

작업 진행과정 안내 자료

Illustration & Animation

**MEDITORIAL**

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## 작업 시작 전

마감기한 / 예산  
구체적인 작업 내용



선호하는 작업 스타일의  
레퍼런스가 있을 경우 제공해주시길 바랍니다.

자료조사 / 스크립트 작성  
스토리보드 작성 / 가격 측정



현 작업단계에서는  
수정 횟수 제한을 두지 않습니다.

## 작업 진행

애니메이션 1차 초안 전달  
피드백 및 수정



스토리보드 컨펌 이후  
내용 상 방향성 변경을 희망하실 경우,  
추가금이 발생할 수 있습니다.

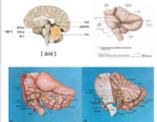
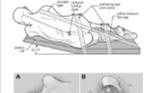
최종 렌더링  
마무리 편집



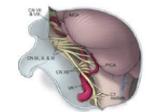
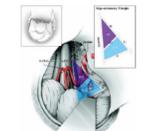
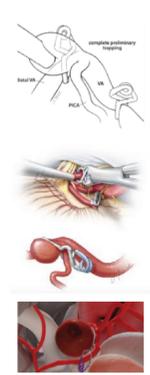
최종 작업물 전달

## 스크립트

### '무엇을 전달할지'를 정리하는 자료조사 단계

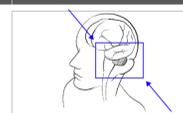
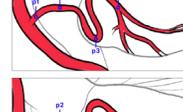
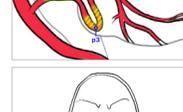
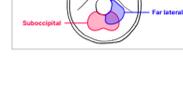
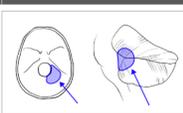
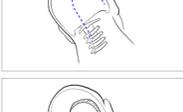
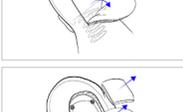
1. 해부학적 구조 설명 및 접근법			
No.	목차	내용 정리	참고자료
1-1	해부학적 구조	The Posterior Inferior Cerebellar Artery (PICA) is one of the major blood vessels in the brain and the largest branch originating from the vertebral artery. The PICA is very complex, having a variable course. This artery is divided into five segments based on its anatomical course. PICA aneurysms most commonly occur at the p2 and p3 segments.	
1-2	접근법	Common approaches include by the lateral suboccipital or far lateral suboccipital for more proximal PICA aneurysms and paramedian or midline suboccipital for more distal PICA aneurysms.	
2. 수술을 위한 준비단계 (개구술까지)			
No.	목차	내용 정리	참고자료
2-1	환자 자세 (Park-bench)	The patient may be placed in a true lateral position, with the operative side facing upward. (The dependent extremity is hung in a sling. The contralateral shoulder is pushed forward anteriorly, and there is mild inferior traction of the shoulder with tape. The vertex of the head is tilted slightly toward the ground, and there is also a slight lateral rotation of the head toward the ground.)  The skull clamp is applied with a single pin on the superior side, and the head rests on the two-pin rocker arm of the skull clamp. If the two skull pins on the rocker are equidistant from the centerline, the forces on these pins will be equal and stable.	
2-2	Skin incision Craniotomy	Skin incision is made in the manner of hockey stick with the descending limb remaining at the midline frominion to C2. The muscles and soft tissue are dissected with monopolar blade then retracted, exposing the occipital, mastoid bones and posterolateral arch of C1; when dissection is done near the foramen magnum, especially 2-3 cm laterally from the midline, where yellowish fat tissue occurs, one must be careful not to injure the extracranial VA. Place a burr hole near the transverse-sigmoid junction, gently detach the dura from the bone, and perform a craniotomy up to 1 cm from the midline and the foramen magnum inferiorly, additional C1 laminectomy is necessary for better proximal control.	

3. Steps in Surgery			
No.	목차	내용 정리	참고자료
3-1	Step 1 (동맥류 주위)	We can start following the PICA (just under the tip of the tonsil) and tracking it to the cistern. Sharp dissection may be done by opening the arachnoid layer to expose the vagooaccessory triangle, which provides a good natural working space. Superiorly there is the vagus nerve, laterally the accessory nerve, and medially the medulla. One's view of the meeting point of the VA and PICA is usually obstructed by the X-X' complex.	
4-1	Step 2 (동맥류 박리)	If an aneurysm is found, it should be carefully and cleanly dissected from the surrounding residual tissues. At this time, care must be taken to avoid damaging the vagus nerve and the glossopharyngeal nerve, as well as to prevent the premature rupture of the aneurysm during dissection.	
4-1	Step 3 (압사결찰)	To place the clip on the aneurysm neck, carefully expose the aneurysm neck by dissecting it from the surrounding neural tissue and vessels. To facilitate clipping and reduce the risk of premature rupture or massive hemorrhage, secure the proximal and distal parent arteries for temporary clipping. Temporary clips are applied proximally first, followed by distally, to control blood flow. (Temporary clips are colored gold to avoid confusion with permanent clips.) Although temporary clipping is not always necessary, it reduces the risk of premature rupture and makes dissection of the aneurysm neck easier by lowering aneurysm pressure.	
4-1	Step 4 (최종결찰)	After clipping, check the aneurysm neck from all angles to ensure complete closure and confirm that no branches or perforating arteries are trapped in the clip. If adjustment is needed, apply a new clip distally to the first clip; temporarily, remove the first clip, then reposition the clip accurately, and remove the temporary distal clip. Using a microscope equipped with an infrared filter, inject 25 mg of indocyanine green intravenously. Within 20-30 seconds, arterial, capillary, and venous phases will appear on the microscope monitor. If delayed filling of indocyanine green is observed within the clipped aneurysm, indicating incomplete clipping, perform re-clipping or additional clipping as necessary. Finally, after clipping, release brain retraction to check for any twisting of the clip or kinking of surrounding vessels that may impair blood flow.	

## 스토리보드

### '어떻게 보여줄지'를 설계하는 단계

스토리보드				
PICA Clipping				
Shot#	Picture	Caption	Script	Dur.
1-1				
1-2				
1-3			PICA is the artery located in the cerebellum and is the largest branch of the vertebral artery.	
1-4		척추중핵에서 분지되는 PICA		
1-5		PICA의 5가지 세그먼트를 보여준다	It is divided into five segments based on its anatomical course	
1-6		그 중 동맥류가 가장 많이 발생한다는 p2와 p3를 강조한다	PICA Aneurysms most commonly occur at the p2 and p3 segments.	
1-7		Suboccipital과 Far lateral 접근법을 소개한다	Common approaches include by the lateral suboccipital or far lateral suboccipital.	
1-8		영상에서 다루고자 하는 Far-lateral 접근법의 상세한 소개		
1-9				
1-10		park-bench 자세로 누워있는 사람	The patient may be placed in a true lateral position, with the operative side facing upward.	
1-11				
1-12				
1-13				
1-14			place a burr hole near the transverse-sigmoid junction, gently detach the dura from the bone, and perform a craniotomy up to 1cm from the midline and the foramen magnum inferiorly, additional C1 laminectomy is necessary for better proximal control	

# 책자 디자인 작업 진행과정

## 작업 시작 전

마감기한 / 예산  
구체적인 작업 내용



내지 / 표지 디자인 시안 제작  
일러스트 소스 제작



1차 피드백 및 수정



테스트 인쇄  
최종 피드백 및 수정



최종 작업물 전달



기존 책자를 리디자인하는 경우,  
기존 자료를 제공해주시길 바랍니다.

## 작업 진행

## 작업별 단가표

작업 형태	작업에 필요한 제작 소스	금액 (1분당)
2D 애니메이션	1-9개	300,000원
	10개 이상	600.000원
3D 애니메이션	1-4개	400,000원
	5-9개	700,000원
	10개 이상	1,400,000원

AI 영상 활용 및 빈도에 따라  
비용이 조정될 수 있습니다.

작업 형태	작업 페이지 수	금액
책자	30p 이내	600.000원

기존 자료가 제공되는 리디자인의 경우  
비용이 조정될 수 있습니다.

제작에 필요한 일러스트 수에 따라  
비용이 조정될 수 있습니다.

### 추가 참고사항

\* 작업물에 MEDITORIAL 로고를 삽입하실 경우, **최종 금액에서 10% 할인이 적용**됩니다.

\* 세부 사안은 작품 제작 **소요되는 시간 및 퀄리티에 따라** 조정될 수 있습니다.

작업 진행과정 안내 자료

**THANK YOU**