
As someone who believes strongly that critical care medicine is best practiced in a multidisciplinary setting, I was intrigued by the title, Tracheostomy: A Multiprofessional Handbook. The practice of tracheostomy has been around a long time and yet continues to engender substantial controversy, particularly with regard to indications and timing of the procedure. This is of particular note when considering the increasing practice of percutaneous tracheostomy in the intensive care unit (ICU).

The overall practice and care of tracheostomy demands involvement from a variety of associated disciplines, which forms the basis of the initial appeal of the book’s title. I was also interested to review a British title, having trained in the United Kingdom.

My initial enthusiasm was tempered, however, by substantial variation in quality of the 22 chapters that compose the book. The authorship is predominantly based around Cambridge in the United Kingdom, a well-known academic center, and includes anesthesiologists, otolaryngologists, physiotherapists (a British equivalent of respiratory therapist), speech and language therapists, tracheostomy support nurses, oncologists, nurse practitioners, nutritionists, and even a parent and caregiver of a tracheostomized child! This is both a source of strength and a weakness of the book. The book is well-written and organized sensibly, although oriented toward European manufacturers. However, I was puzzled by the insistence that cuffed tubes are not useful in the pediatric population because of the narrow cricoid aperture—which is above the tracheostome. Better editing might have picked up that this is relevant to orotracheal intubation rather than tracheostomy. Similarly, the photograph of a pediatric cuffed tracheostomy tube is described as an uncuffed tube in the legend below.

Tracheostomy management in the ICU is the subject of the next chapter. This tends again toward repetitiveness, and I found myself wondering if the editors of the book had tried to edit together as a whole, or merely compiled it. It is not a large enough text to encourage the isolated reading of chapters, which is perhaps the only justification for the repetition of indications, complications, and tube selection. However, the description of physiologic consequences of note of a reasonable description of the immediate and late complications (apart from the implausible inclusion of hypocarbic-induced apnea!). One of my major complaints about the whole book is the quality of the photographs, which are gray, grainy, and far from clear. This is especially true of the photographs in this section.

The next chapter, written by intensivists, details the history, indications, prerequisites, and performance of percutaneous tracheostomy. Exclusion factors are discussed, but in over 10 years of performing these procedures, I consider requirement for a high positive end-expiratory pressure and a fraction of inspired oxygen (FIO2) above 0.6 as important contraindications, and consideration of these factors was disappointingly absent.

I was also disappointed by the limited discussion and comparison of the percutaneous to the surgical technique, which would have been of key interest to the ICU practitioner.

A good discussion of those factors identifying a difficult airway follows in Chapter 5, although some mention of the sensitivity and specificity of assessment tools (eg, the Mallampati scale) would have been useful.

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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 debilitating 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.

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 squirmed 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-
approach, 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 under-valued and neglected. Thoracic surgery most definitely encompasses the world of benign esophageal disorders and should expand 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 surgical 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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Delivery of critical care requires both the insight-driven application of accumulated experience—the art of medicine—and the meticulous application of those few hard-won nuggets of data that have passed the test of scientific rigor. It is in service of the latter that Evidence-Based Management of Patients with Respiratory Failure is offered as an installment in the Update in Intensive Care and Emergency Medicine series.

This slim volume is composed of 17 chapters that cover topics both specific to the respiratory intensive care unit and of more general interest to those delivering intensive care. The respiratory intensive care chapters include those on the epidemiology of acute respiratory failure and the utility of monitoring pulmonary mechanics. The more general-interest chapters include venous thromboembolism prophylaxis and the efficacy of hand-washing for prevention of nosocomial infection. Several “bread-and-butter” respiratory critical-care topics with important evidence bases are here as well, including ventilator-weaning, lung-protective ventilation for acute respiratory distress syndrome, exacerbations of chronic obstructive pulmonary disease, ventilator-associated pneumonia, tracheostomy, sedation, and current trials all describe the search strategy implemented. Each of these chapters, as well as those on weaning and on noninvasive ventilation, include some type of formalized grading of the quality of evidence presented. Most chapters include a chart comparing the important studies in the field of interest—a valuable bibliographic resource for a newcomer to the topic.

The best chapters in the collection are well conceived and well organized. The chapters on chronic obstructive pulmonary disease exacerbation, weaning, noninvasive ventilation, and tracheostomy are complete, concise, and readable enough to serve as “one-stop-shopping” for readers of any discipline who wish an update on the current evidence in the field. I was excited at the inclusion of a chapter explicitly addressing the important topic of the effects of choice of outcome in clinical studies of acute respiratory distress syndrome/acute lung injury. This issue of physiologic versus patient-centered outcomes, the thoroughness of those chapters covering the better-studied areas, and the admirable and entirely justified brevity of chapters dealing with certain practices, both diagnostic and therapeutic, with virtually unstudied patient-centered outcomes. Additionally, the editors attempt to specifically discuss this issue of choice of end points.

Certain chapters adhere more closely than others to the usual structure of evidence-based-medicine publications. Those on the differences in use of various ventilator modes, chronic obstructive pulmonary disease exacerbation, ventilator-associated pneumonia, tracheostomy, sedation, and current trials all describe the search strategy implemented. Each of these chapters, as well as those on weaning and on noninvasive ventilation, include some type of formalized grading of the quality of evidence presented. Most chapters include a chart comparing the important studies in the field of interest—a valuable bibliographic resource for a newcomer to the topic.

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On the negative side, the authors’ execution of the editors’ intent varies widely. A few sections, such as that on the general approach to respiratory failure, contain awkward phrasing that could have been readily addressed by the editorial staff. The space and effort allotted to critique of the evidence base and to placing studies into the context of daily practice varied widely among chapters.

For example, the section on tracheostomy extensively discusses the primary literature intended to take, and the methodologic grading system employed by the authors.

Strengths include an appropriate emphasis on studies examining patient-centered outcomes, the thoroughness of those chapters covering the better-studied areas, and the admirable and entirely justified brevity of chapters dealing with certain practices, both diagnostic and therapeutic, with virtually unstudied patient-centered outcomes. Additionally, the editors attempt to specifically discuss this issue of choice of end points.

For example, the authors of the chapter on ventilator-associated pneumonia offer an interpretation of an important, large, well-structured, and well-executed randomized clinical trial (that of Fagon et al) and conclude that the results are “useless.” They proceed to omit the study from the list of useful in generating summary conclusions. While critical evaluation of the protocol of a clinical trial is acceptable, summary dismissal of the trial as fatally flawed should be done only with reluctance. When such a study is ruled inadmissible for consideration, but two of the author’s own publications (which happen to have drawn the opposite conclusion) are included, a reviewer wonders whether a refresher in the rules of evidence-based medicine would be useful. At the very least, a novice to the field will be left unaware, with a skewed notion of what evidence exists and of the consensus as to its quality.

The inclusion of a moderate number of studies examining physiologic surrogate endpoints, such as those discussed in the section on monitoring of respiratory mechanics, may confuse the reader who is unaware of the usual hierarchical primacy of clinical outcomes of death and disability typically applied in critical-care evidence-based medicine.

In this same vein, the editors chose to include chapters on subjects either poorly addressed in the current evidence base, such as utility of physiologic monitoring, and on others only tangentially related to respiratory failure (a chapter on infection control
largely focuses on hand-washing). In addition to the concerns about surrogate end points raised above, one worries that these additions may distract the reader interested in the detailed understanding of what evidence does exist regarding the stated topic of the book. On the other hand, this does serve to illustrate the important point that much of what is done in the intensive care unit on a daily basis is living the life unexamined.

Structurally, the book is clearly printed and easily read. A rapid search through multiple chapters would be facilitated by standardizing both the placement of charts of references and the structure of each chapter into sections on search strategy, methodology grading, study critique, and summary recommendations. Illustrations are few and the index brief.

However, a more serious critique is whether, given current information technology, the hardback book is the appropriate repository for information in a rapidly changing field. The most recent references discussed in this text (published in 2004) are dated 2002. By definition, a book like this will be out of date as soon as any new high-quality studies are published, and for $129 I have serious reservations as to the wisdom of the investment for either individuals or libraries. Thus, although certain sections of this text are exemplary and clearly live up to the editors’ ambitions, their publication in hardback form is more important as an opportunity to contemplate the ongoing challenge of disseminating new data and placing the data in clinical context.

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This book is an outstanding resource for physicians, respiratory therapists, bronchoscopy technicians, nurses—anyone who is interested in learning more about interventional pulmonary medicine! The topics range from the usual rigid bronchoscopy and flexible bronchoscopy chapters to less-addressed topics such as whole-lung lavage, medical thoracoscopy, and gene transfer. The book is easy to read, with chapters about many topics in interventional pulmonary medicine. Each chapter deals with a different mode of intervention. Some subjects got more than one chapter (eg, photodynamic therapy and medical thoracoscopy), and in those cases, each of the chapters contributes to a broader knowledge of the subject. Until now I have used several texts as references for the variety of interventional pulmonary techniques and therapies; however, this is an excellent start for a one-stop reference. The excellent index also makes it an easy reference text. Another positive attribute of this book is the outstanding international authorship. The “giants” have contributed to this book.

If one has an interest in reading the primary literature, each chapter is well referenced, so original sources can easily be determined and sought. Most of the literature in interventional pulmonary medicine has been case reports and case series of procedures done with patients who have a particular condition, such as tracheal or main bronchus narrowing due to tumor. When possible, the chapters review the evidence base, and this aspect of the book is commendable. Examples include the chapters on laser bronchoscopy for malignant disease, silicone airway stents, and photodynamic therapy for early lung cancer.

My criticisms of the text are few. I found very few typographical errors. Few of the photographs are of mediocre quality, though that is sometimes hard to avoid if the choice of photographs is limited (eg, Fig. 2, on page 243).

I think this text will be valuable to many types of providers, as it discusses both the basics and the more complex issues within interventional pulmonary medicine, thus helping both practitioners and their assistants to prepare for and provide these procedures. Most chapters discuss the indications, contraindications, equipment, preparation, and technique. The discussions elaborate on procedures to improve safety, and they address many of the complications, both early and late, that one might encounter. I particularly appreciated the detail with which whole-lung lavage is described. It is an example of a procedure that might be necessary if one is not able to transfer a patient to a tertiary-care hospital. The extended discussion of the physiology of whole-lung lavage, during and after, is outstanding.

The breadth of the topics reviewed is extensive. Chapters discuss topics from rigid bronchoscopy, which many pulmonary books address, to gene transfer and quality of life after interventional pulmonary procedures. The price of this book is typical for this class of books. It is a good value for the quality with which topics are discussed and referenced. I appreciated the effort to touch succinctly and thoughtfully on a variety of subjects. Without any reservation, I recommend this text to readers interested in interventional pulmonary medicine.

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