

# BOOK REVIEWS

James O. Menzoian, MD, Book Review Section Editor

## Noninvasive vascular diagnosis

Ali AbuRhama, John Bergan; London; 1999; Springer-Verlag; 488 pages.

The standard for textbooks devoted to noninvasive vascular diagnosis was established over a decade ago with Gene Bernstein's tomes that accompanied his San Diego Vascular Diagnosis Symposia. The field of vascular diagnosis has, however, continued to move forward, and new volumes are periodically desirable. The textbook by Drs AbuRhama and Bergan is nicely organized and well illustrated, but a bit ill focused. The book begins with three overlapping chapters on vascular laboratory accreditation and training, and certification of vascular laboratory personnel. The idea is excellent, but next time, to avoid repetition, Denny Baker should write this entire section. What follows is Dr Kirk Beech's usual authoritative and entertaining discussion of ultrasound physics. While this is "physics for dummies," the dummy cannot be too dumb and can learn a great deal by careful scrutiny of this chapter.

After the above introductory sections, the four core areas of the vascular laboratory are addressed: cerebrovascular diagnosis, peripheral arterial disease, venous disease, and visceral vessels. Duplex techniques are emphasized, but plethysmography is also covered. Each of these sections begins with an "overview" of the disease process pertinent to that section. Each ends with a chapter that attempts to ascribe clinical relevance to the vascular laboratory techniques discussed. These overview and clinical relevance chapters are simplistic. They are of little use to anyone beyond the first or second year of medical school. They do, however, comprise nearly 25% of the pages devoted to these sections.

What lies in between the overviews is of variable utility. There are, however, excellent, well-referenced and authoritative discussions of transcranial Doppler sonography, carotid plaque morphology, peripheral arterial duplex, and venous imaging techniques. The information in the section on deep abdominal vessels is well presented but somewhat dated. This is an area of vascular diagnosis that has been, unfortunately, somewhat static over the last 5 years. The final primary section of the book is devoted to miscellaneous vascular diagnostic techniques. Chapters on transcutaneous oxygen measurements and three-dimensional vascular imaging are sufficiently detailed to be authoritative. Others, for example, on intervascular ultrasound, sonographic contrast agents, and Doppler flow wires serve as intriguing introductions to evolving fields. The book then concludes with a glossary where one can learn the definitions of such terms as angiography, atheroma, and circle of Willis.

This book has a little something for all interested in the vascular laboratory. If I were a physician or a vascular technologist just entering the field of vascular diagnostics, I would purchase a copy for myself. Experienced vascular technologists and physicians will find it periodically useful to fill in gaps in their knowledge but will in general be better with a good Internet provider and occasionally blowing the dust off of Dr Bernstein's final edition.

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## The handbook of surgical intensive care: practices of the surgical residents at Duke University Medical Center, 5th ed

Bryan M. Clary, Carmelo A. Milano; St Louis; 2000; Mosby-Yearbook; 482 pages; \$35.95.

The fifth edition of *The Handbook of Surgical Intensive Care* delivers on its implied goal: to provide rapid and reliable answers for ICU house officers at 2 AM. The new editors of this paperback text, Dr Bryan M. Clary and Dr Carmelo A. Milano, have refined and reduced ICU patient care into a concise outline form. Although written by the surgical residents and fellows at Duke University Medical Center, this book is by no means intended only for surgeons. Attending surgeons, pulmonary/critical care fellows, medical students, and critical care nurses may likewise appreciate the practical approach to the physiology and management strategies of the critically ill.

*The Handbook of Surgical Intensive Care* retains the usual organization pattern of other intensive care handbooks. The 24 chapters are grouped into four sections: Fundamental Principles of Surgical Intensive Care (hemodynamic monitoring, shock, acid/base and fluid/electrolyte management, cardiopulmonary resuscitation, and procedures); Pathophysiology (by organ system); Specialized Patient Management (trauma, transplant, cardiac and pediatric surgery, burns, and extracorporeal membrane oxygenation); and Selected Problems in Patient Management (infection/sepsis, ventilator management, nutrition, anesthesia/analgesia, and medication/drips). Various charts, drawings, tables, and graphs are included, as well as a list of selected readings to expand each topic. Each chapter has been constructed for ease and speed of reading; moreover, the text lends itself as a guide for oral presentations.

While no specific surgical techniques are discussed, I found the chapter on transplantation to be particularly concise and well written. For example, the transplantation chapter guides the reader through the process of organ donation, including the identification of candidates for organ donation and criteria for brain death. Furthermore, the stabilization of heart-beating cadavers is given attention in order to optimize organ perfusion and function. The chapter continues with transplant recipient selection and management, a brief synopsis on immunosuppression and the choice of immunosuppressive agents, and complications of transplant surgery, including organ rejection.

This reasonably priced handbook, in its fifth edition, remains a valuable reference for the physician managing the critically ill. Featuring small size and lack of weight, the text remains thorough for a handbook. I would recommend this book for anyone interested in an easy-to-read yet relatively thorough synopsis of patient care in the surgical ICU.

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## Phlebology: the guide

Albert-Adrien Ramelet, Michel Monti; 1999; Paris; Elsevier.

This new, revised, fourth English-language edition of a very popular European textbook on venous disease was written almost entirely by two eminent phlebologists from Switzerland: Dr Ramelet, a dermatologist, and Dr Monti, a cardiologist. Emphasis is placed on everyday practical management of patients who come to the office with problems of superficial venous disease. This soft cover volume is much more than a pocketbook for trainees on how to manage varicose veins, venous ulcers, or acute venous disease. It is a systematic manual with excellent chapters and numerous color illustrations on venous anatomy, histology, physiology, epidemiology, clinical presentation, and diagnostic evaluation. Phlebography is described in detail, with a lot of illustrations, and duplex scan is

also well presented. The list of diagnostic tests includes unusual investigations like thermography and capillaroscopy, while air plethysmography receives less than usual attention.

Because Europeans wrote the book, some of the treatment modalities are unfamiliar to readers in the United States. A whole chapter is devoted to phlebotropic drugs, not approved in this country by the Food and Drug Administration. Some of the terminology is unfamiliar to surgeons in the United States. *Crookectomy*, for instance, means high ligation of the lesser saphenous vein; the *Mercier classification* is used to describe variation of the termination of the lesser saphenous vein. *Short*, of course, means lesser, and *long* means greater, as far as the saphenous veins are concerned.

Treatment is focused on outpatient management of spider veins and primary varicosity, and you can learn a lot from this book on sclerotherapy and hook phlebectomy. Conventional stripping is well described, and unusual surgical techniques, such as the Mayo external stripper, no longer used at the Mayo Clinic for this purpose, are also presented. While so up-to-date in the management of chronic venous insufficiency including venous ulcer treatment, or even subfascial endoscopic perforator vein surgery (SEPS), it was surprising to find that the authors do not recommend catheter-directed thrombolysis for the treatment of acute deep vein thrombosis and that endovascular recanalization, angioplasty, or stenting was not mentioned as a treatment alternative. If you are interested in minimally invasive or open surgical techniques for acute or chronic deep venous occlusions, this book will not fulfill your expectations.

Overall, this is still a practical and easy-to-use guide on the management of superficial venous disease of the lower limbs. I recommend it to vascular surgeons, internists, cardiologists, and dermatologists who treat patients with venous disorders.

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#### Advances in surgery, vol 34

John Cameron, Charles Balch, Bernard Langer, John Mannick, George Sheldon, G. Tom Shires, Ronald Tompkins, John Wong; St Louis; 2000; Mosby; 429 pages.

*Advances in Surgery*, edited by Cameron et al, for those unfamiliar with the series, is an annual compilation of approximately 20 chapters focusing on specific surgical problems reviewed by leading experts in each area. As such, each volume is not expected to provide a comprehensive examination of surgical topics, but to focus on a specific aspect of surgical practice that can be reviewed succinctly in 10 to 30 pages of text.

Of interest, this year's addition is heavily weighted toward oncology, with 11 of 18 chapters focusing on the management of various neoplastic processes. A review of the previous years' editions reveals that this focus is not consistent, with a more rounded representation of other areas of surgery in most years. Two chapters in this edition address areas of vascular surgery: a general

review of the basics of endovascular aneurysm repair and a provocative chapter examining the functional outcome of patients after distal bypass procedures.

Like most books of this type, the chapters vary in terms of style and content, and the usefulness of the series itself depends on the needs of the reader. Some chapters are written to aid the clinician in the most up-to-date management of a clinical problem. This would include excellent reviews of the management of in situ breast carcinoma and the indications for splenic preservation after blunt and penetrating trauma. Sections are included summarizing the authors' own protocols of treatment, which should be of great benefit to the practicing surgeon. Other chapters include more technical information, with chapters describing in detail the technique of laparoscopic-assisted colon resection and blunt esophagectomy. Also, there is an excellent review article that discusses the role of tamoxifen in the prevention and treatment of breast cancer.

Most of the chapters are written well, with defined objectives and clearly presented data allowing the reader to gain maximum benefit in a minimal amount of time. The intent in most cases is not an in-depth review similar to a surgical textbook, but a presentation of current issues shaping practice.

As such, the question arises concerning who will benefit most from this series. Clearly, those reviewing for the general surgery qualifying examination, the recertification examination, and in particular the oral boards will find these chapters very useful. Residents in training will also benefit from a current review of specific problems that is more timely than most textbooks, and over the course of several years, most of the topics on the oral boards will likely be discussed in the series. For practicing general or general/vascular surgeons who need to remain current on diverse areas of surgery, the practical bent of most chapters will be appreciated. For those who wish to delve further into the literature concerning a topic, extensive references are provided in most chapters.

However, for vascular surgeons who perform 100% vascular surgery, there is little to recommend, other than the opportunity to remain current on the latest trends in their general surgery colleagues' practice. Although the two chapters concerning vascular surgical subjects are interesting, the reader who desires a focus on vascular surgery issues should consider the corresponding series, *Advances in Vascular Surgery* edited by Whittemore et al.

Overall, this series of books succeeds as a succinct mechanism of review on the management of important problems in a variety of general surgery topics. Obviously it is not a comprehensive review, but the reviews are much more timely than most textbooks, and as such can be more useful to the practicing surgeon. In this particular issue, the main focus is on topics in oncology, and those interested in an update on these issues should strongly consider it for their library.

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Phlebology, The Journal of Venous Disease, is a peer-reviewed medical journal covering research on vascular disease. It is published by Sage Publications and is an official journal of the American College of Phlebology, the Australasian College of Phlebology, the Venous Forum of the Royal Society of Medicine, the European Venous Forum, and the Benelux Society. The editor-in-chief is Alun Davies. Practical Phlebology book. Read reviews from world's largest community for readers. Sclerotherapy has been used in the treatment of varicose veins for over 100 years. Goodreads helps you keep track of books you want to read. Start by marking "Practical Phlebology: Sclerotherapy and Cutaneous Lasers" as Want to Read: Want to Read saving list. Want to Read. Currently Reading. Read. Practical Phlebology: by Jean-Jerome Guex. Other editions. Phlebology: the guide. June 2001 · Journal of Vascular Surgery. Peter Gloviczki. Read more. Article. Phlebology in the daily practice. January 1974 · Die Therapiewoche. I. Brahler. [Show full abstract] and performance. The book is exceptional in being based entirely on the curriculum designed for board certification by the American College of Phlebology. A further unique aspect of the text is the integration of ultrasound, which now plays a fundamental role in diagnosis and management. The authors come from a wide range of specialties and the book will accordingly serve the needs of vascular and general surgeons, interventional radiologists, phlebologists, ultrasonographers, and other practitioners, as well as those preparing for board examinations. Read more. Article.