

BOOK REVIEWS

Operative atlas of endoluminal aneurysm surgery

S. Waqar Yusuf, Michael Marin, Krasnodar Ivancev, Brian Hopkinson; Oxford; 2000; ISIS; 143 pages; \$150.00.

Over the past decade we have witnessed a dramatic evolution in the development of endovascular technology and its role in aneurysm surgery. This is the first published atlas for endovascular aneurysm surgery edited by pioneers in the field. It is a practical book and gives detailed information about and illustrations of representative endovascular grafts; instructions for their use as well as the indications, contraindications, and limitations; and summaries of available results for each device. It also covers key imaging techniques. Although the title implies that it is an atlas of both abdominal and thoracic aortic aneurysms, only one chapter is devoted to thoracic aneurysms, and the main emphasis is on the treatment of abdominal aortic aneurysms.

The purpose of this introductory atlas is to guide vascular residents and trained vascular surgeons/interventionists in a step-by-step manner on the use of various endovascular devices. Each endovascular graft is unique, and each has its own tips for use. One can often be confused by the subtle differences in the deployment of each graft. This book is valuable in understanding how to use a particular graft as well as the strengths and weaknesses of each device. Since it does not describe the details of basic endovascular techniques and the tools needed, the book appears to be aimed at vascular residents and trained vascular surgeons who already have some experience with endovascular procedures. It will also be a valuable tool for operating room nurses and technicians involved in endovascular repair.

Surgeons who treat aneurysms already have a basic knowledge regarding the natural history, indications for treatment, and the pros and cons of various treatment options. However, they typically lack the knowledge and skills necessary to perform endovascular grafting. This atlas is an ideal "cookbook" for such surgeons as they initiate an endovascular aneurysm program, since it is well illustrated and takes the reader through each step in detail. It is practical and describes specific details regarding the supplies and techniques required for endovascular aneurysm repair, including imaging devices, contrast agents, catheters, and various endovascular grafts. The amount of information regarding endovascular repair of abdominal aortic aneurysms is adequate, covering most industry-made devices. However, the section on thoracic aneurysms is limited to the description of a single device, which is a homemade system, and it does not cover the two existing industry-made devices (the W. L. Gore Excluder graft and the Medtronic Talent graft), making it of limited value.

The weaknesses of this book include the obvious omission of "troubleshooting" or "bail out procedures," be they

surgical or endovascular. Such topics are as important as the techniques for stent-graft deployment and would have added tremendously to the value of the book. If one needs more detailed outcome and follow-up data on endovascular repairs, they should read either *Indications in Vascular and Endovascular Surgery*, edited by R. M. Greenhalgh, or *Surgical and Endovascular Treatment of Aortic Aneurysms*, edited by A. Branchereau and M. Jacobs.

The editors certainly have accomplished their goal in creating an operative atlas that provides detailed descriptions of a majority of the endovascular grafts available for the treatment of aortic aneurysms. This book is a valuable guide for physicians and paramedical personnel who wish to initiate an endovascular program for the treatment of abdominal aortic aneurysms. Such people should not only have access to this book, but they should keep it readily available in the operating room.

Takao Obki, MD

Chief, Endovascular Program
Montefiore Medical Center
Bronx, NY

doi:10.1067/mva.2001.111491

Trauma, 4th ed

Kenneth Mattox, David Feliciano, Ernest Moore; New York; 2000; McGraw-Hill; 1514 pages; \$185.00.

Trauma, fourth edition, edited by Kenneth L. Mattox, David V. Feliciano, and Ernest E. Moore, is a comprehensive update of one of the most recognized texts in the trauma literature. It is an ambitious text of 1500 pages with 155 contributors who are recognized leaders in the clinical management and research principles of their topics. The text is organized along classic and progressively evolving chapters that are useful as isolated references and that fit together well as a complete text. The 65 chapters are divided into six major sections: "Trauma Overview," "Generalized Approaches to the Traumatized Patient," "Management of Specific Injuries," "Special Problems," "Management of Complications After Trauma," and "Medicolegal and Legislative Issues in Trauma." Particularly strong chapters include "Kinematics of Trauma"; "Diagnostic Imaging, Angiography, and Interventional Radiology in the Trauma Patient"; "Reproductive System Trauma"; "Trauma Damage Control"; and the "Management of Battle Casualties." In addition, there are well-focused chapters that deal with perioperative problems, critical care, and the management of medicolegal issues.

Many chapters have an appended commentary to address the specific issue of "What is new in this edition," because much of trauma care evolved in the post-Vietnam era and some topics have not seen many recent advances

since the 1970s and 1980s. These commentaries also contain important treatment points that help to focus the reader. In general, the chapters themselves are well written and contain illustrations, tables, and charts that are clear and help to enhance the discussion. An exhaustive bibliography at the end of each chapter offers historic and crucial references. Overall, each chapter moves smoothly from historic considerations into mechanism of injury, common pathophysiologic derangements, specific disorders, and surgical therapeutic strategy. Future directions are offered where applicable. Overall, this text is a strong update of a text that is well-known for offering a concise and useful approach to the complicated and complex care of the trauma patient. This text is especially useful for general surgical residents, as well as residents of all disciplines who treat injured patients in the emergency department. Additionally, this is a highly recommended text for practicing physicians and surgeons who have patients who have suffered traumatic injury or its attendant complications. Vascular surgeons will find many useful chapters in this text that will assist in the care of patients with vascular trauma. Finally, this is a useful text for the specialist in intensive care medicine both as a reference and especially as a text from which to draw teaching support for care of the injured patient in the intensive care unit. I feel that it is in the strong tradition of the three previous editions of *Trauma* that this text assumes a worthy place.

Mark Sebastian, MD

Duke University Medical Center
Durham, NC

doi:10.1067/mva.2001.111692

Endothelium, nitric oxide, and atherosclerosis

Julio Panza, Richard Cannon; Armonk; 1999; Futura; 320 pages; \$75.00.

This excellent book provides detailed discussion of

endothelial physiology, mechanisms that may be important in vessel pathology, and possible therapeutic targets for the future. The detailed nature of the discussion makes the book most suitable for scientists, research fellows, and other researchers of the vascular endothelium. The book has been written in a way that it is possible to “dip into” separate chapters for those only interested in part of the topic covered.

The book is divided into four parts. Part One deals with nitric oxide in some depth, Part Two discusses endothelial function as studied in vitro, Part Three deals with clinical studies of endothelial function, and Part Four concentrates on therapeutic mechanisms with respect to endothelial dysfunction.

The list of authors includes some of the best known endothelial physiologists, such as Robert Furchgott, Salvador Moncada, and Paul Vanhoutte, to name but a few. The strengths of the book include the fact that the chapters have been written by real enthusiasts for endothelial physiology who provide their perspective on important discoveries in endothelial function. For example, Robert Furchgott describes the interesting discovery of nitric oxide as endothelial-derived relaxing factor, which led to the beginning of endothelial physiology. The book might be a little difficult to understand for those with no background of laboratory research. However, most individuals involved in vascular medicine, surgery, or research will have no problems with the concepts discussed.

Overall, I would highly recommend this book to anyone interested in endothelial function and pathology.

Jonathan Golledge

Charing Cross Hospital
Fulham Palace Road
London, United Kingdom

doi:10.1067/mva.2001.111492

CORRECTION

The authors inadvertently failed to acknowledge grant/research support from US Surgical Smith & Nephew, Inc, to DEM Letwin and JJ Kelly and fellowship support from these companies for SM Food and A Sandor in the Competition of Interest statement in “Hand-assisted laparoscopic aortobifemoral bypass (Arcus E et al. J Vasc Surg 2000;31:1142-8).

Start by marking "Operative Atlas Of Endoluminal Aneurysm Surgery" as Want to Read: Want to Read. A practical guide to endoluminal techniques of aneurysm repair, encompassing aneurysms of thoracic aorta, abdominal aorta, iliac and popliteal segments. Illustrated with radiographs (angiograms, CT, MRA) and photographs, each chapter deals with the specifics of a particular anatomical type of repair or a particular device. Get A Copy. Amazon. This atlas is informed with the experience of Dr. Nussbaum, a seasoned neurosurgeon at The National Brain Aneurysm Center who has performed over 2,000 aneurysm surgeries. Key Features: Two DVDs containing 57 author-narrated operative videos that demonstrate the exposure, dissection, and clipping of a wide variety of intracranial aneurysms. Beautiful detailed illustrations, intraoperative photos, and images guide the reader through the procedures. Tables containing pearls, pitfalls, and complications specifically related to surgical exposure of aneurysms in every standard location provide a quick reference. Operative Atlas of Endoluminal Aneurysm Surgery. Oxford: Isis Medical Ltd. Sw Yusuf. MI Marin. K Ivancev. Analysis for pre-operative death in 76 cases of acute aortic dissection. Yb Wu. Q Chang. In recent years, the cases have become more severe, partially due to the fact that cardiac surgeons tend to operate older and sicker patients more readily than they previously did. 80% of these were post coronary bypass surgery, and the others heart and heart-lung transplants, repair of congenital heart anomalies, valve replacements etc. Several of the cases were cardiac surgery re-do's. Risk factors for developing this complication, such as diabetes, obesity, technical errors of sternal incision, prolonged intubation, the use of aortic balloon, etc. will be discussed. This is the first published atlas for endovascular aneurysm surgery edited by pioneers in the field. It is a practical book and gives detailed information about and illustrations of representative endovascular grafts; instructions for their use as well as the indications, contraindications, and limitations; and summaries of available results for each device. It also covers key imaging techniques. Although the title implies that it is an atlas of both abdominal and thoracic aortic aneurysms, only one chapter is devoted to thoracic aneurysms, and the main emphasis is on the treatment of abdominal aortic aneurysms. 204 JOURNAL OF VASCULAR SURGERY/January 2001 Operative atlas of endoluminal aneurysm surgery S. Waqar Yusuf, Michael Marin, Krasnodar Ivancev, Brian Hopkinson; Oxford; 2000 This is the first published atlas for endovascular aneurysm surgery edited by pioneers in the field. It is a practical book and gives detailed information about and illustrations of representative endovascular grafts; instructions for their use as well as the indications, contraindications, and limitations; and summaries of available results for each device. It also covers key imaging techniques. Although the title implies that it is an atlas of both abdominal and thoracic aortic aneurysms, only one chapter is devoted to thoracic aneurysms, and the main emphasis is on the treatment of abdominal aortic