

tracheostomy in this chapter makes much better reading than Chapter 1.

The chapters on humidification and suctioning are written clearly and offer insight into often overlooked facets of respiratory care. They are diminished only by the inclusion of poor-quality photographs.

Wound care is again sensibly dealt with, and the discussion of materials is informative, although the detail is slightly over the top. I suspect that many practitioners do not need to be educated in how to change a Velcro tube holder.

Swallowing is a key element of normal physiology that is substantially affected by tracheostomy, and there is an excellent mechanistic analysis of this. Again, the photographs are terrible, and a good diagram would have been much more effective. The diagram illustrating that normal airflow goes down the trachea appears to be somewhat redundant to a reader with any medical background whatsoever.

This does not prevent its inclusion again in the next chapter, on communication, which, apart from the degree of repetition, enjoys a reasonably well structured and logical approach that I found useful.

Changing the tracheostomy can be a source of stress and anxiety to patients, caregivers, and practitioners, and the subject is well dealt with in the next chapter, with particular regard to the preparations required. It includes an algorithmic approach to tube displacement that is reasonably clear and structured.

More electively oriented decannulation is the subject of Chapter 14. There is, again, substantial repetition, this time on the subject of the dye test outlined in the swallowing chapter, but apart from this the approach is sensible. I found the inclusion of some of the author's own charting material somewhat superfluous. I suspect most readers do not need to see an empty chart that records how long the tracheostomy was capped.

The over-presentation of material is continued in the chapter on tracheostomy and head and neck cancer, which goes into far too much detail on the principles and complications of radiotherapy, with no particular relevance to tracheostomy. The description of the effects of radiation on the tracheostomy site are almost an afterthought at the end of the chapter, but perhaps compose the key elements of interest in radiotherapy to most practitioners involved in airway care.

The concepts of long-term tracheostomy and supportive care are dealt with next. Most of the points are sensibly made, but, again, with repetition and an excess of the chapter author's own sample charting materials. A reference to an Internet site for optional downloading may have been more useful and considerably more concise. A list of educational aids and manufacturers is oriented toward British suppliers.

Substantial mention is made in preceding chapters of some of the particular requirements and features of pediatric patients. However, there follows a dedicated chapter on pediatric tracheostomy, accompanied by successive chapters on nursing care of the child with a tracheostomy, children's tracheostomy care in the community, and "Evie's Story," an account of a parents' experience of their child's tracheostomy. While superficially interesting in a "magazine article sort of way," this latter was of questionable relevance, especially given the content of the preceding chapters. The entire section could and should have been amalgamated and massively edited, to remove what was rapidly becoming (for me) tiresome repetition. This would considerably improve readability. I am at a loss to understand the requirement to have all these separate chapters focusing on the aspects of pediatric tracheostomy care, which, as the authors state, is unusual and largely confined to specialist centers and services.

A section on infection control is necessary in any consideration of procedures undergone by ICU patients. Some of the facts and figures are irrelevant to a non-British audience, but serve to communicate the considerable cost implications of infection—a message that can never be understated. The discussion of pathogens and treatment strategies is appropriate, particularly as they confirm my own prejudices about inadequate staff hand-washing!

The book's photographs let it down again, unfortunately. I really do not see the point in including a poor-quality photograph of agar plates containing pseudomonal and streptococcal growths in a book aimed at multiple specialties. It seems to be an illustration purely to fill a space rather than to inform.

The final chapter looks at nutrition of the tracheostomy patient and is a sensible discussion of the dietary requirements of such patients, with relevance to their predisposing illness that may have induced the requirement for tracheostomy, the debilitat-

ing effects on glutition, and the common malnutrition affecting the ICU patient.

My overall impression is of a substantially uneven book. The elements that appealed to me most were those commonly overlooked in those texts oriented toward physicians (ie, swallowing, humidification, suction care, and tracheostomy materials), and I would recommend these to any practitioner. It is a worthwhile description of the surgical and percutaneous techniques, but Chapter 1 does it an immense disservice. The overall editing of the book leaves a lot to be desired in terms of content and errors, and the repetition and poor-quality illustration impair its reading. This is accentuated by the poor standard of punctuation in many chapters; many sections have to be read twice in order to establish the sense of the text. A good editor might have picked up these faults.

It is not a substantially expensive book, and perhaps that may be its most attractive feature.

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Clinical Scenarios in Thoracic Surgery.

Robert Kalimi MD and L Penfield Faber MD. (Clinical Scenarios in Surgery series). Philadelphia: Lippincott Williams & Wilkins. 2004. Hard cover, illustrated, 322 pages, \$99.

In an intellectually impacted environment such as residency, where data are absorbed and expunged on a daily basis, it is a pleasure to read and learn from a text that attempts to translate textbook information into readable and memorable case-by-case prose. As one can imagine, this is not an easy feat to accomplish, considering the scope of thoracic surgical information a text would like to impart. My desire to employ this book as a method to impress my superiors was sparked by the anxiety of having to work and learn from an experienced thoracic surgeon. During the few remaining days of my general surgery residency, I scurried to find a text that would allow me to learn "the natural flow of thoracic surgical-decision making, progressing from the patient's clinical presentation, through diagnostic findings, to follow-up tests, the surgical ap-

proach, and outcomes.” Although I must credit this book with helping me gain much initial knowledge to begin my thoracic surgical training, I think, in fairness, an objective critique praising particular aspects of the text while constructively criticizing others would allow future editions of this book to expand and prosper. This is a text that can be useful not only in the setting of thoracic surgery training but also in thoracic surgery practice, both private and academic. Considering that the text is divided into presentation, recommendations, surgical approach, outcomes, and discussion, the review will focus and comment on each segment described.

For the most part, the clinical presentation for all 58 case scenarios is straightforward, to-the-point, with pertinent positives, and clearly displayed radiographs. One of the more impressive case presentations (Case 11, page 59) depicts a 62-year-old man with the diagnosis of malignant mesothelioma. This particular presentation refers to chest radiographs and computed tomography scans rhythmically and memorably, such that the reader, the student, the surgeon, indelibly remembers and correlates the clinical presentation with the radiologic presentation. Case 13's (page 69) presentation is less impressive. The chest radiograph does not clearly stay in memory with the clinical presentation of a 46-year-old man's chest-wall tumor; however, the computed tomography scan does. Case 14 (page 75) clearly presents a 62-year-old woman with an intratracheal tumor and again provides a memorable chest radiograph that the reader will not forget and will apply to his or her practice.

In summary, the presentation text for the most part is consistent, pertinent, and memorable; however, the radiology can be inconsistent, with some cases more memorable radiologically than others. It must be noted that surgeons are visual people, and imaging may be more important than text. As well, training surgeons for the most part are competitive people, and an attempt to not reveal the radiograph results or diagnostic results in the presentation may also provide further learning experience for the reader. Future designs for an accompanying compact disc would allow for an even more interactive learning experience, the opportunity to test board-like questions, and to further expand the depth of this case-by-case dynamic learning process.

There are brief sections in the text that have great insight into the diagnostic process. The impressive aspect of these segments is their brevity and their almost “board-like” response—again, one more strong point of this text that will allow thoracic surgeons to review for their certification and recertification boards. The recommendation section goes on to reveal laboratory, radiographic, and histologic results. For the most part, the pictures and laboratory results also aid in understanding the disease process and ultimately pointing to the appropriate surgical intervention. However, one weakness is noted regarding esophageal dysmotility and the description of an esophageal manometric result. Case 12 describes a patient with achalasia, ultimately requiring esophageal myotomy. Like most thoracic texts, the description of esophageal dysmotility disorders is rather undervalued and neglected. Thoracic surgery most definitely encompasses the world of benign esophageal disorders and should expound accordingly. The depiction of manometry is downplayed and brief. Most thoracic surgeons are not familiar with esophageal manometric and pH studies. Therefore, further benign esophageal cases with detailed study results in the next edition would greatly benefit the practicing thoracic surgeon and would strengthen the generally weak understanding of the surgical treatment of esophageal dysmotility.

In between pages 114 and 115 are a series of gross specimens with respective histologic slides. These are very helpful because they strengthen the clinical/pathological correlation of the case and because thoracic surgery written boards do examine histology. The series depicted in this text is somewhat limited and biased and is sequestered to these pages because they are color plates. This is a little confusing. Although there are practical reasons for placing these gross and microscopic photographs together, for ease of reading and learning it would help to have the gross specimens and histopathologies shown in the context of the case.

The surgical approach obviously is the most important part of the text for surgeons. At times, for example page 15, the surgical approach is backed up by an operative diagram, which is truly helpful but is not consistently provided. However, the description of the operation for the disease process described is detailed and appropriate for someone learning the fundamentals of the surgi-

cal approach or reviewing basics. The descriptions are not generally tailored for an experienced surgeon to attain new ideas. Following the surgical approach is a brief discussion of outcomes following surgery. The outcomes are only touched upon and rather brief. Certainly more details regarding surgical outcomes would be encountered more appropriately in a surgical text. However, having available references at the end of the discussion can be helpful and would be appropriate for this text, especially if its strong point is to educate as a review for thoracic surgeons. In all fairness, there is a “selected readings” section that is allocated to the end of the book and is organized per case with 3–4 references per case.

Overall, the text is a wonderful way to relate textbook topics as captivating case scenarios that allow for ease of learning without confusing minute details. This book may be one way to quickly review for an exam, or perhaps gain memorable clinical experience prior to a specific new case as a thoracic surgical trainee or junior attending. It would help to have the cases organized per organ disorder, rather than arbitrarily assigned. An esophageal section, lung section, thymus section, and chest wall section would be much more helpful for the reader seeking quick board-review-type learning.

All in all, this text is valuable for its memorable and captivating way to learn about thoracic surgery and study for board exams. Case presentations take advantage of the need for more interactive teaching in the adult learner, and present the material in a practical way similar to how we see it in practice. I not only enjoyed the reading and visual experience but subsequently sought other books and interactives that offered similar experiences. I have not found a text similar to this one. However, I must admit that the rather flawed *Self-Education/Self-Assessment in Thoracic Surgery* (SESATS) mimics the similar clinical scenario learning process, with much to be improved; but that is another review.

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Thanks to Douglas E Wood MD for his thoughts and contributions to this book review.

Unfollow clinical scenarios in surgery to stop getting updates on your eBay feed. You'll receive email and Feed alerts when new items arrive. Turn off email alerts.Â New listing CLINICAL SCENARIOS IN VASCULAR SURGERY By Peter K. Henke Md - Hardcover. ~ Quick Free Delivery in 2-14 days. 100% Satisfaction ~.Â CLINICAL SCENARIOS IN THORACIC SURGERY (CLINICAL SCENARIOS By L. Penfield Mint. ~ MINT Condition! Quick & Free Delivery in 2-14 days ~. Robert Kalimi MD, L. Penfield Faber MD. 9780781747974. ISBN/ISSN.Â This unique case-based review of thoracic surgery offers excellent preparation for oral board examinations, which emphasize both general knowledge and case management. Written by recognized experts, the book presents a variety of cases covering the full spectrum of thoracic surgical diseases. Each case begins with the clinical presentation and proceeds to X-ray report, differential diagnosis, CT scan report, diagnosis and recommendation, surgical approach, outcome, and discussion. X-rays, CT scans, bronchoscopic photographs, and other relevant illustrations accompany the text. (Clinical Scenarios in Surgery series). Philadelphia: Lippincott Williams & Wilkins. 2004. Hard cover, illustrated, 322 pages, \$99.Â You are going to email the following Book Review: Clinical Scenarios in Thoracic Surgery. Robert Kalimi MD and L Penfield Faber MD. (Clinical Scenarios in Surgery series). Philadelphia: Lippincott Williams & Wilkins. 2004. Hard cover, illustrated, 322 pages, \$99.