

**PAPERS READ BEFORE THE 93RD ANNUAL MEETING  
OF THE WESTERN SURGICAL ASSOCIATION,  
ROCHESTER, MINN, NOV 17-20, 1985—PART 1**

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Patients with colorectal cancer should have total colonoscopy shortly after operation and yearly for at least four years.	

The ARCHIVES OF SURGERY (ISSN 0004-0010) is published monthly by the American Medical Association, 535 N Dearborn St, Chicago, IL 60610, and is an official publication of the Association. Second-class postage paid at Chicago, IL 60610 and at additional mailing office.

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Frederic E. Eckhauser, MD; Richard A. Pomerantz, MD; James A. Knol, MD; William E. Strodel, MD; David M. Williams, MD; Jeremiah G. Turcotte, MD, Ann Arbor, Mich Initial therapy should be expectant as renal vein hypertension will usually resolve over time.	
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Charles K. Bertel, MD; Jon A. van Heerden, MB, ChB, FRCS(C); Patrick F. Sheedy II, MD, Rochester, Minn Percutaneous drainage with computed tomography should be the initial drainage procedure in patients in whom no concomitant operation is necessary.	
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Charles E. Lucas, MD; Donald J. Martin, MD; Anna M. Ledgerwood, MD; Judy Hoschner, MD; Michael D. McGonigal, MD; Karl Kithier, MD; Vishwanath M. Sardesai, MD, Detroit Resuscitation with fresh-frozen plasma in addition to balanced electrolyte solution led to a higher cardiac output.	
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Charles D. Goldman, MD; Sterling H. Blocker, MD; Jessie L. Ternberg, MD, PhD; Edmond C. Crouch, MD, PhD, St Louis Fibrin glue pleurodesis successfully sealed operatively created pneumothoraces.	
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W. Scott Helton, MD; C. James Carrico, MD; Paul A. Zaveruha, MD; Robert Schaller, MD, Seattle Amphotericin B therapy is essential for cure, and splenectomy may be necessary for local control.	

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