

Book Reviews

Irwin & Rippe's Procedures, Techniques and Minimally Invasive Monitoring in Intensive Care Medicine.

R. S. Irwin, J. M. Rippe, A. Lisbon, S.O. Heard (eds). 5th ed. Philadelphia: Lippincott Williams & Wilkins 2012; ISBN 978-1-4511-4681-3; pp. 360; \$89.95.

Updating an already well-known book, *Irwin & Rippe's Procedures, Techniques and Minimally Invasive Monitoring in Intensive Care Medicine* (5th ed) aims to comprehensively cover most of the procedures and techniques used in intensive care. Section One consists of 28 chapters covering common intensive care unit procedures such as airway management and temporary pacing, bronchoscopies as well as procedures that are less likely to be performed by an Australasian intensivist such as gastrointestinal endoscopy, therapeutic apheresis and lung biopsy. Section Two covers minimally invasive monitoring including haemodynamics, neurological, echocardiography and respiratory monitoring (using the ventilator).

Unfortunately the attempt to comprehensively cover the procedures in 335 pages has not done the subject matter justice. I found the font small and the text excessive for a book focussing on procedures in which I would have expected more illustrations. An accompanying DVD or a link to a website with videos would help teach these procedures much better than the text-heavy approach adopted. Even where diagrams have been used, I would have hoped that more editorial discretion could have been exercised. For example, the flow diagrams for difficult airway management are in a format that is quite confusing. The airway chapter mentions 'awake fibreoptic techniques' and 'videolaryngoscopes' but not use of the Aintree catheter via a laryngeal mask airway or another supraglottic airway. This approach has resulted in a failure to explain commonly misunderstood areas, such as the sections on pacing threshold versus sensitivity in simple unambiguous terms. It is not the sort of book one would try to read before doing a procedure. In fact, I am unsure at whom the book is aimed. The section on cardiopulmonary resuscitation attempts to cover adult, paediatric and post cardiac surgery resuscitation and incorporates the 2005 American Heart Association guidelines. Echocardiography is covered in 14 pages with an emphasis on the theoretical basis of some common assessments, but lacks detail on the pitfalls of which

one must be aware when assessing the images and measurements obtained.

It is my opinion that this book needs to either be focussed on common procedures, or needs to be much larger so as to cover all procedures in a way that is easier to read. In its present form it is best suited for the library rather than the home bookshelf.

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Applied Pharmacology in Anaesthesiology and Critical Care. A. Milner, E. Welch (eds). South Africa: Medpharm Publications Pty Ltd 2012; ISBN 978-0-620-53726-1; pp. 750; \$160.00.

This impressive text is chiefly designed as a resource for anaesthetic trainees. As such, the content is necessarily predictable—heavily influenced by basic pharmacokinetic and pharmacodynamic principles. The authors treat these subjects impeccably, providing concise, informative and well-referenced reviews. Other major categories include local anaesthetics, induction agents, volatiles, neuromuscular blocking agents, coagulants and analgesics. Unique additions include chapters on antimicrobial therapy, antiretroviral agents, fluids, blood substitutes and anti-neoplastic agents. In this respect the text provides a useful resource for specialist practitioners looking for an overview of these subject areas.

Tables and figures providing useful summative information frequently punctuate the text. The authors also highlight specific scenarios where these data can be clinically useful, providing relevant examples or cautions. These 'tips' are presented in boxes that are easily identified by the reader, making reading significantly more 'user friendly'; these are refreshing additions. There are also practical lists of useful medications for both common and uncommon conditions, in addition to reference material and website links, that can be used to extend the reader's learning in a specific area.

The writing has a South African flavour given the background of the editors and main contributors. Specifically, there are some idiosyncratic points that may not translate completely into Australasian practice such as the section dealing with fluids which naturally considers those products available in local practice. Having said this, the text is sufficiently

international to provide a useful resource for trainees contemplating the basic sciences exam in either anaesthesia or intensive care medicine. In this respect, Milner and Welch have produced a comprehensive reference that would be a suitable addition to any departmental library or personal collection.

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The Washington Manual of Critical Care. M. H. Kollef, W. Isakow. Philadelphia: Lippincott Williams & Wilkins 2012; ISBN 978-1-4511-1022-7; pp. 690; \$55.00.

The recently published, second edition of the *Washington Manual of Critical Care* is intended as a bedside guide for the practising intensivist. Small enough to fit into the pocket of a white coat and colourfully illustrated, the book is systems-based with additional sections on common procedures, equations and rules of thumb.

Although the accompanying text is often more nuanced, the algorithms presented in the figures throughout present a prescriptive approach that is sometimes at odds with the full range of current accepted clinical practice in Australia and New Zealand—the ‘fluid management of septic shock’ algo-

ithm is essentially that of the Rivers et al ‘Early Goal Directed Therapy Trial’. Other areas more suited to the adoption of algorithms internationally, such as the approach to high ventilatory airway pressures, work well and would be of use to the early-stage clinician. Suggested readings are given at the end of each chapter, although the text is not explicitly referenced, making it difficult to cross-check factual statements. As a practical guide for local use, omissions of note include the absence of a chapter on the use of extracorporeal membrane oxygenation or details on the use of various continuous renal replacement therapy modalities and anticoagulation strategies. Being US-based, etomidate is listed as an induction agent for anaesthesia whereas ketamine is not, and such geographical emphases and differences recur throughout.

The addition of sections for procedures, equations and drug interactions and the algorithmic approach to the management of common syndromes make this book possibly more suited to the trainee or non-intensive care unit clinician rather than the experienced critical care practitioner. Within these parameters, it would provide a useful addition to any critical care library.

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