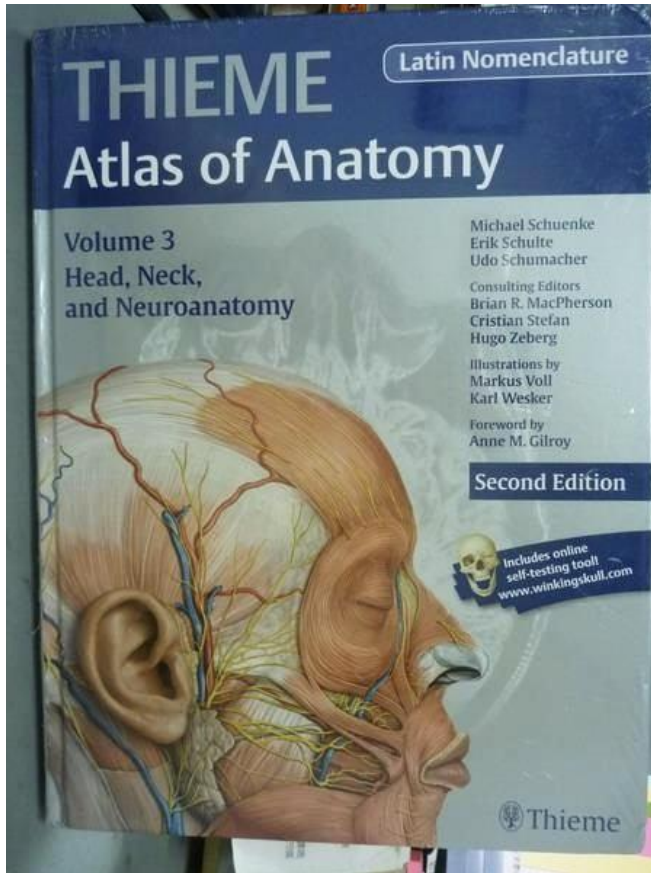
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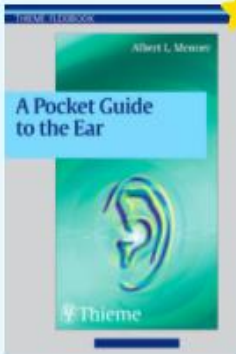

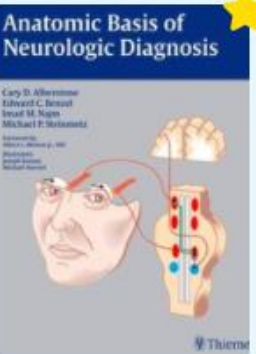
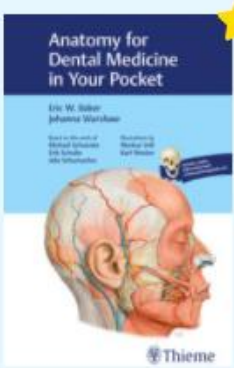
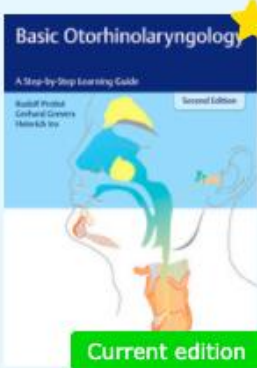


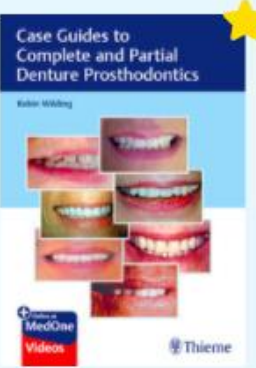
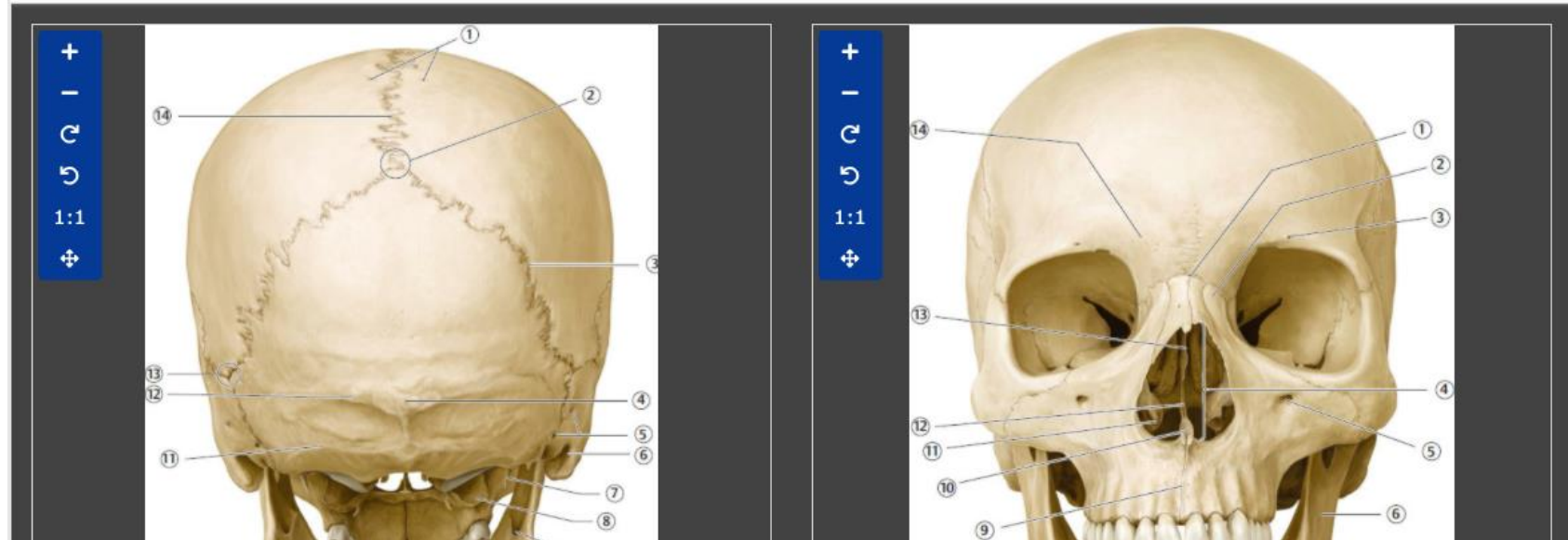
				
				

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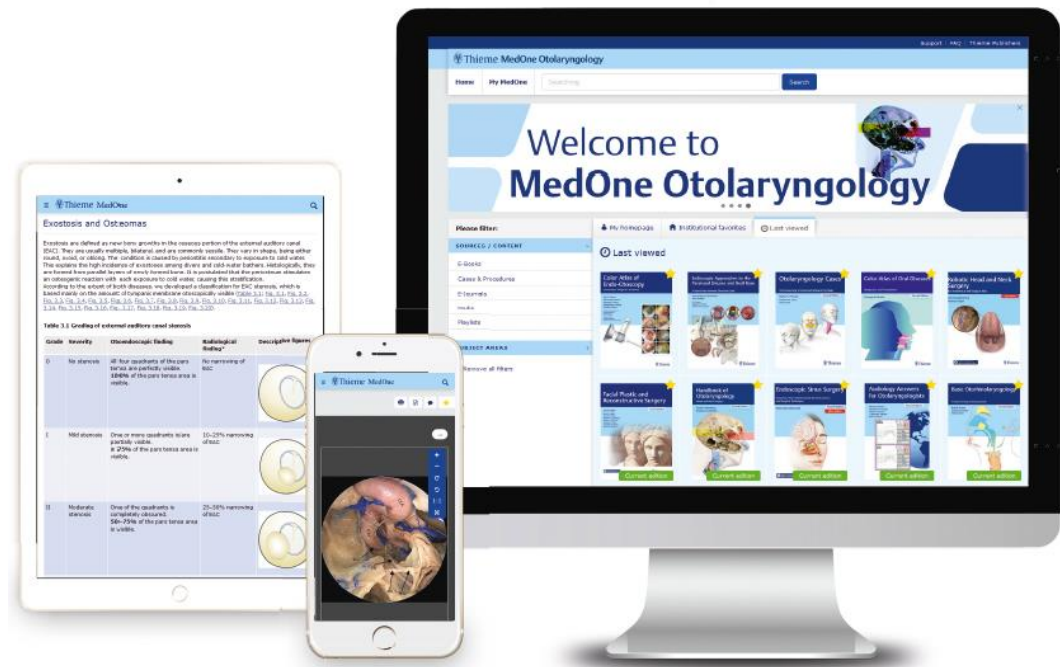
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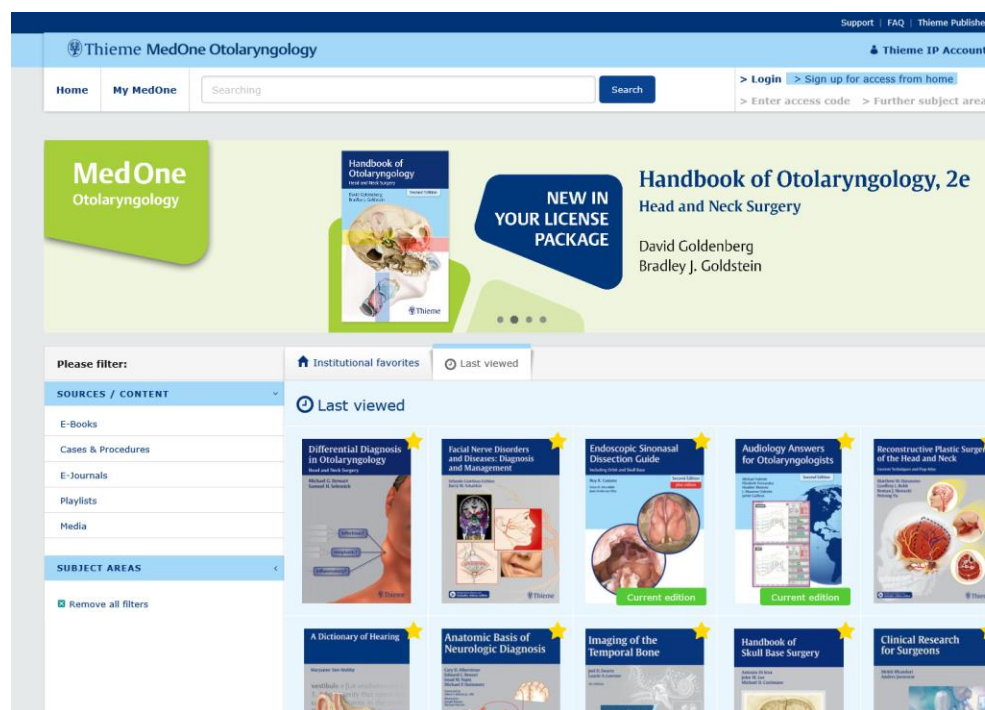
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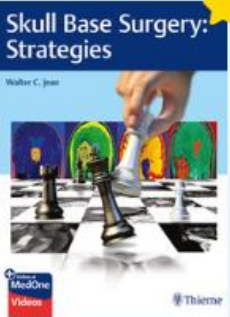
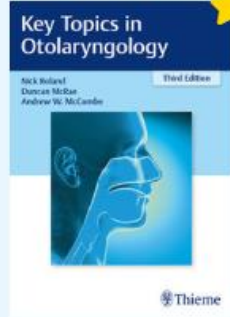

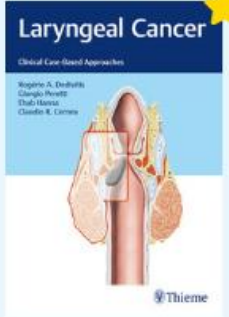

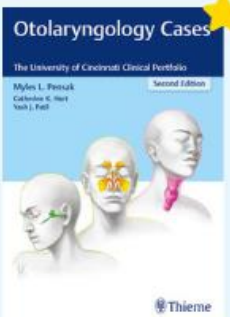
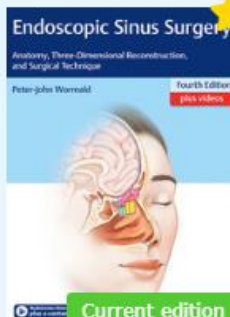

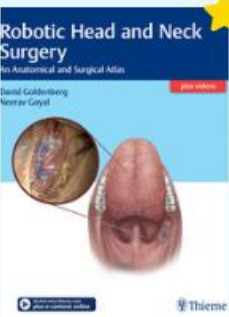


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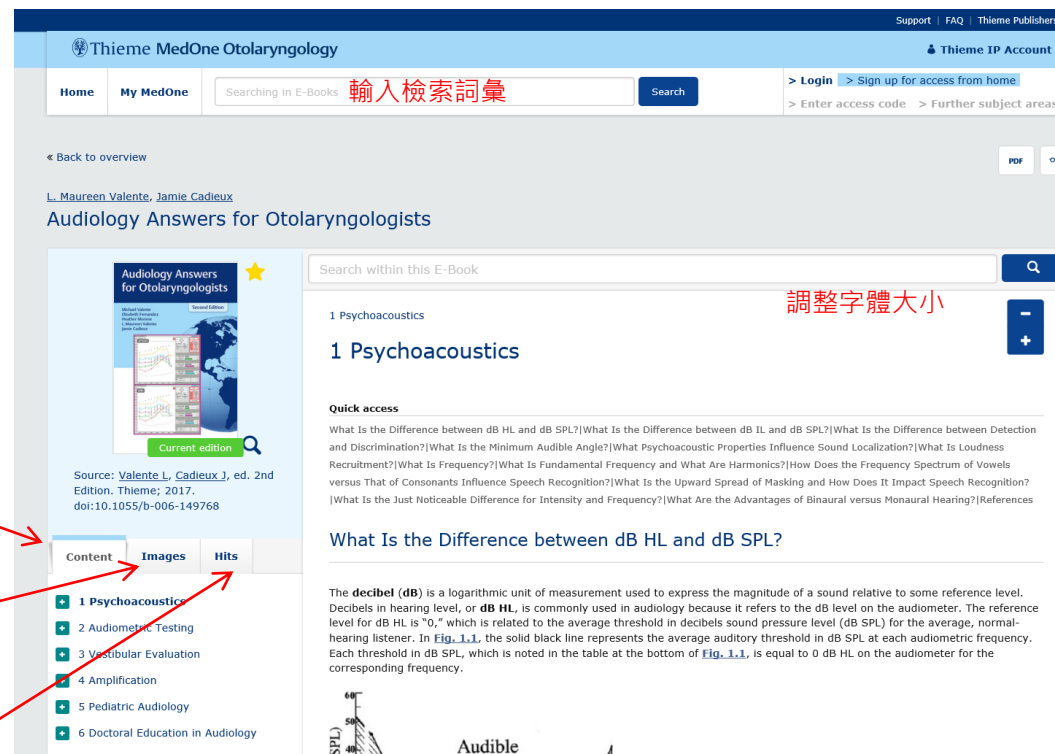
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The **decibel (dB)** is a logarithmic unit of measurement used to express the magnitude of a sound relative to some reference level. Decibels in hearing level, or **dB HL**, is commonly used in audiology because it refers to the dB level on the audiometer. The reference level for dB HL is "0," which is related to the average threshold in decibels sound pressure level (dB SPL) for the average, normal-hearing listener. In **Fig. 1.1**, the solid black line represents the average auditory threshold in dB SPL at each audiometric frequency. Each threshold in dB SPL, which is noted in the table at the bottom of **Fig. 1.1**, is equal to 0 dB HL on the audiometer for the corresponding frequency.

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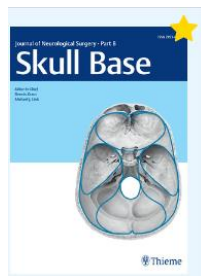
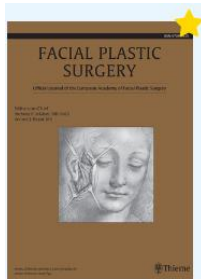
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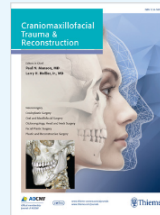
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The Role of Postoperative Imaging after Orbital Floor Fracture Repair

Division of Head and Neck Surgery and Communication Sciences, Duke University Medical Center, Durham, North Carolina
Division of Plastic Surgery, Duke University Medical Center, Durham, North Carolina

Quick access

Methods | Results | Discussion | Conclusion | Disclosure | Note | References

Abstract

Obtaining postoperative images of maxillofacial fractures does not affect the clinical management of asymptomatic patients; however, few studies have evaluated the role of postoperative imaging in the context of orbital floor fractures. In this study, we evaluate current practice techniques and the role of postoperative imaging in the management of orbital floor fractures in isolation and with concomitant facial fractures. Retrospective review of patients who underwent open reduction and internal fixation of orbital floor fractures between 2005 and 2015 at a single medical institution. Operative and perioperative records were reviewed to characterize postoperative imaging as routine or as indicated by concerning clinical symptoms, and to correlate clinical outcomes to postoperative imaging patterns across all identified orbital floor fractures. A total of 139 patients underwent open reduction and internal fixation of orbital floor fractures. Of these, 75 (54%) had zygomaticomaxillary (ZMC) involvement. The remaining 64 (46%) were isolated orbital floor fractures. Overall, 54 (39%) patients underwent postoperative imaging. Of these, 38 (70%) had postoperative imaging in the absence of concerning clinical symptoms. There was no observed difference in complication rates in those who underwent postoperative imaging, and those who did not. Patients with orbital + ZMC fractures underwent a significantly higher number of postoperative imaging studies ($p < 0.001$); however, there was no observed difference in complications between isolated orbital and orbital + ZMC fractures. Routine postoperative



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Tonsillitis

Case

Source: Pensak M, ed. [Otolaryngology Cases. The University of Cincinnati Clinical Portfolio](#). 2nd Edition. Thieme; 2017. doi:10.1055/b-006-149761

66 Tonsillitis

- 66.1 History
- 66.2 Differential Diagnosis—Key Points
- 66.3 Test Interpretation
- 66.4 Diagnosis
- 66.5 Medical Management
- 66.6 Surgical Management
- 66.7 Rehabilitation and Follow-up
- 66.8 Questions
- Suggested Readings

Part XI General Otolaryngology > 66 Tonsillitis

Tonsillitis

Andrew J. Redmann and Reena Dhanda Patil

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66.1 History|66.2 Differential Diagnosis—Key Points|66.3 Test Interpretation|66.4 Diagnosis|66.5 Medical Management|66.6 Surgical Management|66.7 Rehabilitation and Follow-up|66.8 Questions|Suggested Readings

66.1 History

A 51-year-old man presented to the emergency department with a 2-day history of low-grade fever, worsening sore throat, odynophagia, right otalgia, and muffled voice. He denied any difficulty breathing or handling his oral secretions. He had similar symptoms 3 years ago and was diagnosed with a peritonsillar abscess. This was drained in the emergency department. Additionally he reported approximately three episodes of pharyngitis per year for the last 3 years. These had all been treated with antibiotics, which improved his symptoms. His medical history was significant for gastroesophageal reflux disease (GERD) and obstructive sleep apnea, which resolved following an intentional 40-lb weight loss. He was a prior three-pack-per-day smoker but currently only smoked eight cigarettes per day.

Physical exam revealed an adult man in no acute distress. Temperature was 101.1 °F. All other vital signs were within normal limits. Ear and nasal exams were normal. Intraoral examination revealed erythematous oropharyngeal mucosa. Tonsils were 1 + bilaterally, with the right tonsil appearing slightly larger than the left tonsil. There was no uvular deviation or soft palate fullness (► [Fig. 66.1](#)). Neck examination revealed bilateral shotty lymphadenopathy but full range of motion.



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Deep Tongue Abscess

Procedure

Source: [Theissing J, Rettinger G, Werner J, ed. ENT Head and Neck Surgery: Essential Procedures](#). 1st Edition. Thieme; 2010.
doi:10.1055/b-002-79384

9 Surgery of the Oral Cavity and Oropharynx > Surgery for Abscesses of the Oral Cavity > Deep Tongue Abscess

[Jürgen Theissing, Gerhard Rettinger, Jochen Alfred Werner](#)

Deep Tongue Abscess

- Surgical Principle
- Anesthesia
- Surgical Technique
- Postoperative Care

Deep Tongue Abscess

Quick access
Surgical Principle|Anesthesia|Surgical Technique|Postoperative Care

Surgical Principle

Incision and drainage always from an external approach.

Anesthesia

Usually general endotracheal anesthesia.

Surgical Technique



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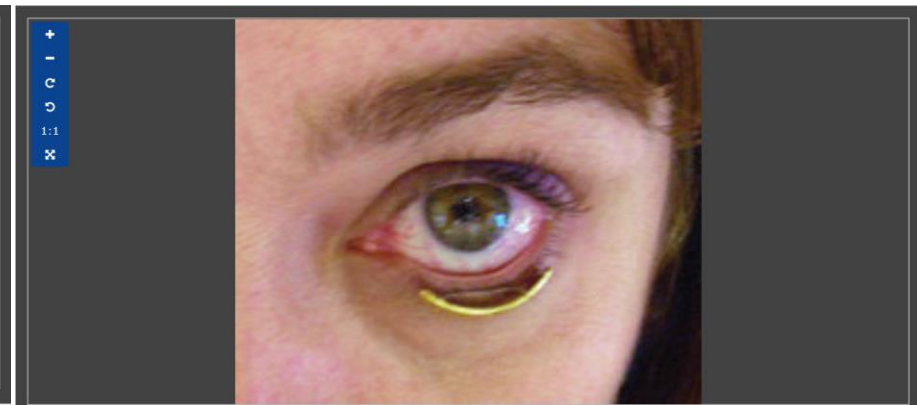
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Fig. 13.12 Relationship with supradiaphragmatic structures. By opening the optic nerve sheath and the upper ring of ICA, it is possible to localize the ophthalmic artery (Ophth A) that runs back to follow the optic nerve into the optic canal to the orbit cavity, the superior hypophysal artery (Sup hypo a), pituitary stalk, and chiasm. C3, paraclival; C4, infrasellar.
Source: 13.2 Surgical Steps. In: Bernal-Sprekelsen M, Alobid I, ed. Endoscopic Approaches to the Paranasal Sinuses and Skull Base. A Step-by-Step Anatomic Dissection Guide.. 1st Edition. Thieme; 2017. doi:10.1055/b-006-161015



This patient with a normal tarsoligamentous sling developed a simulated ectropion after a 2.8 g gold weight was taped to her lower lid. This demonstrates that very little downward force after a blepharoplasty from swelling and scar contracture can cause an ectropion.
Source: Lower Lid Blepharoplasty. In: Codner M, McCord C, ed. Eyelid & Periocular Surgery, 2nd Edition. Thieme; 2016. doi:10.1055/b-005-148980



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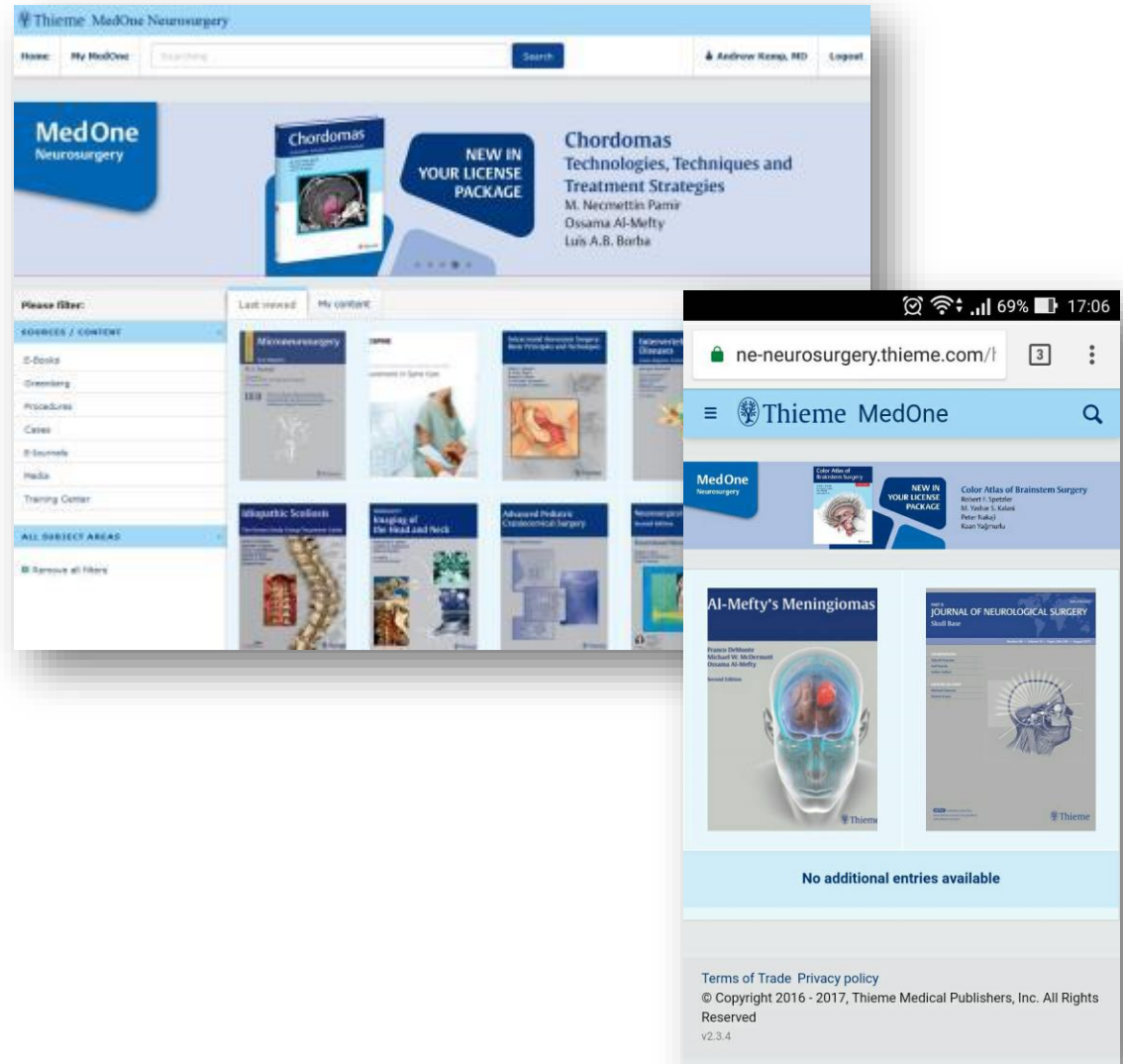


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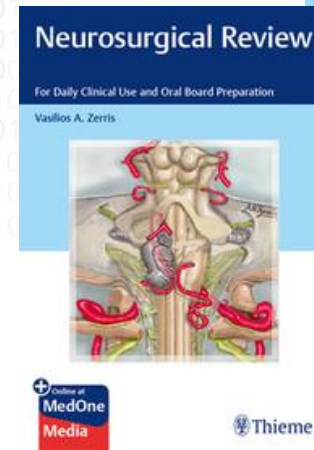
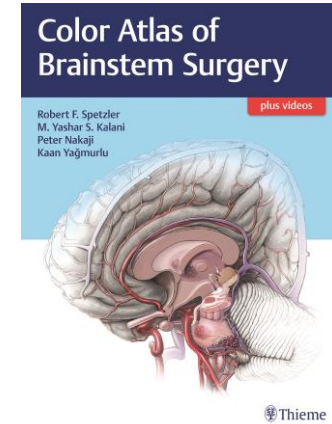
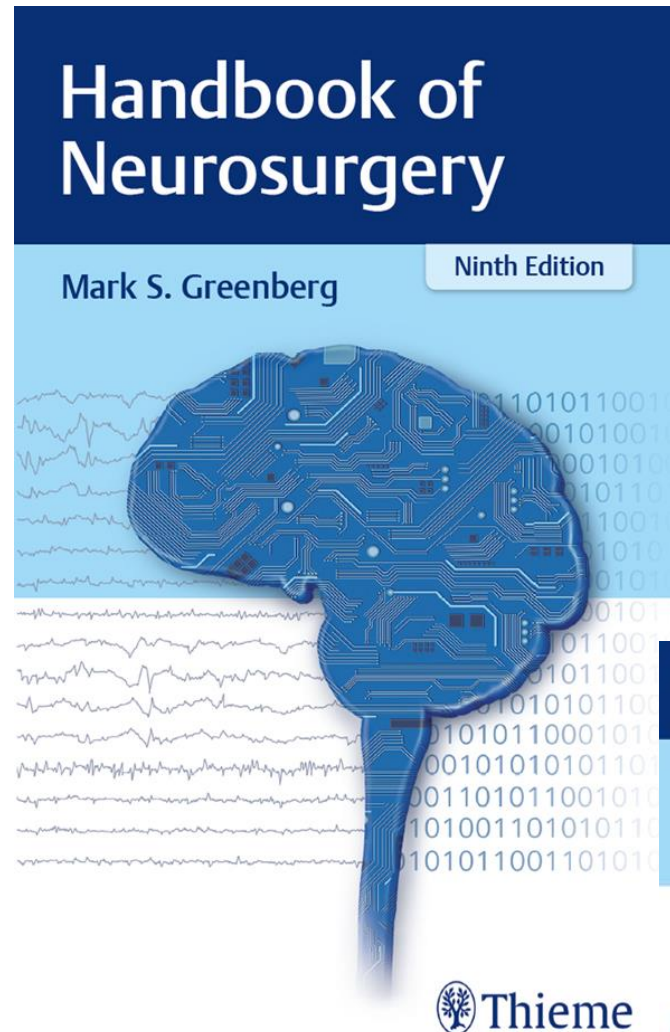
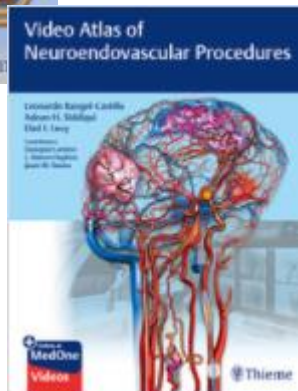
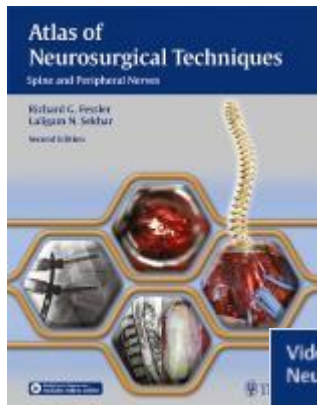
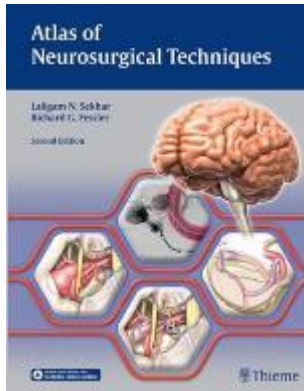


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> Enter access code > Further subject areas

Med One Neurosurgery

資源瀏覽by:

- E-Books 電子書
- Content Collection 次主題分類
- Greenberg 直接看Handbook of Neurosurgery最新版
- Procedures 手術執行說明與相關影片
- Cases 案例說明
- E-Journals 電子期刊
- Playlists 個人閱讀/播放清單
- Images/Videos/Audios
- Questions and Answers 自我測驗區

Please filter:

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Greenberg

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Cases

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Playlists

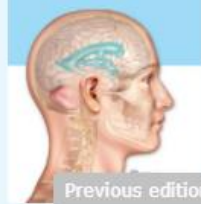
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Questions and Answers

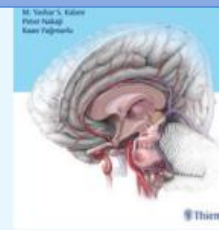
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 Remove all filters

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 Advanced Pediatric
Cranio-cervical Surgery


Previous edition



Thieme



Current edition



Thieme



Thieme

No additional entries available

檢索

先進的搜索機制，並依據與關鍵字關聯度排列檢索結果。

The screenshot shows a search interface for 'Neurosurgery' on a platform called 'My MedOne'. The search bar contains the text 'Neurosurgery' and a 'Search' button. To the right of the search bar are links for 'Login', 'Sign up for access from home', 'Enter access code', and 'Further subject are'. The search results are categorized into several sections, each highlighted with a red oval:

- Playlist Collections**: Includes 'MedOne SAP Neurosurgery'.
- E-Journals**: Includes 'Current issue 04/20 Arquivos Brasileiros de Neurocirurgia: Brazilian Neurosurgery' and 'Current issue 01/21 Indian Journal of Neurosurgery'.
- E-Books**: Includes 'Kaloostian, Ordookhanian Neurosurgery Outlines: Surgical Outlines' and 'Nader, Sabbagh, Elbabaa, Al-Jehan... Neurosurgery Case Review: Questions and Answers'.
- Chapter**: Includes '1 Anatomy, Embryology, and Normal and Abnormal Development of the Craniovertebral Junction and Cervical Spine Advanced Pediatric Craniocervical Surgery, 2005' and 'Anatomy of the Subaxial Cervical Spine Advanced Pediatric Craniocervical Surgery, 2005'.

Other visible sections include 'Content Collections' (e.g., 'Cases: Functional Neurosurgery', 'Greenberg's Handbook of Neurosurgery', 'Endovascular Neurosurgery'), 'Playlists' (e.g., 'Team MedOne Neurosurgery', 'Team Neurosurgery Subintern Functional Reading List', 'Team Neurosurgery Subintern General Reading List'), and 'Search all' and 'Authors'.

輸入關鍵字查詢，系統自動分類檢索結果：

1. Playlist-個人播放清單
2. 期刊
3. 電子書
4. 特定章節
5. 文章

Procedures: 提供418個外科手術流程Step-by-step 指引

Endoscopic Approach to Craniopharyngioma

Nancy McLaughlin, Leo F. S. Ditzel Filho, Daniel M. Prevedello, Daniel F. Kelly, Ricardo Carrau, Amin Kassam

Quick access

Introduction and Background | Operative Detail and Preparation | Outcomes and Postoperative Course | References

Introduction and Background

Definition, Pathophysiology, Epidemiology, and Histology

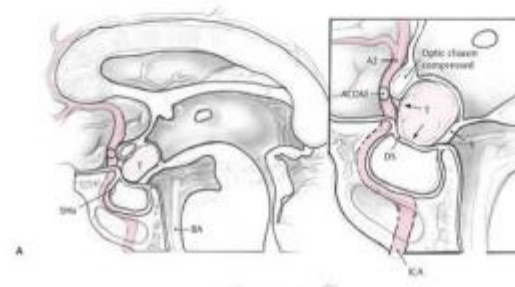
- Craniopharyngiomas are rare tumors of the central nervous system that occur at a rate of 1.3 per million person-years. Overall, they account for 2–5% of all primary intracranial neoplasms. Although they can be diagnosed at any age, craniopharyngiomas typically present a bimodal age distribution with a first peak in children 5–14 years old and a second peak in adults 50–74 years old.
- Craniopharyngiomas arise along the path of the craniopharyngeal duct, a canal connecting the stomodeal ectoderm with the evaginated Rathke pouch. Some authors have proposed that these tumors arise from neoplastic transformation of embryonic squamous cell rests of the involuted craniopharyngeal duct. Others have suggested that craniopharyngiomas result from metaplasia of adenohypophyseal cells in the pituitary stalk or gland.
- Craniopharyngioma are benign grade I tumors according to the World Health Organization classification. Histologically, two subtypes have been recognized, the adamantinomatous (most common, predominantly in young patients) and the papillary (almost exclusively in adults). Transitional or mixed forms have also been reported.
- Despite its benign histology, craniopharyngiomas tend to adhere and infiltrate surrounding structures. This characteristic accounts for their aggressive behavior and potentially significant morbidity and mortality. Rarely, craniopharyngiomas may present a malignant transformation, potentially and questionably induced by radiation therapy.

Clinical Presentation

- As craniopharyngiomas grow within the sellar/parasellar region, they may exert mass effect on critical structures of the nervous system including the optic apparatus, pituitary stalk and gland, floor of the third ventricle, hypothalamus, and cerebral vasculature of the circle of Willis.
- Headache, nausea/vomiting, visual disturbances, and symptoms related to hypothalamic/pituitary dysfunction are among the most commonly reported clinical manifestations. Less common presenting features include motor weakness, seizures, psychiatric symptoms, autonomic disturbances, and precocious puberty.
- Symptomatic elevated intracranial pressure may occur in any age population, resulting from obstruction of the foramen of Monro or of the aqueduct of Sylvius by the tumor.

Staging

- To date, authors have proposed various classification systems depending on their relation to the sella turcica, diaphragm sellae, optic chiasm, and third ventricle. The infundibulum is the key anatomic landmark that helps guide the modular exposure of endoscopic endonasal approaches (EEA) for craniopharyngioma resection (Fig. 60.1), as previously described by Kassam et al.
- Type I craniopharyngiomas* are preinfundibular, located immediately anterior to the pituitary stalk (most accessible). They are located in the suprasellar space, guarded inferiorly by the diaphragm, superiorly by the displaced chiasm, posteriorly by the pituitary stalk, and laterally by the carotid arteries. Preinfundibular lesions are the most direct craniopharyngiomas to approach through an endonasal route.
- Type II craniopharyngiomas* are transinfundibular lesions that grow within the long axis of the infundibulum, widening it circumferentially. Such lesions often create a component in the subchiasmatic space and extend rostrally through the tuber cinereum and into the third ventricle. In these cases, the stalk forms the capsule of the tumor.
- Type III craniopharyngiomas* are retroinfundibular lesions, located posterior to the pituitary stalk (most challenging). They are bounded anteriorly by the pituitary stalk and posteriorly by the mammillary bodies and basilar apex. The tumor may extend rostrally (type 3a), through the membrane of Lilliequist, to ultimately encroach or invade the third ventricle. It may also extend caudally (type 3b) to fill the interpeduncular fossa, potentially encroaching on the posterior circulation. Laterally, retroinfundibular craniopharyngiomas are bounded by the oculomotor nerves as they travel forward toward the cavernous sinus and the posterior communicating arteries as they travel between the posterior cerebral artery (P1) and the internal carotid artery (ICA).
- Type IV craniopharyngiomas* are pure intraventricular tumors. These tumors may best be approached by a transcranial route as the endonasal corridors are often limited by the stalk and chiasm.



Cases: 收錄225個案子的管理與追蹤提示

Brain Abscess

Pedro M. Ramirez and Martina Stippler

Quick access

[Case Presentation](#) | [Questions](#) | [Overview](#) | [Answers](#) | [Summary](#) | [Annotated References](#)

Case Presentation

A 52-year-old man with no previous medical history was brought to the emergency department with tonicoclonic seizure on the right side. The patient was afebrile, postictal at examination, but had no focal neurological deficit. He had a history of alcohol abuse (12-pack of beer a day). Laboratory workup showed: white blood cell (WBC) count 18.6×10^3 (neutrophil 91%); erythrocyte sedimentation rate (ESR) 10 (0–25); C-reactive protein (CRP) 1.4 (< 0.3), and blood glucose is 148 mg/dL. Noncontrast computed tomographic (CT) scan and enhanced magnetic resonance imaging (MRI) were obtained (Fig. 140.1). Blood cultures were negative and the patient is started on empirical antibiotic therapy. Two weeks after empirical therapy was the patient continued having headaches, the WBC count was 3.4×10^3 , ESR was 15, and CRP was 0.5. A follow-up MRI scan was obtained (Fig. 140.2). The patient undergoes stereotactic needle aspiration, which showed a positive culture for *Nocardia*. Antibiotic therapy was titrated with ceftriaxone for 6 weeks and trimethoprim/sulfamethoxazole for 12 months.

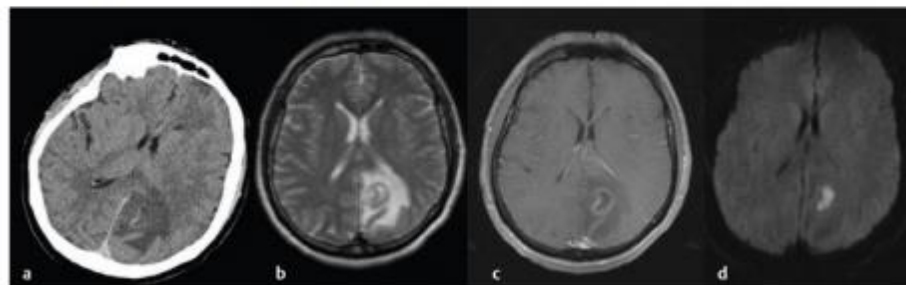


Fig. 140.1 Imaging studies at the time of admission. (a) Computed tomographic scan without contrast showing left parietal edema with a central rim. (b) T2-weighted magnetic resonance imaging (MRI) demonstrating the hyperintense lesion in the left parietal lobe with surrounding vasogenic edema. (c) Contrast-enhanced T1-weighted MRI demonstrating a left parietal ring-enhancing lesion. (d) Diffusion-weighted imaging revealing restricted diffusion.

Images/Videos/Audios

95,361 包含圖註影像

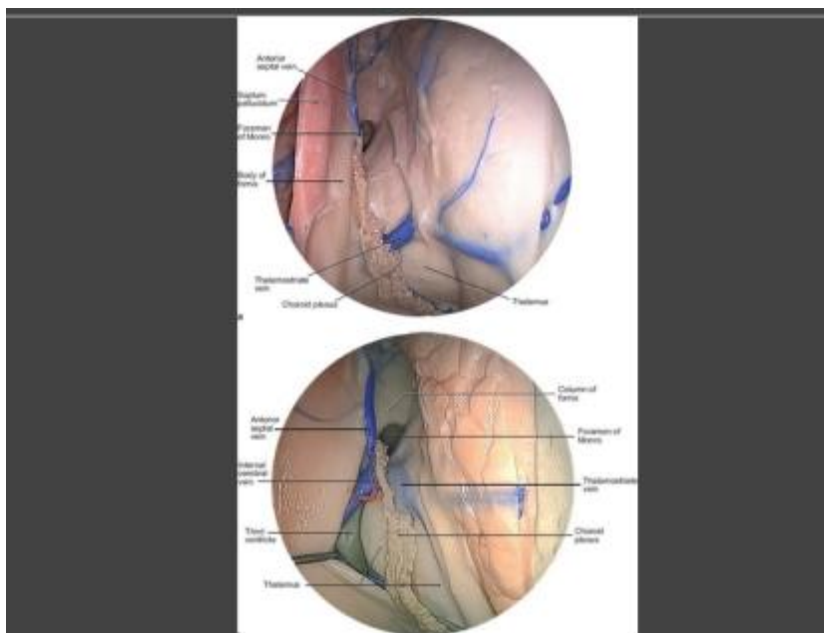
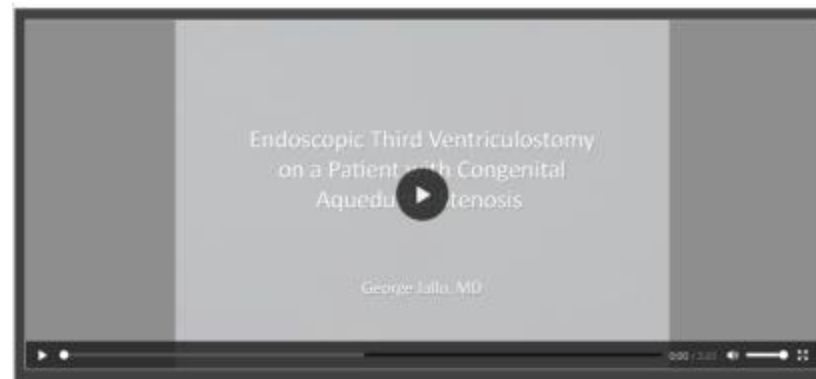


Figure 1.12. (a,b) Endoscopic views of the exposure of the third ventricle.
Source: *Color Atlas of Brainstem Surgery* > Internal Anatomy of the Brainstem

1,865 影片



https://medone-neurosurgery.thieme.com/media#/1375583/ebook_1375583_SL58434024/vi1375598

另外還有22個說明音檔

Questions and Answers

提供Greenberg超過 2,300個與日常、必須掌握的神經外科實務事實有關的評論題庫

Treatment Statistics of learning progress

1788 / 2387

?
Question

!
Answer

Question
1788

True or False. Patients who undergo decompressive laminectomies are likely to develop lumbar instability?

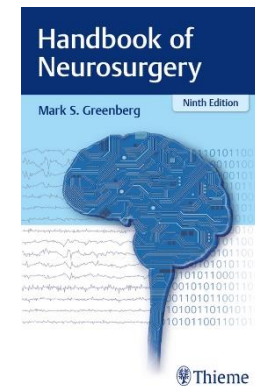
Answer

True or False. Patients who undergo decompressive laminectomies are likely to develop lumbar instability?	false - Less than 1%	Greenberg 8th edition, Chapter 72.8.4
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Correctly answered repeat

◀ Previous question Next question ▶

Source:
Treatment
From: The Greenberg Rapid Review: A Companion to the 8th Edition
Short link: <https://medone-neurosurgery.thieme.com/N7E87>



E-Journals: 可閱讀期刊全文內容



Journal of Neurological Surgery Part B Skull Base 02/2017

Journal of Neurological Surgery Part B Skull Base 02/2017

Search within this E-Journal

Journal of Neurological Surgery Part B Skull Base 2017; 78(02): 132 - 138
DOI: 10.1055/s-0036-1593469

Original Article
Shahid, Saman; Hussain, Kamran

Role of Glioblastoma Craniotomy Related to Patient Survival: A 10-Year Survey in a Tertiary Care Hospital in Pakistan

Department of Sciences and Humanities, National University of Computer and Emerging Sciences (NUCES), Foundation for Advancement of Science and Technology (FAST), Lahore, Pakistan
Department of Neurosurgery, Federal Post Graduate Medical Institute, Shaikh Zayed Hospital, Lahore, Pakistan

Quick access
Abstract | Introduction | Patients and Methods | Results | Discussion | Concluding Remarks | Acknowledgment | References

Abstract
A total of 270 glioblastoma patients were treated for tumor resection during 2004 to 2014. The following variables were examined: patient age group (PAG) and percent of the extent of resection (EOR) in four types of resections: gross total resection (GTR), subtotal resection (STR), partial resection (PR), and biopsy/decompression (BD). The Karnofsky performance scale (KPS) was used and the average survival time noted. The least survival time (7 months) was noticed in the patient age group 18 to 25 years with biopsy only, whereas, the maximum survival time (14.3 months) was noted with the patient age group 54 to 71 years by gross tumor resection. The largest number of ($n = 76$) patients had PR (80%) and these patients had an average survival time of 10.3 months. Total 190 patients out of 270, with EOR (100–80%) had a KPS score "0" (80 and above) and total 80 patients out of 270 patients, with EOR (50%) had a KPS score "1" (below 80). The correlation was statistically significant at ($p < 0.050$) for EOR (%) and KPS score (0/1) only. Correlation analysis showed that the maximum resection has a strong impact on the glioblastoma patient's survival. A lesser EOR correlated with poor quality of life and also a decreased survival of patients.

Introduction

閱讀電子書

The screenshot shows a digital textbook page for 'Pediatric Neurosurgery' by Alan B. Cohen. The page title is 'Section I Introduction' by Section Editor Tae Sung Park. The main text describes the scope of the section, covering seven chapters from basic surgical techniques to congenital malformations. A search bar at the top contains the text 'ischemic stroke', which is highlighted with a red box and labeled '檢索詞'. To the right of the search bar, there are icons for adjusting font size, labeled '調整字體大小'. On the left side, there is a table of contents with three tabs: 'Content', 'Images', and 'Hits'. The 'Content' tab is active, showing a list of chapters. A red arrow points from the text '完整目錄' to the 'Content' tab. Another red arrow points from '圖解文字包含到檢索字詞的相關圖片' to the 'Images' tab. A third red arrow points from '檢索詞相關的章節' to the 'Hits' tab. On the right side, there is a 'RELATED CONTENT' section with several links to related articles, such as 'Critical Illness of Patients with CNS Tumors' and '57.3 Outcomes and Postoperative Course'. A red arrow points from the text '其他電子書有關資訊。' to this section.

其他電子書有關資訊。

電子書功能

« Back to overview

Alan B. Cohen
Pediatric Neurosurgery

PDF版閱讀 → PDF 列印 閱讀模式 ↑

ischemic stroke

6 Intraoperative Neurophysiological Monitoring During Pediatric Neurosurgical Procedures > 6.1 Introduction and Background

6.1 Introduction and Background

The goal of pediatric neurosurgery is to cure or meliorate disease of the nervous system using surgical methods that maximize benefit to the child while minimizing risk. Intraoperative neurophysiological monitoring is one of the most important modalities used to achieve these goals. The history of what can be done, how it can be done, and its utility for the surgeon has evolved along with other technical and conceptual advances in the procedural specialties. Intraoperative monitoring is a relatively young field, and neurosurgeons in general, and pediatric neurosurgeons in particular, may have varying experiences with different sorts of monitoring modalities and practitioners.

One of the earliest uses of intraoperative monitoring, which had as its aim minimizing potentially preventable damage to neural structures, was cranial nerve monitoring during cerebellopontine angle and otologic surgery. The professionals involved in this aspect of the emerging field often came from backgrounds in audiology. Another early use of monitoring in the general sense was intraoperative corticography to assess epileptogenic tissue during seizure surgery, most often performed by neurologists or neurophysiologists specializing in epilepsy. As somatosensory and later motor evoked potentials came into use in scoliosis and spine tumor surgery, the field of intraoperative monitoring began to expand, becoming an independent specialty, arising from these various lineages. As its use in children may

Pediatric Neurosurgery
1st Edition

Content Images Hits

- 91.4 Interventional Treatment of Ischemic Stroke
- 91.6 Role of Surgery for Ischemic Stroke
- 91.8 Syndromes and Diseases

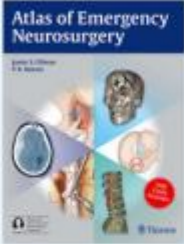
RELATED CONTENT

- 6.3 Intraoperative Neurophysiological Monitoring Modalities in Children**
Pediatric Neurosurgery > 6 Intraoperative Neurophysiological Monitoring During Pediatric Neurosurgical Procedures > 6.3 Intraoperative Neurophysiological Monitoring Modalities in Children
- Central Neurologic Disorders**
Otology, Neurotology, and Lateral Skull Base Surgery. An Illustrated Handbook > 4 Disease-Specific Diagnostics and Medical Management > Central Neurologic Disorders
- Neuropathological Mechanisms of Injury at the Craniovertebral Junction**
Surgery of the Craniovertebral Junction > 1 Foundations for Surgical Treatment > 5 Neurological Findings of Craniovertebral Junction Disease >

註記

利用滑鼠選取文字後，資料庫會自動跳出筆記視窗。讀者可以自行定義筆記類別，填寫個人筆記，點選“save”按鍵，即可存檔。

Jamie S. Ullman, Patricia B. Raksin
Atlas of Emergency Neurosurgery



Atlas of Emergency Neurosurgery
2015; 1st Edition

Search within this E-book

I Cerebral Trauma and Stroke > 7 Invasive Neuromonitoring Techniques > Closing

Closing

- The incision site is irrigated. The skin incision is closed with 3.0 nylon sutures.
- A sterile transparent dressing is placed over the incision site (or around the bolt apparatus).
- Calibration
 - **EVD:** after catheter placement, the drain height is selected (in cm H₂O). The drainage system is set with the zero point level to the top of the patient's ear. This corresponds to the approximate level of the foramen of Monro—the midpoint of the ventricular system. The pressure waveform may be recorded by attachment to an external strain gauge or by insertion of a fiberoptic pressure probe or micro strain gauge device into the EVD lumen (and connection to a stand-alone monitor box).
 - **Parenchymal ICP monitor:** the fiberoptic pressure probe is attached to a stand-alone monitor box and zeroed with respect to air prior to insertion into the seated bolt apparatus.
 - **Brain tissue oxygen monitor:** Calibration is achieved through the use of a smartcard.
 - **Cerebral blood flow monitor:** To ensure that the probe is optimally placed, the K value on the monitor should be between 4.8 and 5.6 and the probe position assistant (PPA) below 2. The K value varies depending on the conductivity of the tissue. The K value of white matter is between 4.8 and 5.9. PPA indicates the artifact created by the pulsation of the brain tissue (if the probe is close to a vessel). A value of 0 indicates no artifact.
 - **Jugular venous saturation monitor:** Once correct probe position has been verified, light intensity calibration of the oximetry system can be performed. A blood sample from the tip of the catheter is also sent for analysis to confirm the value on the oximetry system. Frequent recalibration is required and should be prompted by any sudden change in the jugular venous saturation—prior to any alteration of medical management.

Source:
[Closing](#)
From: [Atlas of Emergency Neurosurgery](#)

看個人筆記

點選 “my MedOne” 連結，即可閱讀所有已儲存筆記。

Thieme MedOne Neurosurgery

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MY NOTES AND HIGHLIGHTS

USER PROFILE

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MY CONTENT

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COCKPIT EDITOR

Indications
Atlas of Emergency Neurosurgery » I Cerebral Trauma and Stroke » 4 Decompressive Craniectomy for Intracranial Hypertension and Stroke, Including Bone Flap Storage in Abdominal Fat Layer » Indications
Source: Atlas of Emergency Neurosurgery

Closing
If mechanical failure is suspected, the EVD collection system may need to be changed. If cellular debris is suspected, catheter irrigation using a small volume (less than 2 ml) of sterile isotonic normal saline is used to restore flow and is performed under strict sterile conditions.
Atlas of Emergency Neurosurgery » I Cerebral Trauma and Stroke » 7 Invasive Neuromonitoring Techniques » Closing
Source: Atlas of Emergency Neurosurgery

Create note

Category (optional)

Note (optional)

If mechanical failure is suspected, the EVD collection system may need to be changed. If cellular debris is suspected, catheter irrigation using a small volume (less than 2 ml) of sterile isotonic normal saline is used to restore flow and is performed under strict sterile conditions.

SAVE CANCEL

列印內容

E-Books ● Procedures ● Cases ● E-Journals ● Images

Cases > Cerebrovascular > Vasculitis > Temporal Arteritis

Temporal Arteritis

Hits Case

Temporal Arteritis
From: *Neurosurgery Knowledge Update, A Comprehensive Review*
(2015, 1st Edition)

40 Temporal Arteritis

- Case Presentation
- Questions
- Overview**
- Answers
- Summary
- Annotated References

Temporal Arteritis

Joseph G. Adel

Quick access

[Case Presentation](#) | [Questions](#) | [Overview](#) | [Answers](#) | [Summary](#) | [Annotated References](#)

Case Presentation

A 67-year-old woman presented with a 10-day history of right-sided headaches resistant to over-the-counter analgesics. Her examination was significant for mild fever, right scalp tenderness, and a visual field deficit in the right eye. Laboratory testing revealed an erythrocyte sedimentation rate (ESR) of 90 mm/h and a C-reactive protein (CRP) of 40 mg/dL. Given the suspicion of giant cell arteritis (GCA), the patient was started on high-dose steroids and referred for temporal artery biopsy. Biopsy results were consistent with GCA. The patient improved clinically and sero-logic inflammatory markers normalized.

下載含解說文字的圖片到 PowerPoint

MODALITY All

AUDIO/IMAGE/VIDEO All Image

Feedback Powerpoint + Playlist

可以匯出圖檔到PPT檔案



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投影片放映 校閱 檢視 說明

字型 段落 繪圖 編輯 語言

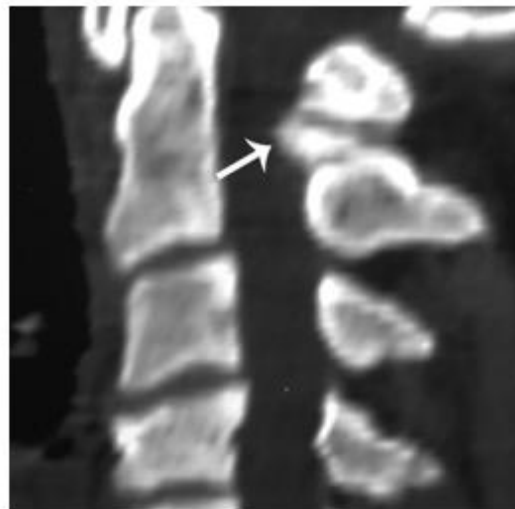


Figure 2 Fig 1 Axial (arrowheads) and Fig 2 sagittal CT demonstrate an expansile lesion (arrow) of the posterior arch of C1. It is contained within the cortex with no soft tissue extension. The bony margins appear smooth, homogeneous and sclerotic.

Source: Elias I, Pahl M, Zoga A, et al. [Recurrent burner syndrome due to presumed cervical spine osteoblastoma in a collision sport athlete – a case report. Journal of Brachial Plexus and Peripheral Nerve Injury.](#) 2007; 02(01): 61 - 65 doi:10.1186/1749-7221-2-13

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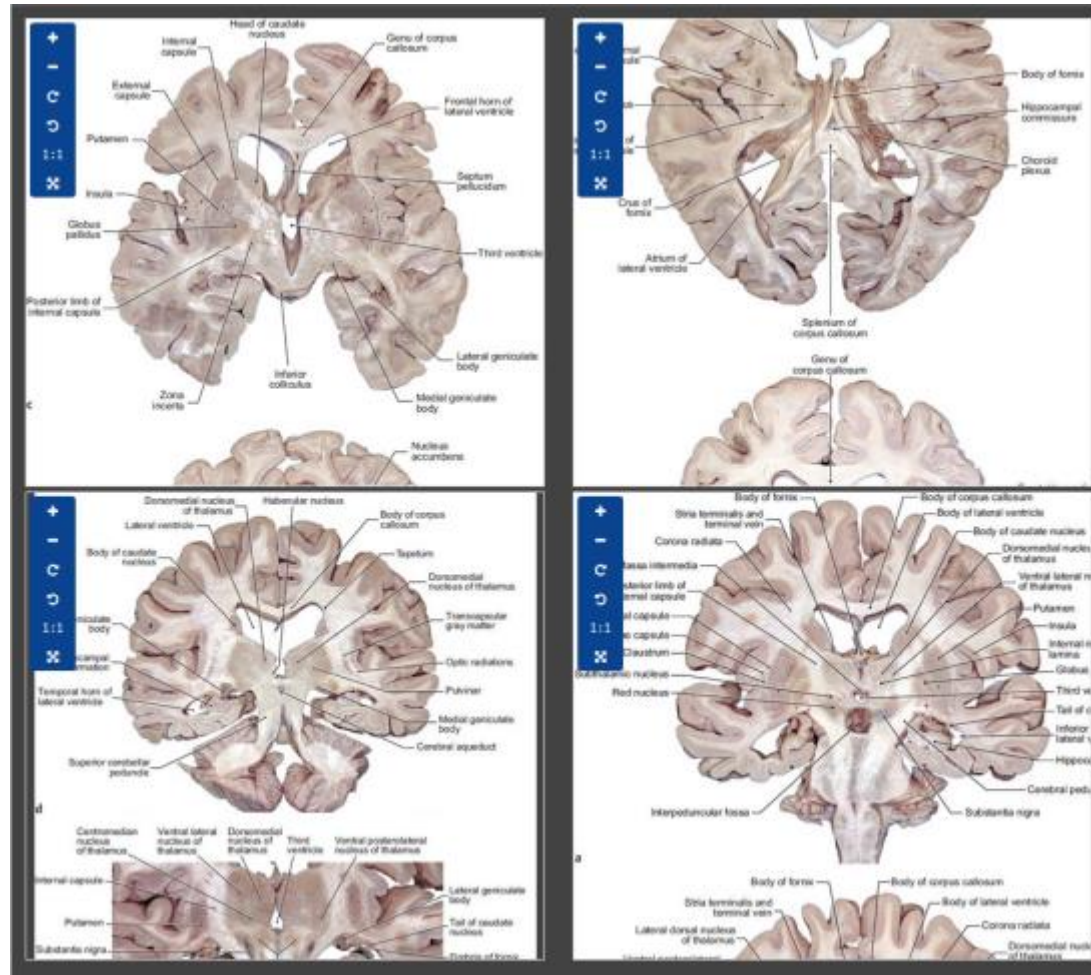


勾選需要比較的圖片

Content Images Hits

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Compare images



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<https://medone-neurosurgery.thieme.com>

飛資得醫學資訊 林淳萱
TEL: 07-3420718
Email: berrylin@flysheet.com.tw

MedOne Plastic Surgery

MedOne 整形外科資料庫

MedOne Plastic Surgery



關於MedOne Plastic Surgery

MedOne

MedOne整形外科資料庫是專為外科醫師開發的資料庫，讓外科醫師可專注於病患所需處置的狀況。資料庫匯集的內容皆是由此領域的專家所策劃的內容，代表外科醫生和住院醫生都可藉由此資料庫，提升他們的技能，並深入瞭解整形外科手術的各個細節。

對於有經驗的專科醫生或住院醫生來說，MedOne是一個易於使用的平台，它結合了專家資訊及多媒體視覺資料，更是一個學習及教學的工具。

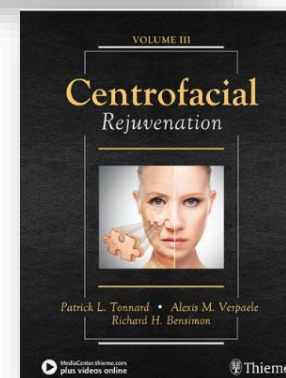
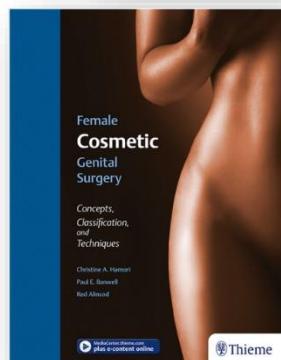
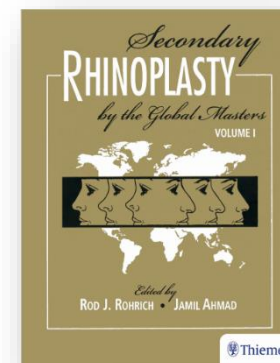
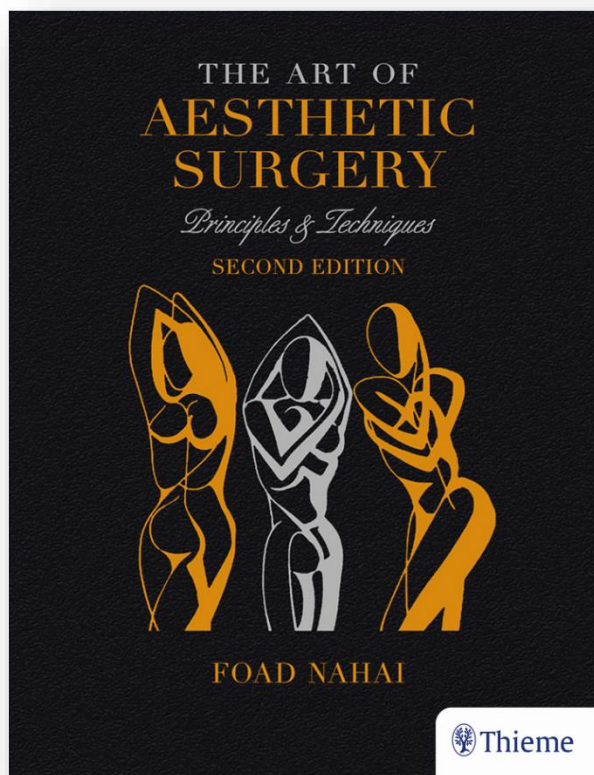
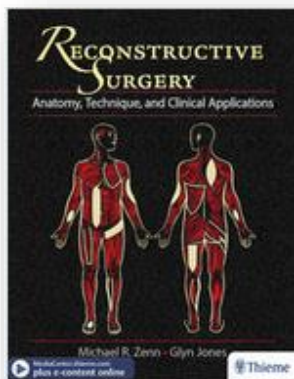
另外，MedOne讓繁忙的專科醫生和住院醫生不論在家、在工作或忙碌時，都可以簡易且有效率地快速獲得資訊！

The screenshot displays the MedOne Plastic Surgery website interface. At the top, there is a navigation bar with links for 'Home', 'My MedOne', and a search bar. The main content area shows search results for 'Images / Videos / Audio' with 74,725 results. The results are displayed in a grid format, featuring various medical images and diagrams. The left sidebar contains a 'Please filter:' section with options for 'Sources / content' (E-Books, Procedures, Learn from the Masters, E-Journals, Playlists, Images / Videos / Audio, Questions and Answers) and 'Subject areas' (Remove all filters). The top right corner includes a 'Thieme MedOne Plastic Surgery' logo and a 'Flysheet Demo Account' link. The bottom right corner shows a partial view of the 'Atlas of Distal Radius Fractures'.

收錄內容-電子書

MedOne

目前收錄超過120種有關整形重建和美容手術的重要電子書。無論你是在攻讀還是學習技術，都可以根據自己的需求使用資料庫內所提供的電子書的內容：展開圖片、觀看視頻、下載章節、個人化筆記、客製化閱讀清單和追蹤文章連結。



收錄內容-手術流程

MedOne

MedOne整形外科的“手術流程”為您準備了進入手術室所需的內容：透過step-by-step的方式讓您可以快速審視一個棘手的手術，或透過觀看不同的手術流程來了解手術的細節並藉由評估是否有其他更好的治療方法。

Hair transplantation

The image displays two overlapping screenshots from the MedOne website. The left screenshot is titled 'Anatomy and physiology of hair' and shows a histological image of hair follicles. The right screenshot is titled 'Midface lift' and shows a list of operative techniques and a photograph of a patient's eye.

Left Screenshot: Anatomy and physiology of hair

- Source: Barrera, A. Uebel, C., ed. *Hair Transplantation: The Art of Follicular Unit Micrografting and Minigrafting*. 2nd Edition. Thieme; 2013. doi:10.1055/b-006-160945
- Chapter 1 Anatomy and Physiology of Hair
 - Types of Hair
 - Hair Follicle Development
 - Hair Follicle Histology
 - Follicular Unit Concept
 - Hair Follicle Cycle
 - Follicular Stem Cells
 - Applied Anatomy: Alopecias Suitable for Hair Restoration Surgery
 - Conclusion
 - References
- Part I Fundamentals > Chapter 1 Anatomy and Physiology of Hair
- Quick access: Types of Hair|Hair Follicle Development|Hair Follicle Histology|Follicular Unit Concept|Hair Follicle Cycle|Follicular Stem Anatomy: Alopecias Suitable for Hair Restoration Surgery|Conclusion|References
- Francisco Jiménez, Alfonso Barrera, Carlos Oscar Uebel
- Historically, hair has been a source of pride to humans and is a distinguishing feature that adorns as well as

Right Screenshot: Midface lift

- Operative technique
- From: *The Art of Aesthetic Surgery: Principles & Techniques*. (2010; 2nd Edition)
- Operative Technique
 - Markings and Incisions
 - Patient Positioning and Anesthesia
 - Upper Lid Blepharoplasty: Exposure of the Lateral Orbital Rim and Temporal Fascia
 - Midface Dissection
 - Elevation and Fixation
 - Excision of Lower Lid Skin
 - Volume Replacement
 - Brow Repositioning and Neck Lifting as a Component of Midface Rejuvenation
 - Skin Resurfacing
- PART VII MIDFACIAL REJUVENATION > CHAPTER 37 Midface Recontouring > Operative Technique
- Quick access: Markings and Incisions | Patient Positioning and Anesthesia | Upper Lid Blepharoplasty: Exposure of the Lateral Orbital Rim and Temporal Fascia | Midface Dissection | Elevation and Fixation | Excision of Lower Lid Skin | Volume Replacement | Brow Repositioning and Neck Lifting as a Component of Midface Rejuvenation | Skin Resurfacing
- Markings and Incisions
- Subiliary lower lid incision with lateral extension in a preexisting skin crease

收錄內容-向專家學習

MedOne

這些專家開創了您使用的技術和您尚未使用的尖端手術。當您在進行或學習他們擅長的手術時，為什麼不向大師學習呢？來自全球**43**名整形外科知名專家的資料包括視頻，解釋他們的技術、演示操作和討論併發症，因此您不需要周遊世界，就可以在您的導師中找到最好的。

Fu Chan Wei: Master videos

The screenshot displays the MedOne website interface. On the left, a sidebar contains filters for 'Sources / content' (E-Books, Procedures, Learn from the Masters, E-Journals, Playlists, Images / Videos / Audio, Questions and Answers) and 'Subject areas'. The main content area shows a grid of 15 expert profiles, each with a star icon and a name: Al Aly, Alfonso Barrera, Arin Greene, Ashkan Ghavami, Bahman Gayuron, Christine Hamori, Christopher Salgado, Constantino Mendieta, Dean Toriumi, Dennis Hammond, Donald Lalonde, Elizabeth Hall-Findlay, Enrico Robotti, Fabio Nahas, and Foad Nahai. The profile for Fu Chan Wei is highlighted, showing a 'Profile & videos' section with a 'Personal profile' and 'Master videos' sub-section. A video player is open, showing a surgical procedure. The video title is 'Free ALT Flap for Circumferential Lower Leg Soft Tissue Defect Reconstruction' and the source is 'Accompanying Videos. In: Pu L, Levine J, Wei F, ed. Reconstructive Surgery of the Lower Extremity, 1st Edition. Thieme; 2013. doi:10.1055/b-006-161008'.

Home

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Searching in Learn from the Masters...

Search



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Please filter:

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Sources / content

E-Books



Procedures



Learn from the Masters

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Images / Videos / Audio



Questions and Answers



Subject areas

Remove all filters



Al Aly



Alfonso Barrera



Arin Greene



Ashkan Ghavami



Bahman Guyuron



Christine Hamori



Christopher Salgado



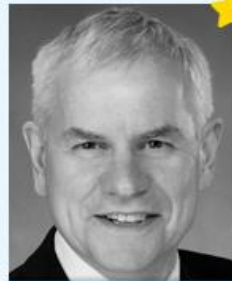
Constantino Mendieta



Dean Toriumi



Dennis Hammond



Donald Lalonde



Elizabeth Hall-Findlay



Enrico Robotti



Fabio Nahas



Foad Nahai

Source: [Fu-Chan Wei](#). In: [Plastic Surgery: Masters Profiles](#). 1st Edition. Thieme; 2020.

Fu-Chan Wei

Personal profile

Master videos

Microsurgery

Flaps

Perforator flaps

Flaps

Transplantation

Fu-Chan Wei



Fu Chan Wei – Personal profile and master videos

Quick access

[Personal profile](#) | [Master videos](#)

Personal profile



Fu-Chan Wei, MD

Fu-Chan Wei, MD is a world-renowned plastic and reconstructive surgeon, and one of the most influential and innovative surgeons in the history of plastic surgery. The Taiwanese legend is the innovator of the osteoseptocutaneous fibula flap, which revolutionized the reconstruction of composite bone and soft tissue defects in the jaw and extremities. He has

收錄內容-多媒體資料

MedOne

在整形手術中，進行過程與結果都很重要。這就是為什麼平臺的圖像清楚地呈現了方法和結果。在多媒體頁面可方便地展開、下載或比較圖像，亦可透過資源外部連結瞭解更多資訊。

MedOne 整形外科的手術和病例視頻為手術過程和結果提供珍貴的真實示例。

The screenshot shows the MedOne platform interface. On the left, there are filters for 'Sources / content' (E-Books, Procedures, Learn from the Masters, E-Journals, Playlists, Images / Videos / Audio, Questions and Answers) and 'Subject areas'. The main content area displays a grid of medical images with captions such as 'Fig. 15.3 Hydrogel-coated pack with attached thread (Rapid Rhin...)', 'Fig. 62.16 Relative-motion extension splint for middle finger l...', 'Fig. 40.1 Resurfacing laser, burns in Laser resurfacing, burns in B...', 'Fig. 47-3 a-j This 34-year-old closed...', 'Fig. 55-12 Rotationplasty for tumors of the ...', 'Fig. 12-4', 'Fig. 26.24 A malpositioned one-piece extended implant. (a) When...', and 'Fig. 4-9 Large located on the result ...'. A large image viewer is open, showing a case analysis of a Pinocchio nose. The viewer displays a grid of small images at the top and a large anatomical diagram of the nose in the center. The diagram shows the nasal structure with red and blue highlights, and a green arrow pointing to the tip. The caption for Fig. 47-3 a-j reads: 'Case analysis. This 34-year-old woman had a closed rhinoplasty 14 years prior and presented with a Pinocchio nose. A few years after her surgery, the tip overprojection deformity was already noticeable. However, the patient was afraid to undergo a second operation. She had a second operation 8 years after the first surgery and the asymmetry of the tip, exaggerated columellar length, and significant discrepancy between the dorsum and tip became more obvious. (a-c) The symmetrical resection of the lower lateral cartilage...

收錄內容-訓練中心



使用問題、答案和解釋的資料庫進行有效的學習。按解剖區域和手術分類超過1,000多個問題，自我測驗頁讓您標記要重複的問題、記住您的進度及將您的結果分析成易查看的統計資料，來解決了您的學習需求。

Back to overview

Basal cell carcinoma, squamous cell carcinoma, and melanoma Statistics of learning progress

157 / 1178

?
Question

!
Answer

i
Comment

Question 157

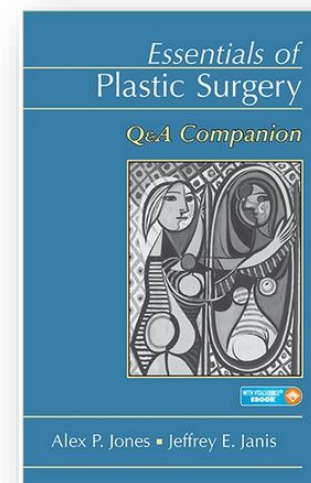
15.1. | Which one of the following statements is correct regarding basal cell carcinoma (BCC)?

- A. Incidence has recently plateaued.
- B. It more commonly affects females.
- C. It usually affects the trunk and limbs.
- D. The most commonly affected single site is the upper lip.
- E. It is the most common eyelid malignancy.

Correctly answered repeat

Next question >

Source:
Basal cell carcinoma, squamous cell carcinoma, and melanoma
From: Essentials of Plastic Surgery, Q&A Companion (1st Edition)
Short link: <https://medone-plasticsurgery.thieme.com/NO34R>



MedOne介面功能介紹

資料庫首頁

The screenshot shows the Thieme MedOne Plastic Surgery website interface. At the top, there is a navigation bar with 'Home' and 'My MedOne' links. A search bar is labeled '檢索欄位' (Search bar) with a red arrow pointing to it. The search bar contains the text 'Searching' and a 'Search' button. To the right of the search bar, there are links for 'Login', 'Sign up for access from home', 'Enter access code', and 'Further subject areas'. The user is logged in as 'Flysheet Demo Account'.

Below the navigation bar, there is a large banner for 'Oculoplastic Surgery Third Edition' by Brian Leatherbarrow. The banner includes a book cover image and a blue callout box that says 'NEW IN YOUR LICENSE PACKAGE'. A red arrow labeled '個人筆記' (Personal notes) points to the 'My MedOne' link, and another red arrow labeled '近期瀏覽' (Recent browsing) points to the 'Last viewed' filter.

On the left side, there is a 'Please filter:' section with a dropdown menu for 'Sources / content'. The menu items are: 'E-Books 電子書', 'Procedures 手術流程', 'Learn from the Masters 向專家學習', 'E-Journals 電子期刊', 'Playlists', 'Images / Videos / Audio 多媒體資料', and 'Questions and Answers 訓練中心'. Below this is a 'Subject areas' section with a 'Remove all filters' option.

The main content area is titled 'Last viewed' and displays a grid of items. The first row includes: 'Fu-Chan Wei' (with a star icon), 'Al Aly' (with a star icon), 'Plast' (with a star icon), 'Plastic surgery best sellers' (with a star icon), and 'UTSouthwestern Medical Center' (with a star icon). The second row includes: 'Playlist' (with a star icon), 'Playlist' (with a star icon), 'FREE PLAYLIST' (with a star icon), 'Playlist' (with a star icon), and 'Operative Management of VASCULAR ANOMALIES' (with a star icon).

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- 於檢索欄位輸入關鍵字時，系統會自動列出符合的最佳相關字及推薦的連結
- 您的檢索詞會呈現在上方，檢索結果面可以往下滾動。PUBMED相關結果會列在最下方
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- 在電子書或期刊頁面中，題名下方的欄位可以進行檢索，而檢索結果會列在左方的



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- Plast** Primary rhinoplasty
- Plast** Secondary rhinoplasty

Playlists

- Plast** Traynor
Day of Rhinoplasty - Closed technique
- Plast** Traynor
ISAPS Barcelona Rhinoplasty Course
- Plast** ISAPS
ISAPS SOS meeting Stuttgart
RHINOPLASTY

E-Journals

E-Books

-  Rohrich, Mohan, Afrooz
Dallas Rhinoplasty™ Meeting Video
Collection 2019
-  Rohrich, Ahmad
The Dallas Rhinoplasty and Dallas
Cosmetic Surgery Dissection Guide

Chapter

- Plast** I Technical Considerations
Revision Rhinoplasty, 2007
- Plast** 1 Anatomy and Analysis
Revision Rhinoplasty, 2007

Article

- Plast** Sonic Rhinoplasty: Innovative
Applications
Facial Plastic Surgery 2013; 29(02): 127 -
132
- Plast** Endoscopic Guided Rhinoplasty
Facial Plastic Surgery 2013; 29(02): 133 -
139

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- rhinoplasty closed approach
- rhinoplasty endonasal approach
- rhinoplasty external approach
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Questions and Answers



Subject areas

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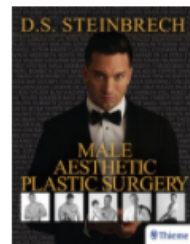
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Relevance

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Male Aesthetic Plastic Surgery, 1st Edition [2020]

Authors: S. Douglas Steinbrech



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Male Rhinoplasty Considerations by Anatomical Regions

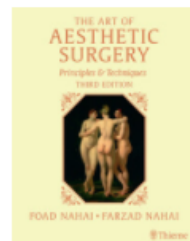
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The Art of Aesthetic Surgery: Principles & Techniques, 3rd Edition [2020]

Authors: Foad Nahai et al.



Current edition

111.4.2 Rhinoplasty

111 4 2 Rhinoplasty The Art of Aesthetic Surgery Principles Techniques Part XIV Gender Affirming Surgery 111 Gender Affirming... Surgery Facial Surgery 111 4 Common Facial Feminization Procedures 111 4 2 Rhinoplasty 111 4 2 Rhinoplasty Male to female gender affirming rhinoplasty addresses the...

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Rhinoplasty in Patients of African Descent The Art of Aesthetic Surgery Principles Techniques Part X Rhinoplasty 61 Primary Rhinoplasty 61 5 Preoperative Assessment 61 5 2 Facial Analysis Rhinoplasty in Patients of African Descent Rhinoplasty in Patients of African Descent Compared with the nasal...

63.5.3 Elevation of the Skin Flap for an External Rhinoplasty Approach

63 5 3 Elevation of the Skin Flap for an External Rhinoplasty Approach The Art of Aesthetic Surgery Principles Techniques Part X Rhinoplasty 63 Asian Rhinoplasty 63 5 Operative Technique 63 5 3 Elevation of the Skin Flap for an External... Rhinoplasty Approach 63 5 3 Elevation of the Skin Flap...

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E-Journals 97 results for "rhinoplasty" <

PubMed 11008 results for "rhinoplasty" v

Natural History of the Standardized Cosmesis and Health Nasal Outcomes Survey After Rhinoplasty.

Authors: Kandathil CK / Saltychev M / Patel PN / Most SP

Source: Laryngoscope. 2021 Jan;131(1):E116-E123

Surgical Adjuncts to Rhinoplasty: An Algorithmic Approach.

Authors: Peleman JR / Chung MT / Johnson J / Rayess H / Priest CR / Hojjat H / Mourad M / Carron MA / Vasconez HC

Source: Aesthetic Plast Surg. 2020 Oct;44(5):1694-1704

Analysis of the operative utilization of concurrent rhinoplasty and endoscopic sinus surgery.

檢索功能：可在左方做進階篩選，每當增加一篩選，該選項會呈現在上方，當然也可以移除

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Male Aesthetic Plastic Surgery, 1st Edition [2020]

Authors: S. Douglas Steinbrech



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111.4.2 Rhinoplasty

111 4 2 **Rhinoplasty** The Art of Aesthetic Surgery Principles Techniques Part XIV Gender Affirming Surgery 111 Gender Affirming... Surgery Facial Surgery 111 4 Common Facial Feminization Procedures 111 4 2 **Rhinoplasty**

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doi:10.1055/b-006-163729

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+ Part I The Male-Oriented Office

+ Part II Facial Surgery

+ Part III Body Surgery

+ Part IV Injectables, Lasers, and

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Part I The Male-Oriented Office



Part I The Male-Oriented Office [+ Playlist](#)

Quick access

CHAPTER 1 Marketing Aesthetic Procedures to Men|CHAPTER 2 Photography for the Male Aesthetic Patient|CHAPTER 3 Virtual Surgery

CHAPTER 1 Marketing Aesthetic Procedures to Men

Thomas F. La Vecchia and Douglas S. Steinbrech

Summary

As an increasing number of men are undergoing aesthetic procedures, aesthetic surgery centers need to familiarize themselves with proven techniques for marketing to the male client. This chapter covers general marketing techniques, such as brand positioning and content generation, as well as how to develop a revenue-generating social media presence.

Introduction

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Part II Facial Surgery > CHAPTER 18 Male Rhinoplasty: Expert Technique > Steps for Male



Rhinoplasty— Expert Technique

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A 31-year-old man presented for open **rhinoplasty**. He desired hump reduction, deviation correction, tip elevation or refinement, and overall preservation of masculine contours and angles. After an internal examination, septoplasty and turbinoplasty were deemed also necessary.

To begin, we performed an open **rhinoplasty** followed by a component dorsal reduction and a caudal septal reduction. Septoplasty was performed to remove vomerine and nasomaxillary spicules on the left nostril. Next, “J”-shaped low-to-high osteotomies were performed. Appropriate caudal septal resection was performed. Tip suturing for tip shaping along with soft onlay grafts and alar contour grafts followed a columellar strut grafts. Finally, membranous caudal lining resection solidified the final tip position. Last, we performed bilateral turbinoplasties.

Source:

Steps for Male Rhinoplasty— Expert Technique. In: Steinbrech S, ed. Male Aesthetic Plastic Surgery. 1st Edition. Thieme; 2020.
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Part II Facial Surgery > CHAPTER 18 Male Rhinoplasty: Expert Technique > Steps for Male Rhinoplasty— Expert Technique

Steps for Male Rhinoplasty— Expert Technique

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Source: Steps for Male Rhinoplasty— Expert Technique, 1st Edition. Thieme; 2020.
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Male Rhinoplasty Considerations by Anatomical Regions

rhinoplasty

Part II Facial Surgery > CHAPTER 18 Male Rhinoplasty: Expert Technique

Steps for Male Rhinoplasty

A 31-year-old man presented for open rhinoplasty. He desired overall preservation of masculine contours and angles. An open approach was necessary.

To begin, we performed an open rhinoplasty followed by a rhinoplasty to remove vomerine and nasomaxillary spicules on the left nostril. Next, S-shaped low-to-high osteotomies were performed. Appropriate caudal septal resection was performed. Tip suturing for tip shaping along with soft onlay grafts and alar contour grafts followed a columellar strut grafts. Finally, membranous caudal lining resection solidified the final tip position. Last, we performed bilateral turbinoplasties.

Source:

Steps for Male Rhinoplasty— Expert Technique. In: Steinbrech S, ed. Male Aesthetic Plastic Surgery. 1st Edition. Thieme; 2020.
doi:10.1055/b-006-163729

Male Aesthetic Plastic Surgery (2020; 1st Edition)

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Rhinoplasty— Expert Technique

Steps for Male Rhinoplasty— Expert Technique [+ Playlist](#)

A 31-year-old man presented for open [rhinoplasty](#). He desired hump reduction, deviation correction, tip elevation or refinement, and overall preservation of masculine contours and angles. After an internal examination, septoplasty and turbino-plasty were deemed also necessary.

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Technique

Male Rhinoplasty Consideration:
Anatomical Regions

S. Douglas Steinbrech

Male Aesthetic Plastic Surgery

Part II Facial Surgery > CHAPTER 4 Techniques for Forehead Rejuvenation

Part II Facial Surgery

CHAPTER 4 Techniques for Forehead Rejuvenation

Ximena Pinell and Foad Nahai

Evaluation of the Aging Forehead and Brow|Goals of Forehead Rejuvenation|Options for Forehead Rejuvenation|Coronal Brow Lift|Endoscopic Brow Lift|Lateral Temporal Brow Lift|Transpalpebral Corrugator and Procerus Excision|Transpalpebral Browpexy|Direct Excision|Neurotoxins|Bulleted Steps|Suggested Readings

Summary

Aging in the upper face can create a tired, unhappy, or even angry appearance. Surgical procedures to rejuvenate the forehead and brow can be very impactful to a person's overall expression and are thus very rewarding for the patient and surgeon alike. This chapter reviews important features to consider when assessing the aging brow and highlights key differences encountered in the male patient. Various surgical options are presented. Advantages and drawbacks for each approach are described, as are technical points to executing the surgery.

Evaluation of the Aging Forehead and Brow

Facial rejuvenation requires a comprehensive approach to the structures of the face and their interactions. No one feature or area should be considered in isolation, even if patients present with a single area of concern. The contribution of brow ptosis to an aged facial appearance is frequently overlooked but must be considered to achieve a natural, balanced, and aesthetic result.

In evaluating the aging forehead and brow, important features to consider are as follows:

- ▶ Brow position and shape.
- ▶ Orbital crowding.

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tip elevation or refinement, and
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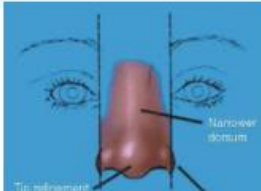
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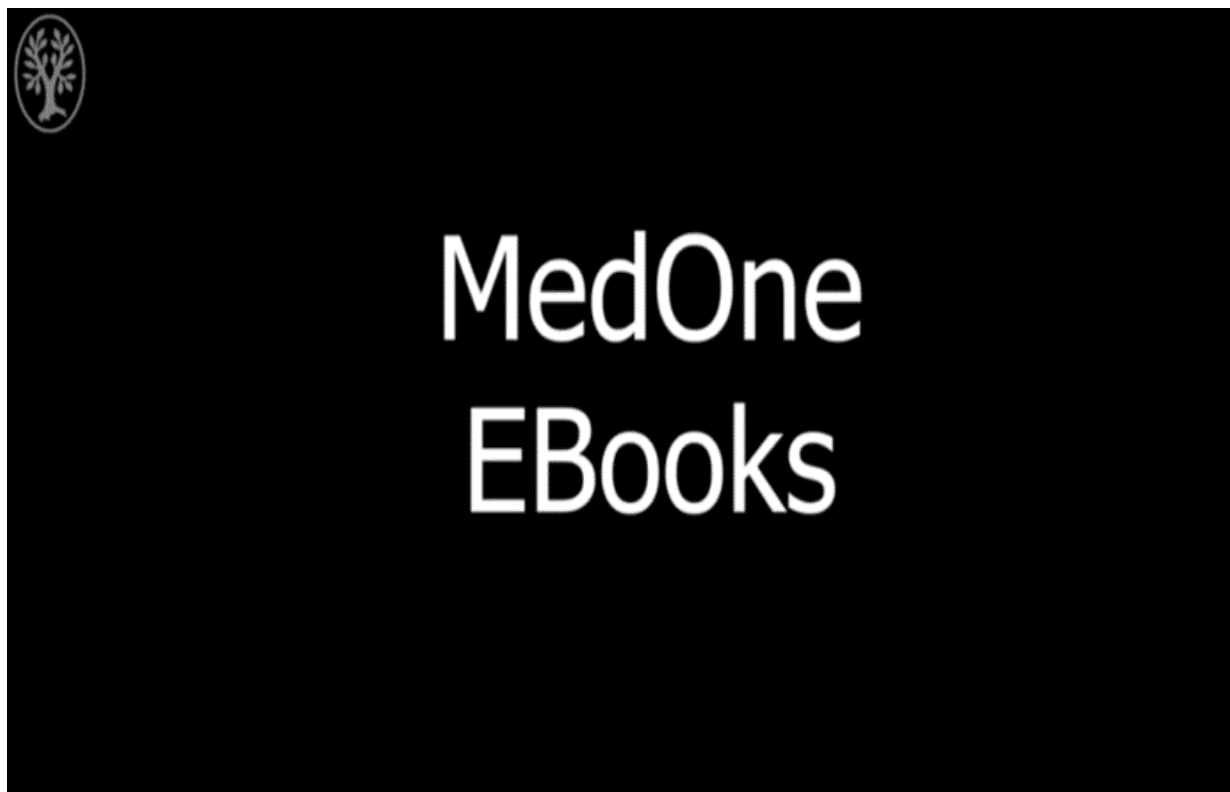


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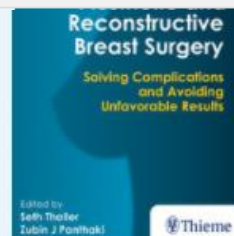


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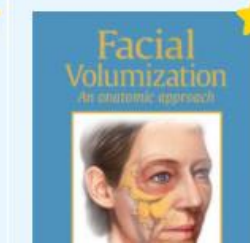
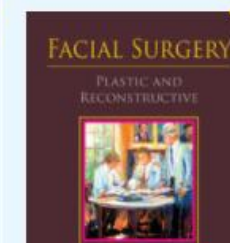
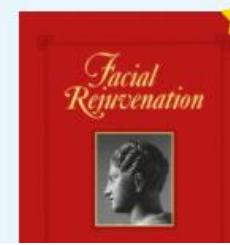
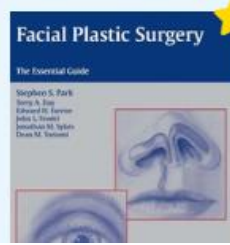
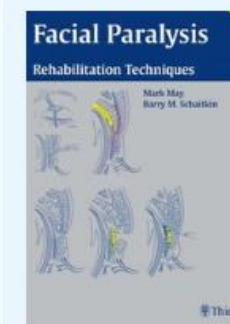
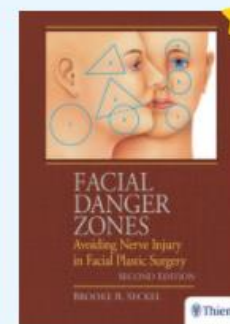
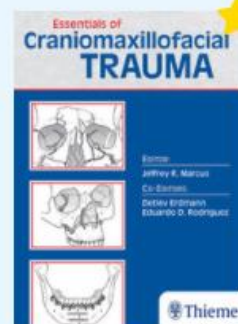
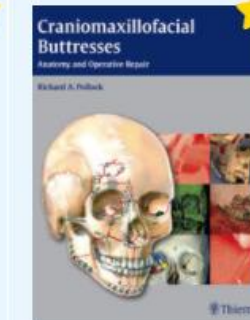
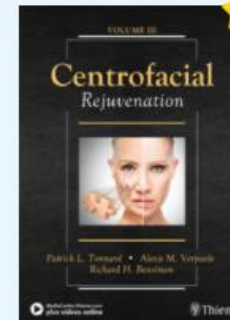
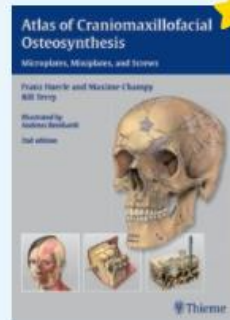
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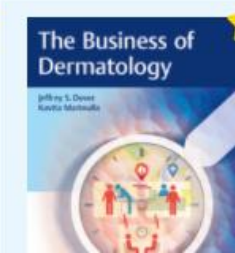
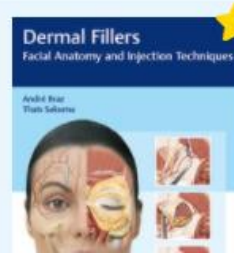
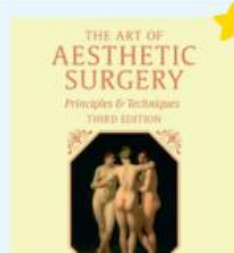
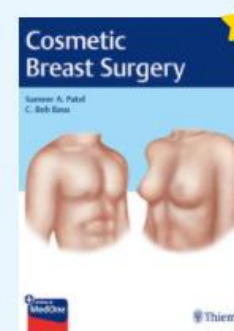
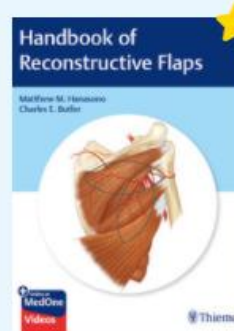
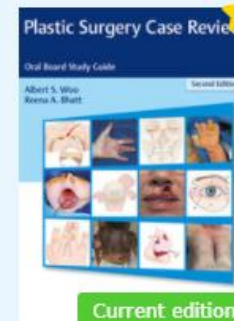
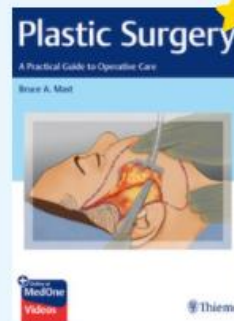
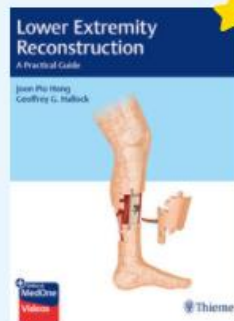
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CHAPTER 1 Marketing Aesthetic Procedures to Men

Thomas F. La Vecchia and Douglas S. Steinbrech

Summary

As an increasing number of men are undergoing aesthetic procedures, aesthetic surgery centers need to familiarize themselves with proven techniques for marketing to the male client. This chapter covers general marketing techniques, such as brand positioning and content generation, as well as how to develop a revenue-generating social media presence.

Introduction

X Factor Media was approached by Dr. Douglas S. Steinbrech in late 2013 with a new initiative. He wanted to roll out a website dedicated to male aesthetic surgery. At the time, we were a bit skeptical. Our research showed that men only constituted for roughly 9% of all aesthetic procedures in 2012. We were tasked with creating a website or an online resource (more or less). Male Plastic Surgery New York was born (www.MalePlasticSurgeryNewYork.com) ([Fig. 1.1](#)).

Our Approach: Build the Platform

X Factor Media started the campaign with reviewing the top procedures for men. According to the American Society for Aesthetic Plastic Surgery (ASAPS),¹ they are:

- ▶ Liposuction.
- ▶ Gynecomastia (removal of breast tissue).
- ▶ Eyelid surgery.
- ▶ **Rhinoplasty.**
- ▶ Facelift.



S. Douglas Steinbrech

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Build the Platform

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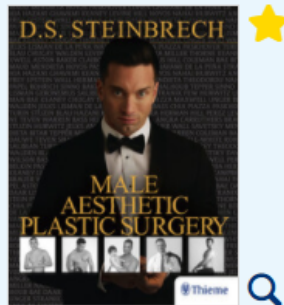
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Fig. 1-3. Infographic featured on maleplasticsurgerynewyork.com that was eventually picked up by numerous media outlets. (This image is provided courtesy of Male Plastic Surgery New York.)



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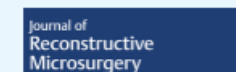
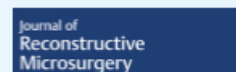
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Xu, Hope¹; Jazayeri, Leila²; Matros, Evan³; Henderson, Peter W.¹

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² Department of Plastic Surgery, Kaiser Permanente, San Leandro Medical Center, San Leandro, California

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Abstract

Successful microvascular reconstruction of head and neck defects requires the ability to safely identify, isolate, and utilize recipient vessels. To date, however, a comprehensive review of the anatomy and techniques relevant to the available anatomic regions has not been undertaken. This review covers the relevant clinical anatomy of the anterior triangle, posterior triangle, submandibular region, intraoral region, preauricular region, chest, and arm, taking particular care to highlight the structures that are crucial to identify while performing each dissection. Finally, a step-by-step technique for safely dissecting the recipient

8 Yu P. The transverse cervical vessels as recipient vessels for previously treated head and neck cancer patients. *Plast Reconstr Surg* 2005; 115 (05) 1253-1258

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9 Venkatesh V, Fracol M, Turin S, Ellis M, Alghoul M. Utilization of intraparotid segments of superficial temporal vessels for head and scalp free flap microanastomosis: a clinical, histological, and cadaveric study. *J Reconstr Microsurg* 2020; 36 (04) 253-260

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10 Shankhdhar VK, Yadav PS, Dushyant J, Seetharaman SS, Chinmay W. Cephalic vein: saviour in the microsurgical reconstruction of breast and head and neck cancers. *Indian J Plast Surg* 2012; 45 (03) 485-493

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11 Agostini T, Agostini V. Cephalic vein transposition in head and neck microsurgery: advantages of a modified step-wise (closed) technique. *J Plast Reconstr Aesthet Surg* 2009; 62 (05) 625

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Source: *StatPearls Publishing, StatPearls, ed. Introduction: State of the Science, Current, 1st Edition, Thieme, 2023. doi:10.5772/intechopen.108189*

- Cerebral Abscess
 - Introduction and Background
 - Operative Detail and Preparation
 - Outcomes and Postoperative Course
 - References

Cranial Infections > Cerebral Abscess 0

Cerebral Abscess

Kevin Olan, Sargis V. Sharma, Samuel H. Cheaher

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Introduction and Background|Operative Detail and Preparation|Outcomes and Postoperative Course|References

Introduction and Background

Definition, Pathophysiology, and Epidemiology

Definition

Cerebral abscess can be defined as a focal purulent infection of the brain, typically bacterial, less commonly fungal and parasitic.

Pathophysiology

There are four main pathologic stages:

- Early cerebritis (Day 0-5 days): Represents early focal infection with localized perivascular nuclear leukocytes (PVLs), edema, scattered necrosis, and petechial hemorrhage. Toxic changes in neurons with perivascular cuffing are present. The lesion is poorly demarcated from surrounding brain.

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Massive weight loss procedures

Liposuction

Fat grafting

Abdominoplasty

Surgical anatomy

Technique

Complications

Videos

Surgical steps

Source: [Surgical Anatomy](#). In: [Aly A, Nahas F](#), ed. [The Art of Body Contouring: A Comprehensive Approach](#). 1st Edition. Thieme; 2017. doi:10.1055/b-005-145240

Surgical Anatomy

LANDMARKS AND ANATOMIC UNITS OF THE ABDOMEN

SKIN AND SUBCUTANEOUS ANATOMY

BLOOD SUPPLY

SENSITIVE INNERVATION

LYMPHATIC SYSTEM

MYOAPONEUROTIC ANATOMY

THE UMBILICUS

CHAPTER 1 Anatomic and Physiologic Changes of the Abdominal Wall > Surgical Anatomy

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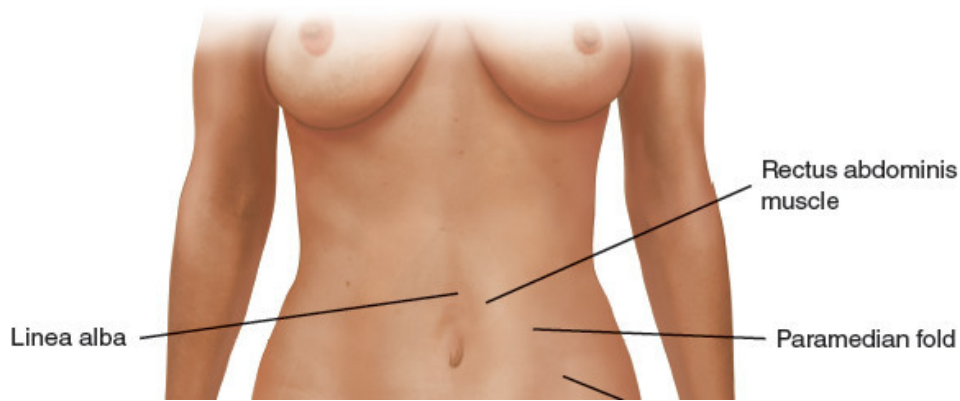
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LANDMARKS AND ANATOMIC UNITS OF THE ABDOMEN

Anatomic units are areas that must be respected during abdominoplasty. The anatomic units of the abdomen are the areas limited by natural skin depressions and folds. On the limits of these areas, there are attachments, depressions, bone projections, and anatomic structures that should be preserved and highlighted during surgery. These landmarks serve as guidelines to orient the surgeon in creating aesthetic contours, or restoring these details in patients who once had them.



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+ Limited Abdominoplasty

Comprehensive Abdominoplasty: High Lateral Tension Abdominoplasty With Complementary Fleur-de-Lis and Reverse Techniques

Evolution of the Modern Abdominoplasty

+ The High Lateral Tension Abdominoplasty: A "2.0" Version

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+ Reverse Abdominoplasty

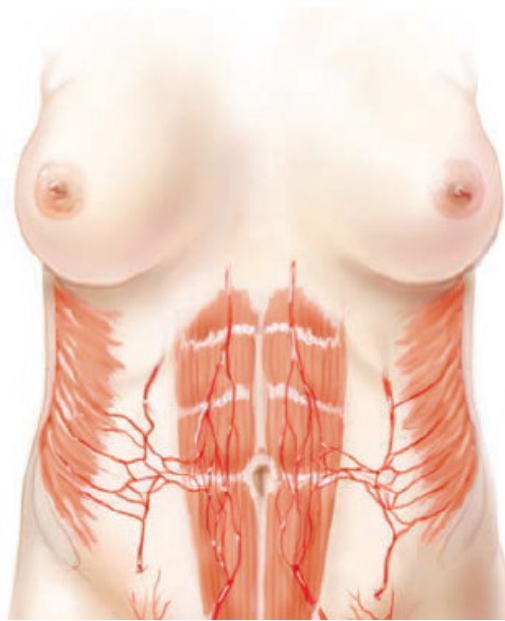
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Concluding Thoughts

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Suggested Readings

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Source: [CHAPTER 30 Abdominoplasty](#). In: [Cohen M, Thaller S, ed. The Unfavorable Result in Plastic Surgery: Avoidance and Treatment](#). 4th Edition. Thieme; 2018. doi:10.1055/b-005-143642

CHAPTER 30 Abdominoplasty

Avoiding Unfavorable Results and Complications in Abdominoplasty

Primary Goals

- Removal of Excess Soft Tissue
- Correction of the Rectus Diastasis

Secondary Goals

- Scar Placement and Quality
- Umbilicus

Managing Unfavorable Results and Complications in Abdominoplasty

- Seroma and Pseudobursa
- Cellulitis and Deeper Infection
- Flap Viability: Ischemia and Necrosis
- Bleeding and Clotting
- Patient Satisfaction

Conclusion

References

SECTION IV Aesthetic Surgery > CHAPTER 30 Abdominoplasty



Avoiding unfavorable results

Joseph P. Hunstad and Daniel J. Krochmal

Quick access

[Avoiding Unfavorable Results and Complications in Abdominoplasty](#)|[Managing Unfavorable Results and Complications in Abdominoplasty](#)|[Conclusion](#)|[References](#)

The primary aims of abdominoplasty are restoration of a more ideal abdominal wall contour and removal of excess abdominal skin and soft tissue. Laudable goals of this procedure are to obtain an abdomen that is thin, tight, and flat. If a surgeon accomplishes these objectives, while achieving a relatively inconspicuous scar, an aesthetically pleasing umbilicus, and a complication-free recovery, a patient is usually quite satisfied with the overall result. If any of these goals are not obtained, the result may be unfavorable.

The “unfavorable” aesthetic results in abdominoplasty are usually correctable with revision procedures. With regard to actual complications, the more common ones are typically minor in nature and management is straightforward. The possible severe complications, including fatal pulmonary embolus, necrosis of the abdominal wall skin and soft tissues, and life-threatening infection, are rare.¹ This chapter presents prevention concepts for the more common complications and the unusual challenging complications, along with their management. Also discussed are some tips and tricks that have resulted in enhanced outcomes in our hands.

Avoiding Unfavorable Results and Complications in Abdominoplasty

The ideal patient for an abdominoplasty is an otherwise healthy, nonsmoking patient with a normal body mass index, a lax abdominal wall with rectus diastasis, and excess abdominal skin. Patients that are at higher risk for complications or a suboptimal result include those who are morbidly obese (visceral fat precludes a tight plication), have lung disease including severe chronic obstructive pulmonary disease (muscle plication will limit lung excursion), are currently smoking

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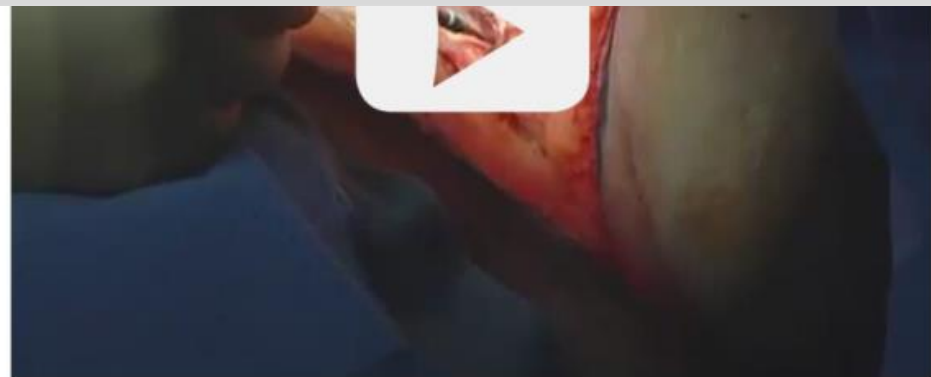
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[Clip 1, Chapter 10] Circumferential Abdominoplasty

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Accompanying Videos. In: Strauch B, Herman C, ed. Encyclopedia of Body Sculpting after Massive

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Abdominoplasty, Panniculectomy, and Belt Lipectomy

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Preoperative Markings

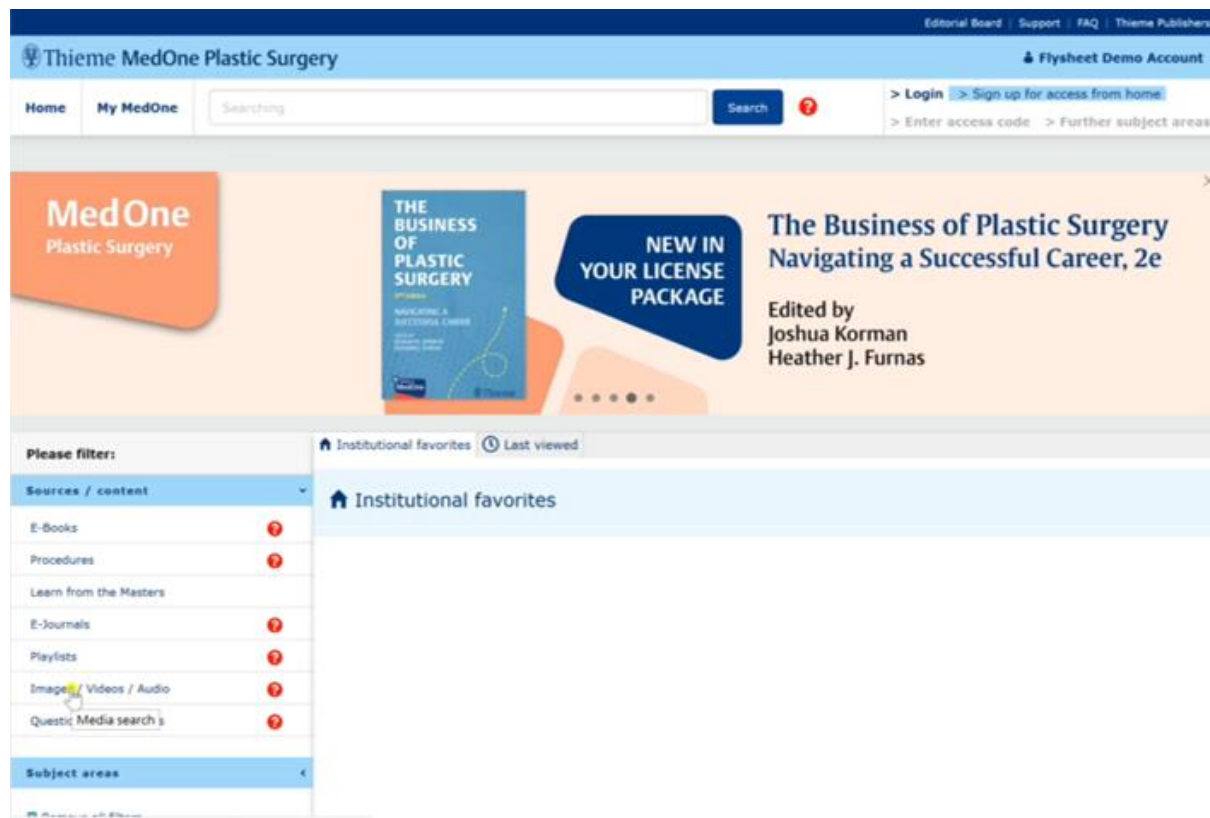
1. The patient should be marked in the standing position in the preoperative holding area.
2. Midaxillary lines and a horizontal waistline should be marked to ensure a symmetrical outcome.
3. For the lower border of the resection, the suprapubic line above the mons pubis is extended laterally in the groin crease. This line must be greater than 5 to 7 cm, superior to the vulvar commissure. From there, lines are extended toward the anterior superior iliac spine (ASIS) to stay within the bikini line.
4. An estimate of the superior border of resection may be marked preoperatively. However, an exact superior border of the resection must be drawn intraoperatively once the flap has been raised, the umbilical stalk freed, and the patient positioned properly to determine the appropriate amount of the resection.

Intraoperative Details

1. Incise the inferior elliptical border using a #10 scalpel. Extend the incision through the dermis with monopolar electrocautery on the pure cut setting, leaving the majority of dermis on the lower skin flap.

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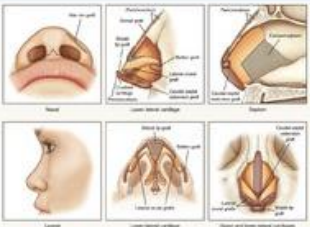
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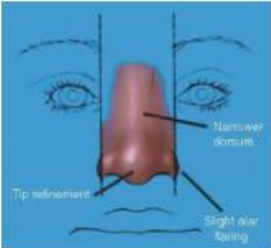
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Fig. 63.15 Rhinoplasty worksheet for case 2.


Fig. 61.28 The goals of rhinoplasty in a patient of African desc...


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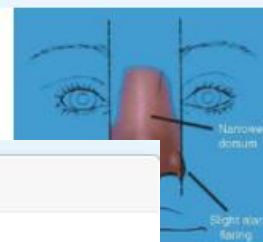


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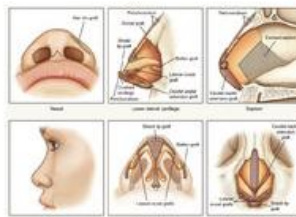
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The Art of Aesthetic Surgery: Principles & Techniques

Fig. 63.15 Rhinoplasty worksheet for case 2.

Fig. 8
profile
pres...



goals of
patient of



Fig. 60.1 The process of
successful rhinoplasty can
be broken do...

Source: Surgical Steps. In: Nahai F, Nahai F, ed. The Art of Aesthetic Surgery: Principles & Techniques. 3rd Edition. Thieme; 2020. doi:10.1055/b000000333



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Fig. 8 (A) Preoperative profile view of patient pres...

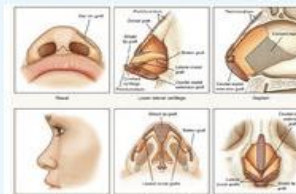


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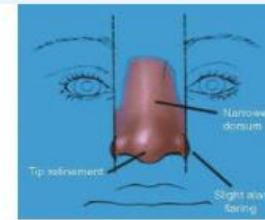


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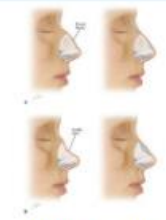


Fig. 51.1 dorsal hump straightening rhinoplasty dorsal hump s...

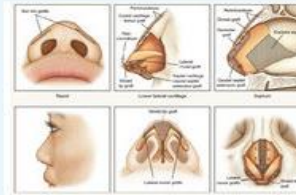


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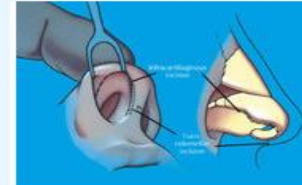


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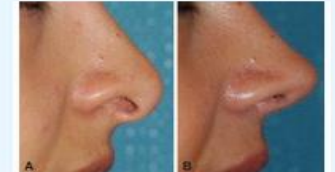
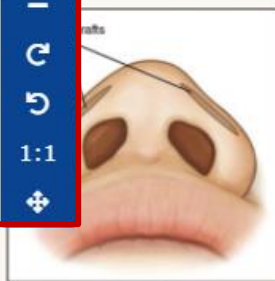


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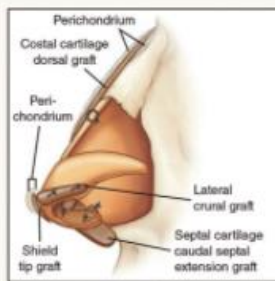
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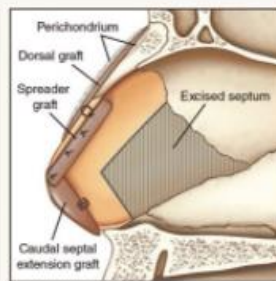
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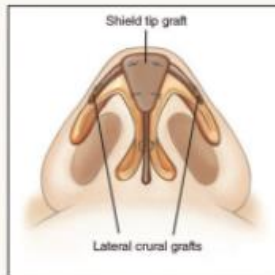
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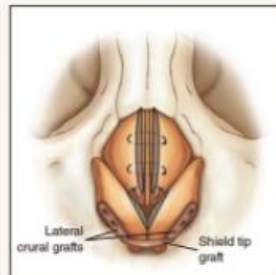
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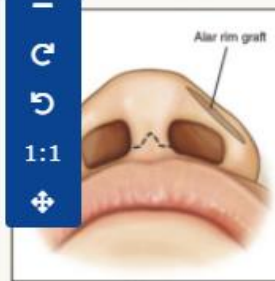
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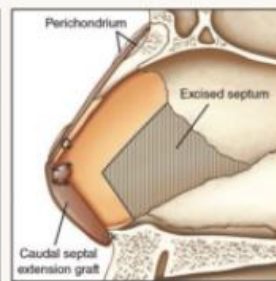
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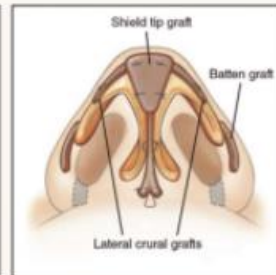
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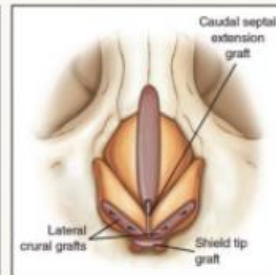
Septum



Lateral



Lower lateral cartilage



Upper and lower lateral cartilages

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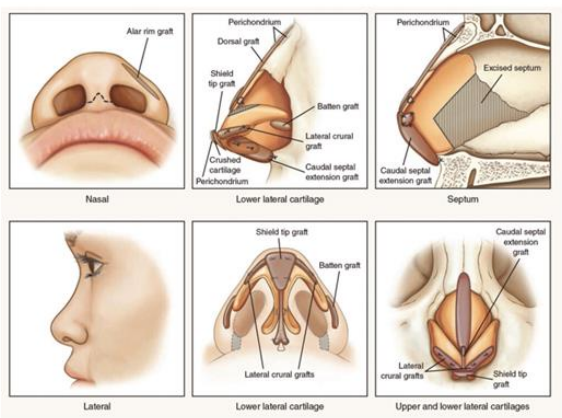


Fig. 63.15 Rhinoplasty worksheet for case 2.

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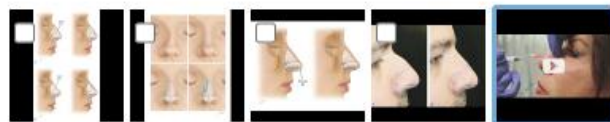
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Theda C. Kontis, Victor G. Lacombe

Cosmetic Injection Techniques: A Text and Video Guide to Neurotoxins and Fillers



Current edition

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Difficulty: ●●●●

Patient Satisfaction: ●●●

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Indications

Because the nose occupies the center of the face, even mild asymmetries can be quite striking. Rhinoplasty surgery is not always a perfect procedure, and postsurgical defects can be difficult to correct. As a result, the use of fillers in small quantities to treat specific nasal deformities has become a way to fine-tune postsurgical noses. In addition, in some patients who refuse surgery or who are not surgical candidates, a nonsurgical approach to their nasal concerns may be possible by the use of filling agents.

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[Video 38.4] Filler Injection for Nasolabial Folds, Marionette ...



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[Video 49.1] Filler Injection for Lateral Brow Lift



[Video 51.1] Filler Injection for Non-Surgical Rhinoplasty



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Content Collection



Joseph E. Losee

Comment: Cleft palate expert with videos



Video

Useful video

Source: Accompanying Videos. In: Bentz M, Bauer B, Zuker R, ed. Principles & Practice of Pediatric Plastic Surgery. 2nd Edition. Thieme; 2016. doi:10.1055/b-006-161029

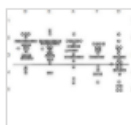


Chapter

Part I Fundamentals of Cleft Care

Part I Fundamentals of Cleft Care

Source: Part I Fundamentals of Cleft Care. In: Losee J, Kirschner R, Smith D et al., ed. Comprehensive Cleft Care. Family Edition.. 1st Edition. Thieme; 2015. doi:10.1055/b-006-160993

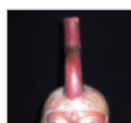


Chapter

Part I Fundamentals

Part I Fundamentals

Source: Part I Fundamentals. In: Losee J, Kirschner R, ed. Comprehensive Cleft Care. 2nd Edition. Thieme; 2015. doi:10.1055/b-004-140252



Chapter

Part VIII Primary Cleft Lip and Palate Repair

Part VIII Primary Cleft Lip and Palate Repair

Source: Part VIII Primary Cleft Lip and Palate Repair. In: Losee J, Kirschner R, ed. Comprehensive Cleft Care. 2nd Edition.

S. Douglas Steinbrech

Male Aesthetic Plastic Surgery

D.S. STEINBRECH



Source: In: [Steinbrech S](#), ed. 1st Edition. Thieme; 2020. doi:10.1055/b-006-163729

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Steps for Male Rhinoplasty— Expert Technique

Male Rhinoplasty Considerations by Anatomical Regions

Steps for Male Rhinoplasty

CHAPTER 18 Male Rhinoplasty: Expert Technique

CHAPTER 17 Male Rhinoplasty

Technological Advances in Virtual Surgery

Management of Complications

CHAPTER 3 Virtual Surgery

CHAPTER 12 Chin Augmentation

Trends in Male Preferences for Aesthetics Surgery

rhinoplasty



Part I The Male-Oriented Office



Part I The Male-Oriented Office

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Quick access

CHAPTER 1 Marketing Aesthetic Procedures to Men|CHAPTER 2 Photography for the Male Aesthetic Patient|CHAPTER 3 Virtual Surgery

CHAPTER 1 Marketing Aesthetic Procedures to Men

Thomas F. La Vecchia and Douglas S. Steinbrech

Summary

As an increasing number of men are undergoing aesthetic procedures, aesthetic surgery centers need to familiarize themselves with proven techniques for marketing to the male client. This chapter covers general marketing techniques, such as brand positioning and content generation, as well as how to develop a revenue-generating social media presence.

Introduction

X Factor Media was approached by Dr. Douglas S. Steinbrech in late 2013 with a new initiative. He wanted to roll out a website dedicated to male aesthetic surgery. At the time, we were a bit skeptical. Our research showed that men only constituted for roughly 9% of all aesthetic procedures in 2012. We were tasked with creating a website or an online resource (more or less). Male Plastic Surgery New York was born (www.MalePlasticSurgeryNewYork.com) ([Fig. 1.1](#)).

Our Approach: Build the Platform

X Factor Media started the campaign with reviewing the top procedures for men. According to the American Society for Aesthetic Plastic Surgery (ASAPS),¹ they are:

- ▶ Liposuction.
- ▶ Gynecomastia (removal of breast tissue).
- ▶ Eyelid surgery.
- ▶ **Rhinoplasty.**
- ▶ Facelift.



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Journal of Reconstructive Microsurgery 02/2021

Journal of Reconstructive Microsurgery 02/2021



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Review Article

Anatomy, Exposure, and Preparation of Recipient Vessels in Microsurgical Head and Neck Reconstruction

- Anatomy
- Vessel Selection
- Exposure Techniques
- Anterior Triangle (External Carotid Branches, Internal Jugular System, and External Jugular System)**
- Submandibular (Facial Artery and Facial Vein)

Journal of Reconstructive Microsurgery 2021; 37(02): 097 - 110
 DOI: 10.1055/s-0040-1715644
Review Article A A

Xu, Hope¹; Jazayeri, Leila²; Matros, Evan³; Henderson, Peter W.¹

Anatomy, Exposure, and Preparation of Recipient Vessels in Microsurgical Head and Neck Reconstruction

- ¹ Division of Plastic and Reconstructive Surgery, Department of Surgery, Icahn School of Medicine at Mount Sinai, New York, New York
- ² Department of Plastic Surgery, Kaiser Permanente, San Leandro Medical Center, San Leandro, California
- ³ Plastic and Reconstructive Surgical Service, Memorial Sloan Kettering Cancer Center, New York, New York

Quick access

Anatomy|Vessel Selection|Exposure Techniques|Anterior Triangle (External Carotid Branches, Internal Jugular System, and External Jugular System)|Submandibular (Facial Artery and Facial Vein)|Intraoral (Facial Artery and Facial Vein)|Posterior Triangle (Transverse Cervical Artery and Transverse Cervical Vein)|Preauricular (Superficial Temporal Artery and Superficial Temporal Vein)|Chest (Internal Mammary Artery and Internal Mammary Vein[s])|Arm/Infraclavicular Region (Cephalic Vein)|Conclusion|References

Abstract

Successful microvascular reconstruction of head and neck defects requires the ability to safely identify, isolate, and utilize recipient vessels. To date, however, a comprehensive review of the anatomy and techniques relevant to the available anatomic regions has not been undertaken. This review covers the relevant clinical anatomy of the anterior triangle, posterior triangle, submandibular region, intraoral region, preauricular region, chest, and arm, taking particular care to highlight the structures that are crucial to identify while performing each dissection. Finally, a step-by-step technique for safely dissecting the recipient

Abdominoplasty

Surgical anatomy

Technique

Complications

Videos

Surgical steps

Source: [CHAPTER 30 Abdominoplasty](#). In: [Cohen M, Thaller S, ed. The Unfavorable Result in Plastic Surgery: Avoidance and Treatment](#). 4th Edition. Thieme; 2018. doi:10.1055/b-005-143642

CHAPTER 30 Abdominoplasty

Avoiding Unfavorable Results and Complications in Abdominoplasty

Primary Goals

- Removal of Excess Soft Tissue
- Correction of the Rectus Diastasis

Secondary Goals

- Scar Placement and Quality
- Umbilicus

Managing Unfavorable Results and Complications in Abdominoplasty

- Seroma and Pseudobursa
- Cellulitis and Deeper Infection
- Flap Viability: Ischemia and Necrosis
- Bleeding and Clotting
- Patient Satisfaction

Conclusion

References

SECTION IV Aesthetic Surgery > CHAPTER 30 Abdominoplasty

A  A

Avoiding unfavorable results

Joseph P. Hunstad and Daniel J. Krochmal

Quick access

[Avoiding Unfavorable Results and Complications in Abdominoplasty](#)|[Managing Unfavorable Results and Complications in Abdominoplasty](#)|[Conclusion](#)|[References](#)

The primary aims of abdominoplasty are restoration of a more ideal abdominal wall contour and removal of excess abdominal skin and soft tissue. Laudable goals of this procedure are to obtain an abdomen that is thin, tight, and flat. If a surgeon accomplishes these objectives, while achieving a relatively inconspicuous scar, an aesthetically pleasing umbilicus, and a complication-free recovery, a patient is usually quite satisfied with the overall result. If any of these goals are not obtained, the result may be unfavorable.

The “unfavorable” aesthetic results in abdominoplasty are usually correctable with revision procedures. With regard to actual complications, the more common ones are typically minor in nature and management is straightforward. The possible severe complications, including fatal pulmonary embolus, necrosis of the abdominal wall skin and soft tissues, and life-threatening infection, are rare.¹ This chapter presents prevention concepts for the more common complications and the unusual challenging complications, along with their management. Also discussed are some tips and tricks that have resulted in enhanced outcomes in our hands.

Avoiding Unfavorable Results and Complications in Abdominoplasty

The ideal patient for an abdominoplasty is an otherwise healthy, nonsmoking patient with a normal body mass index, a lax abdominal wall with rectus diastasis, and excess abdominal skin. Patients that are at higher risk for complications or a suboptimal result include those who are morbidly obese (visceral fat precludes a tight plication), have lung disease including severe chronic obstructive pulmonary disease (muscle plication will limit lung excursion), are currently smoking

訓練中心：使用問題、答案和解釋的資料庫進行有效的學習。

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建立複習或考試：通過從“選擇類型”選單中進行選擇來創建複習課程或練習考試。此選擇確定您在完成“問題”時是否會看到答案。

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Questions

+ Create session Recent sessions Statistics

Choose type

Review session ? **Number of questions** 40 **Session time (minutes)** 60 **Time per question (minutes)** 1.5

Practice exam ?

Essentials of plastic surgery Q+A

Select: Essentials of plastic surgery Q+A

Show questions

Selected before Not selected before

With images Without images

Previously answered correctly Previously answered incorrectly

Review session, 40 Questions **Start session**

複習課程：通過複習課程，您可以查看每個問題的正確答案以及解釋。選擇答案後，單擊“Submit answer”按鈕，正確答案將以綠色顯示。錯誤答案以紅色突出顯示。單擊“Further Information”選項，可以查看與該問題有關的其他資訊。Extent Session 可以增加時間。

練習考試：練習考試僅顯示問題和多項選擇答案。當您選擇“結束會話”或時間到期時，考試結束。考試完成後，方可通過正確的答案和解釋進行複習。

The screenshot displays a quiz interface. On the left, under the heading "Question", it says "Question 5 of 10". On the right, under the heading "Answer", there are five radio button options: A. Unilateral coronal, B. Metopic (which is selected and highlighted in green), C. Lambdoid (highlighted in red with a red 'X' in a box), D. Sagittal, and E. Bilateral coronal. Below the options are two buttons: "Submit answer" and "Show correct answer". Underneath is a section titled "Further information" with a downward arrow icon. The text in this section reads: "The appearance described is known as *trigonocephaly*. This is caused by premature of the metopic suture. A spectrum of deformities occurs, including bitemporal hypotelorism, and bilateral supraorbital retrusion." At the bottom of the interface, there is a "Finish Session" button and navigation arrows for "Previous" and "Next", with "5 / 10" in the center.

Time up

Your time is up. You have completed 5 questions out of 10 selected.
You can choose to continue this session or finish and start a new one.

Finish Session

Extend Session

設定時間：選擇類型後，您可以決定問題的數量以及所需的時間。只需將光標放在要調整的字段中，然後輸入所需的值即可。

每個問題的時間是自動計算的。

Number of questions	40	Session time (minutes)	60	Time per question (minutes)	1.5
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確定問題數量和會話時長後，可以通過從下面顯示框中來過濾問題。

Essentials of plastic surgery Q+A

Select: Essentials of plastic surgery Q+A

選擇篩選項目後，會彈出一個窗口，顯示其中的選項：

Select: Essentials of plastic surgery Q+A



Essentials of plastic surgery Q+A



Select all

- Aesthetic surgery
- Fundamentals and basics in plastic surgery
- Plastic breast surgery
- Plastic surgery of the hand, wrist and upper extremity
- Plastic surgery of the head and neck
- Plastic surgery of the skin and soft tissue
- Plastic surgery of the trunk and lower extremity

Cancel

Finish selection

問題可能會由於諸如圖像的存在或您之前是否看過問題而被進一步過濾掉。

Show questions

Selected before

Not selected before

With images

Without images

Previously answered correctly

Previously answered incorrectly

所有篩選完成後，點擊“**Start Session**”按鈕開始。

Review session, 40 Questions

Start session

回答問題時，右上角會顯示一個計時器，以幫助您跟踪處理問題的時間。點擊“Finish Session”後，將要求您確認要結束會話。

The screenshot shows a quiz review interface. At the top, there is a navigation bar with a back arrow, the text "Review session June 20, 2019", a timer showing "00:59:50", and a pause icon. The main content is divided into two columns: "Question" and "Answer".

Question: Question 1 of 40. Which one of the following statements is true of the process of wound healing?

Answer: Five radio button options are listed:

- A. It is comprised of five key phases.
- B. Vasodilatation is the initial response after injury.
- C. Each of the key phases are distinct entities.
- D. Each of the phases are of similar duration.
- E. The wound healing process differs in fetal tissue.

Below the answer options are two buttons: "Submit answer" and "Show correct answer". A "Further information" section is partially visible below the answer options.

At the bottom of the interface, there is a dark blue bar containing a "Finish Session" button, navigation arrows for "Previous" and "Next", and the progress indicator "1 / 40". A red arrow points from the "Further information" section to the "Finish Session" button.

The dialog box has a title "Finish Session" and a close button (X). The main text asks: "Are you sure that you want to finish your session?". At the bottom, there are two buttons: "Finish Session" and "Cancel".

完成後，您將收到回覆的詳細資料，包括；完成所需的時間和正確和錯誤回答的問題數量。

Congratulations, you have reached the end of the review test ×

You took	14 minutes and 12 seconds
Correctly answered questions	3
Incorrectly answered questions	7
Unanswered questions	0
Answered questions	10

Repeat session

Create new session

最近的測驗/練習：您的複習/考試將被保存以供將來查看。

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Review session January 22, 2019 OPEN Created: 22.01.2019, 16:53, 5 questions		2 of 5 ✓ 0 ✗ 2		>

統計數據：統計頁面可讓您評估學習的有效性，並通過複習課程和練習考試來記錄您的成長情況。

+ Create session ⌚ Recent sessions **📊 Statistics**

My Statistics

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Practice Tests Completed:	0
Total Questions Answered:	158

Click on graphs below for more detail



55 out of 158 Answers correct (35 %)

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