

Recent Advances in Surgery 28 I. Taylor, C. Johnson (eds)
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This is the latest in the popular series meant for surgical residents - "last four editions must be read before an exam!" It covers a mixture of "old" subjects and some new and interesting topics and ends with a useful review of results of randomised clinical trials that were published in the last year.

Technology can never (yet) replace the wholesome experience of a resident performing a supervised operation on a real patient. However, specialised skills can demonstrably be learnt and improved using state of the art VR (virtual reality) technology or real life 3-D models. The chapter on technology in surgical education explains how advances in educational technology could transform medical education. The authors warn that all that glitters is not gold, so all new methods of teaching need rigorous assessment. The chapters that revisit "old" subjects include updated and therapy-oriented discussions on bacterial translocation, inguinal hernia repair, intestinal fistulae and diabetic foot ulcers. A chapter on goal-directed optimisation of the high-risk patient, written by an intensivist, is very comprehensive and clear. However, surgeons must remember that some surgical patients need quick surgery and one should not miss the critical window of opportunity while chasing (over) optimisation.

Spiral CT and PET-CT allow efficient pre-operative staging for GI malignancies and a chapter discusses the diminishing but sometimes important role of diagnostic laparoscopy. The chapter on laparoscopic banding for obesity stimulates an interest in this unfortunate modern malady. Abdominal tuberculosis (a diagnosis that should not be forgotten) has an excellent chapter devoted to it and includes "pearls of knowledge" e.g. TB-nested polymerase chain reaction (PCR) can detect as little as 8fg of mycobacterial DNA or just one or two bacilli. There is an interesting chapter on developments in live donor renal transplantation. It explains how the paucity of cadaveric donors could be overcome by a less mutilating donor operations. We found it ethically challenging to read about some concepts of donor exchange programmes. Kidneys can be swapped between donor/recipient pairs or a kidney is donated in exchange for a priority on the waiting list.

The chapter on adjuvant therapy in colorectal cancer stresses the importance of well-delivered adjuvant systemic therapy given within a multidisciplinary setting. There are a few errors in some otherwise excellent chapters. Intraoperative radiotherapy for colorectal, pancreatic or breast cancers (a promising new advance that is being tested in international clinical trials) is not mentioned anywhere, perhaps because it has featured in earlier editions. A key point in (malignant [sic]) melanoma, states that the majority of melanomas arise from preexisting moles. This may be a typo - in fact over half of melanomas arise from normal skin. Another possible typo suggests that itching, crusting, bleeding of >6mm diameter are not significantly suspicious. I would have liked a description of diagnostic dermatoscopy, that could range from a magnifying glass to digital image archiving and of spontaneous regression that forebears a very poor prognosis. The chapter on carotid endarterectomy could have alluded to the ever improving techniques of angioplasty and stenting that may soon replace the operation.

On the whole, the book stands up to its reputation. Many interesting subjects are covered. They are explained lucidly with up-to-date concepts and references. It is yet another addition to the must-have list.

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