

literature and their own research contributions as a springboard to the future.

While much of the content is first-class, **Surviving Intensive Care** is not a cohesive work. There is no introduction to provide an overview to the text, no cross-referencing between chapters, and no obvious attempt to minimize repetition of information presented in different chapters. Most chapters do not read as if they were written for a textbook; rather, the text reads as a compilation of pieces that were incompletely modified to incorporate into a book. A low point of the text is the chapter entitled "Disease-free Survival and Quality of Life as End-points in Clinical Trials," which was written by an oncologist who made no effort to connect the experience of follow-up studies of cancer patients with that of ICU survivors. Critical illness and critical care are never mentioned in this chapter. In fact, the author makes statements that show a lack of insight into critical care research, such as, "An initial (pre-study) evaluation is always needed: follow-up evaluations would be useless without any baseline assessment for comparison." Since researchers generally cannot know which patients will be struck by critical illness, we do not have the luxury of performing baseline assessments.

In Chapter 22 the authors write, "These meetings shape opinion and future research, culminating in academic milestones such as this Roundtable Meeting on Surviving Critical Illness." In March 2002 an expert panel convened in Brussels to summarize current knowledge of the epidemiology and plans for future research of survivors of critical illness. That roundtable meeting was concisely reviewed by Angus and Carlet in 2003.¹ The participants in that roundtable included the authors of every chapter of the book **Surviving Intensive Care**. Clearly, these chapters are modified versions of their reports to the Roundtable. Had that information been presented up front in an introduction, the variability of scope and writing styles would have been better understood and more easily overlooked by the reader.

There are many examples of this text's poor attention to detail. There are abundant typographical errors, including incorrectly spelled words, extraneous punctuation, superimposed numbers and letters, and misplaced decimal points. There are also mistakes in the reference lists. For example, in the chapter on health-related quality of life, the text and table describe the results of McHugh's important follow-up study of

acute respiratory distress syndrome patients in Seattle, Washington, published in 1994.² Mistakenly, the authors instead cite "McHugh GJ et al. Follow-up of elderly patients after cardiac surgery and intensive care unit admission, 1991–1995. *New Zealand Journal of Medicine*."

Surviving Intensive Care has clear typography, high-quality paper, and a strong binding that withstands considerable abuse. The type doesn't easily smear. The illustrations and tables, although simple and not abundant, are clear and generally informative. The chartreuse spine is easy to find in an overstuffed bookcase. Unfortunately, the book's indexing is confusing and incomplete. For example, despite the multiple mentions of long-term dysfunction of muscle, nerve, and physical function, none of these terms is in the index. Myopathy, neuropathy, and polyneuropathy are also not indexed. Instead, the reader needs to find "neuromuscular dysfunction," which appears as a subcategory of "neuromuscular blocking agents," or "functional limitation," which appears as a subcategory of "functional capacity."

While individual chapters and sections of **Surviving Intensive Care** may have broader appeal, I think the book's heavy emphasis on methodology and systems theory is beyond the scope of most critical care practitioners. As a whole, **Surviving Intensive Care** is probably most of interest to clinical researchers interested in considering long-term outcomes as primary or secondary end points of observational or interventional research in the ICU. Nonetheless, there are diamonds in the rough in **Surviving Intensive Care**, which has already become a valuable reference for me. Hopefully, the majority of the authors will reconvene to create an updated and more polished version of this text in the future.

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Sepsis. Guillermo Ortiz-Ruiz MD, Marco A Perafán MD, and Eugen Faist MD, editors. New York: Springer-Verlag. Soft cover, 174 pages, \$49.95

No other condition that afflicts critically ill individuals has captured the interest of clinical researchers as much as sepsis and its dreaded complication, septic shock. There is a bewildering profusion of books, review papers, and monographs that purport to describe the causes of and therapies for sepsis. This book, edited by Ortiz-Ruiz, Perafán, and Faist, adds to the discourse. However, in my opinion, what probably began as a well-meaning attempt to collate our current knowledge on sepsis into a concise volume ended up as an easy-to-read, relatively succinct review of the pathophysiology and treatment of acute pulmonary conditions in critically ill individuals.

The book is the collaborative effort of widely recognized clinical researchers and clinicians from Argentina, China, Colombia, Germany, Mexico, and the United States. As such, the book has an interesting international flavor that may appeal to health-care practitioners worldwide. It is obvious that English is not the first language of many of the authors, but the editors did a credible job in proofreading and preserving a harmonious similitude of style throughout the text.

The book begins by a discussion of the pathophysiology of sepsis. The quantity and complexity of the information contained in this chapter requires careful attention by the reader. It can be overwhelming, in particular the discussion on the immunologic responses associated with sepsis. Much of the chapter suggests a fairly high degree of certainty about the causes of sepsis, but I think the reader should maintain a healthy skepticism. Moreover, given the complex nature of the biological mechanisms imputed in the genesis and perpetuation of sepsis, this chapter, as well as the rest of the book, could have greatly benefited by the liberal use of figures and diagrams.

Chapters on pneumonia, one of the most common causes of sepsis, follow. I particularly enjoyed reading the erudite discussions on community-acquired pneumonia. It was interesting to learn about the preva-

lence of certain causative organisms in different countries. For example, *Legionella* pneumonia is rarely found in South America. These chapters, along with the chapter on ventilator-associated pneumonia, will be of particular interest to most respiratory therapists. They are well written, abundantly referenced, and clinically relevant.

The chapters on diagnostic procedures focus mainly on diagnosing pneumonia via fiberoptic bronchoscopy and open-lung biopsy. These chapters may be useful to readers not familiar with these procedures, although I found them to be too succinct, and the references cited are a bit dated. These chapters also would have benefited from figures and flow diagrams to help clinicians diagnose severe pneumonia.

Other chapters include discussions on pulmonary conditions commonly associated with sepsis. The chapter on acquired immune deficiency syndrome is very well written and comprehensive, but, again, it is a bit dated. For example, references to studies published in 1998 and 1999 are referred to as "recent."

The chapter on sepsis and exacerbation of chronic obstructive pulmonary disease (COPD), with 250 references, stands out as an excellent review of the topic. Comprehensive and easy to read, this chapter covers the pathophysiology, clinical manifestations, and available therapies for COPD exacerbation. Among the pharmacologic interventions discussed are bronchodilators, corticosteroids, and antibiotics. There are sections on hemodynamic support, physiotherapy, and nutrition, and the detailed discussion on mechanical ventilatory support incorporates the most recent advances. I strongly recommend this chapter to anyone who wishes to learn more about the subject or as a solid springboard for further study on the causes and treatment of COPD exacerbation.

Similarly, the chapter on acute respiratory distress syndrome provides an excellent review of current thinking regarding its pathophysiology and treatment. Of particular interest is the discussion on mechanical ventilation in acute respiratory distress syndrome, protective lung strategies, and positive end-expiratory pressure.

The chapter on management of pleural effusions and sepsis appears to be an afterthought, but it may appeal to those not familiar with the subject. I found the sections on video-assisted thoracoscopic surgery and decortication interesting and informative.

In summary, this book is more than a treatise on sepsis and septic shock; it is a digestible compendium on the causes and treatment of respiratory conditions in critically ill individuals. Perhaps the title was chosen to attract a wider audience. In my opinion, however, that was not necessary, as the book holds its own as a reader-friendly review of the causes and treatment of acute respiratory failure.

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Percutaneous Tracheostomy: A Practical

Handbook. Henry GW Paw BPharm MR-PharmS MBBS and Andrew R Bodenham MBBS. Cambridge, United Kingdom: Cambridge University Press. 2004. Hard cover, illustrated, 158 pages, \$80.

Since the advent of modern critical care, critically ill patients have experienced better outcomes. Without a doubt, more patients have survived despite suffering from multiple comorbidities. Airway management in particular is a critical issue when caring for such patients. Whether for long-term assisted ventilation or out of concern for incompetent-airway protection, tracheostomy is the unavoidable procedure. In critical care medicine we occasionally confront the consequences of complications in open surgical tracheostomy. With percutaneous dilational tracheostomy (PDT), we now have a viable alternative. Much has been written on the advantages and disadvantages of surgical tracheostomy and PDT, but little information about the practice of PDT has been available in reference books. This changes with the publication of **Percutaneous Tracheostomy: A Practical Handbook**.

This hard-cover textbook is the first to "provide the newcomer and the experienced practitioner alike with a perfect introduction to this increasingly widely used technique." Do not be confused by the name "percutaneous tracheostomy"; the book primarily describes PDT in contrast with surgical tracheostomy, and the authors use "percutaneous tracheostomy" interchangeably with "PDT."

The authors strictly follow their aim in providing a balanced overview of PDT. No matter what level of experience you have with the procedure and management of tracheostomy, this is a book deserving of your time. To see is to believe. It is amazing to see the 95 figures and/or pictures in this 143-page text. The easy-to-use format is feasible because the book's design uses different colors for each chapter on the upper margins for easy look-up from the table of contents. The flow of the text is fluent and well-organized, although there is some redundancy of contents in some chapters. Being a practical handbook, you can sense that the authors explicitly share their experience heartily.

Chapter 1 chronicles the history of tracheostomy. There is a concise overview, beginning with the first recorded case, in ancient Egypt around 3,000 BC, up to the development of modern PDT. Only after Toys and Weinstein used a Seldinger guidewire for the procedure did percutaneous tracheostomy take a vital step forward. The first percutaneous progressive dilational technique was developed by Pasquale Ciaglia and reported in June 1985. It is now performed in 75% of intensive care units in England and Wales.

Chapter 2 briefly summarizes the neck anatomy related to tracheostomy. Sometimes it is avascular in the midline of the neck, but remember that it is not always the case. In patients with tracheal intubation, the position of the endotracheal tube tip usually changes with extension of the neck. The authors mention the same phenomenon with the trachea position differing among youth and the elderly, based on cervical extensions and flexions, so one must be cautious when determining the tracheostomy incision site.

Chapter 3 focuses on the complications of translaryngeal intubation and indications for tracheostomy. No randomized controlled trial has specified the optimal timing for tracheostomy in critically ill patients. As the authors describe, tracheostomy timing should be made on a case-by-case basis. Interestingly, they point out the trend of earlier tracheostomy after the advent of PDT. Whether there is an increasing number of avoidable, unnecessary procedures needs to be closely monitored.

Chapter 4 briefly summarizes contraindications to tracheostomy. The authors' mention of the emergency use of percutaneous tracheostomy is particularly notable.