

***Maingot's Abdominal Operations, 11th Edition***

Zinner M and Ashley S, Jr, eds  
 McGraw Hill, New York, NY, 2007  
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This is the eleventh edition of *Maingot's Abdominal Operations* textbook and it has undergone major revisions. Although Dr. Seymour Schwartz is no longer the editor, Drs. Michael Zinner and Stanley Ashley have taken on that role; they lead off the text with an entertaining chapter on the history of abdominal surgery. Dr. Schwartz focuses on the changes in abdominal surgery in the twentieth century after recognizing Theodor Billroth as "the father of abdominal surgery." He notes the significant decrease in gastric operations for ulcer disease and the increased number of gastric operations for obesity. He describes some of the technical advances and their implications to the practice of abdominal surgery including surgical stapling devices, organ transplantation, minimally invasive surgery and most recently, robotic surgery. Brief historical perspectives are given for each of the organs in the abdominal cavity, which reflects how the majority of the text is structured, with a focus on the operative strategy and techniques for each abdominal organ.

The text is intended for the surgeon in training as well as the surgeon in practice and has long been used to review a particular procedure or technique prior to performing or assisting on that operation. Prior to beginning the organ specific sections, there are several important introductory chapters after Dr. Schwartz'

lead chapter on surgical history. These include a chapter on pre- and post-operative patient care. With the growing age and size of our population, perioperative care is increasingly important to minimize complications from the stress of an abdominal operation.

There is a chapter by Drs. Ed Lin and Aaron Fink on endoscopic procedures. With the evolution of minimally invasive procedures, there is a subgroup of surgeons who include flexible endoscopy as a part of their practice. The use of endoscopic approaches for therapy, replacing other open and even laparoscopic procedures, is a reality. Several endoscopic options for the treatment of GERD are presented. Although the adoption of these approaches has not yet been comprehensive (in part due to lack of adequate reimbursement), the future of endoscopic management for many gastrointestinal diseases is coming fast. Gastrointestinal surgeons who work hand-in-hand with gastroenterologists will likely lead the way into this future including options for endoscopic bariatric procedures and NOTES (Natural orifice transluminal endoscopic surgery). This evolution is occurring fast and some of these most recent endoscopic procedures are not yet included in this text.

The bulk of the text includes abdominal procedures for pathology of the abdominal wall (hernias), esophagus, foregut, small bowel, colon and rectum, and solid organs. The emphasis is on the specific steps and technical aspects of the procedure. Description of the details of each procedure is a strength of this text. In the chapter on operations for the stomach and duodenum, an illustration shows the placement of a retractor (the Bookwalter retractor) used for the exposure of the upper abdomen. This level of detail explains why many surgeons over the years have utilized this text for review prior to going into the operating room. The chapters are written by experts in their field and many are recognized worldwide for the topics in the chapters that they have authored. Several types of procedures are described more than once in separate chapters. This duplication is intentional, recognizing that there are often multiple acceptable techniques to approach a particular pathology, and many examples of this come from the new section on minimally invasive surgery. Most of the abdominal operations described with an

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## BOOK REVIEWS

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open approach are now being approached laparoscopically.

Nine of the ten chapters in the minimally invasive surgery section are focused on laparoscopic approaches by organ system. The other chapter in the minimally invasive surgery section describes the fundamentals of laparoscopic surgery. Authors Ashley Vernon and John Hunter, Hunter being one of the pioneers of laparoscopic surgery, describe principles to perform safe laparoscopic procedures. Patient selection, trocar choice, trocar placement, management of trocar defects, the laparoscopic equipment, energy sources for laparoscopic surgery and the physiologic effects of laparoscopy are all described in detail to give the reader a foundation for performing laparoscopic procedures.

Knowing that this text is intended specifically to describe surgical procedures for treatment of abdominal pathology minimizes the only real deficiencies in this textbook. The procedures are described in detail, however the clinical decision process of when to utilize which procedure and the expected outcomes with evidence-based data is lacking in some chapters. Basic options such as the choice of mesh for various hernia repairs are not covered thoroughly. Although the types of material for hernia mesh are described briefly in each of the hernia chapters, there is not enough information for the reader to be fully informed on these options. But clearly the strength of this text is in the detail of the description of the operations. With line drawings, black and white photographs, and radiographic images, the reader will be well prepared for the technical challenges in the operating room after reviewing an abdominal procedure in *Maingot's Abdominal Operations*.

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### ***Siegenthaler's Differential Diagnosis in Internal Medicine: From Symptoms to Diagnosis***

Siegenthaler W

Thieme, New York, 2007

ISBN 978-1-58890-551-2; \$129.95

The text *Siegenthaler's Differential Diagnosis in Internal Medicine: From Symptoms to Diagnosis* is the first

English edition of a 50-year-old German text (now in its 19th edition) of differential diagnosis. The multi-authored text has 33 chapters, divided into 12 sections: general differential diagnosis, fever, pain, edema, hematological symptoms, disorders of the head and neck, pulmonary symptoms, cardiac symptoms, gastrointestinal symptoms, nephrological symptoms, neurological symptoms and differential diagnosis of laboratory test results, spread over 1,104 pages.

The text provides quick review for a wide array of diagnoses and includes epidemiology, pathophysiology, clinical features, and a varying amount of detail on diagnostic features. The length of the text does not allow for detailed discussions of treatment or comprehensive review of any single disorder.

The text is replete with color photographs, micrographs, radiographs, and electrocardiograms. The numerous valuable figures include: illustrations of pathophysiology, organs affected by systemic diseases, metabolic pathways, differential diagnoses and diagnostic approaches. The text could also be incredibly useful as an interactive web-based tool. The index allows a search by disease as well.

The section on abdominal pain is 40 pages and divided into regional pain syndromes. Much of this section will be a review for the gastroenterologist (with the exception, perhaps, of the figure outlining heme synthesis and enzyme defects in porphyrias). But the value of the text for the specialist is in the wealth of information beyond this section.

This text reminds us that thorough history and physical examination skills and a solid understanding of pathophysiology remain key tools for the internist. Students, generalist and specialists will enjoy this easy to use, readable text. Perhaps the text is most useful for the students and teachers of medicine who will appreciate the concise symptom-based mini reviews complete with many color images and highlighted red flags.

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George W. Meyer, M.D., Book Editor, is on the Editorial Board of *Practical Gastroenterology*.

### Aesiva Launches RN VOICE and MANAGEIVPAIN.COM for Healthcare Providers and Parents to Reduce Pain Associated with IVs and Blood Draws in Children

Aesiva, Inc. has announced the launch of two initiatives aimed to improve peripheral venous access pain management in children. RN VOICE (Registered Nurses for Venipuncture Optimization through Increased Comfort and Education), is a multidisciplinary group of healthcare professionals led by nurses to facilitate better management of pediatric venous access pain. ManageIVpain.com is a new, unique, interactive Web site designed to provide a valuable repository of information, guidance and support to parents and healthcare providers seeking to better manage peripheral venous access pain associated with IV insertions and blood draws, in children.

Venous access procedures are not only frequent, but they are painful for children and anxiety-inducing for both children and parents. A study published in the journal *Pediatric Nursing* shows that IV insertions and blood draws are the most frequently reported painful events in hospitalized children (1). Another study in the journal *Archives of Pediatric Adolescent Medicine* found that caregivers who witness their child undergoing an IV procedure experienced elevated heart rate, blood pressure and anxiety (2).

1. Wong DL, Baker CM. Pain in Children: Comparison of Assessment Scales. *Pediatric Nursing*. 1988;14:9-17
2. Smith R, Shah V, Goldman R, Taddio A. Caregivers' responses to pain in their children in the emergency department. *Arch Ped Adoles. Med*. 2007; 161:578-582



### Earlier Surgical Treatment Contributes to Better Outcomes for Some Patients with Gallstone Pancreatitis

*Study shows early operation for mild to moderate cases reduces hospital stay with no increase in complications or mortality*

Although delaying surgical treatment remains the standard of care for patients with severe gallstone pancreatitis, a new study published in the December issue of the *Journal of the American College of Surgeons* shows that, contrary to widespread belief, early cholecystectomy significantly reduces hospital stays in patients with mild to moderate gallstone pancreatitis with no increase in complications or mortality.

Gallstones are the leading cause of acute pancreatitis in the United States. Although delaying an operation remains the standard of care for severe gallstone pancreatitis, the timing of cholecystectomy for mild to moderate gallstone pancreatitis is controversial, with many surgeons believing that the surgical procedure should be delayed until laboratory abnormalities and symptoms have resolved.

“This study dispels the notion that the later the cholecystectomy, the better the outcome in patients with mild to moderate gallstone pancreatitis. We found excellent outcomes in patients undergoing the procedure within two days of hospitalization,” lead investigator of the study David K. Rosing, MD, Harbor-UCLA Medical Center, said. “Perhaps most importantly, we found that early cholecystectomy reduces the time these patients are in the hospital by three or four days, which benefits both the individual patient and the hospital.”

Researchers conducted a cohort study consisting of a retrospective (n = 177) and prospective group (n = 43) to investigate the optimal timing of laparoscopic cholecystectomy for patients with mild to moderate gallstone pancreatitis. For the prospective group, cholecystectomy was performed less than 48 hours from admission, before resolution of laboratory or physical examination abnormalities were resolved. The primary endpoint was total length of hospital stay. Secondary endpoints included major complications (organ failure and death).

By using a protocol of early cholecystectomy in the prospective group, the total length of stay was significantly reduced from seven to four days (p < 0.001).

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Median time from admission to cholecystectomy was five days in the retrospective group versus two days in the prospective group. Complication rates were similar, and there were no deaths in either group.

### **Integra LifeSciences Launches Flowable Wound Matrix**

#### *New Treatment for Complex Wounds*

Integra LifeSciences Holdings Corporation launched the Integra™ Flowable Wound Matrix. Integra has received 510(k) clearance from the United States Food and Drug Administration to market Integra™ Flowable Wound Matrix in the United States.

Integra™ Flowable Wound Matrix is an advanced wound care device. Its design is based on Integra's proven collagen technology and provides an alternative to filling deep soft tissue or tunneling wounds in diabetic foot and venous leg ulcers. When hydrated with saline, the matrix forms a gel that can be applied to difficult-to-access wound sites, and provides a scaffold for cellular invasion and capillary growth.

Dr. John Steinberg, Assistant Professor in the Department of Plastic Surgery at the Georgetown University School of Medicine and a member of the hospital's Limb Salvage Team, specializes in advanced technology for wound healing and has been involved with Integra™ Flowable Wound Matrix over the course of its development.

"Integra™ Flowable Wound Matrix is a groundbreaking technology for the treatment of tunneled wounds in diabetic foot and lower extremity ulcers. The clinically proven Integra collagen-glycosaminoglycan matrix, which was originally developed for Integra® Dermal Regeneration Template, has been modified into a flowable form to close difficult, irregular wounds. This flowable form of the matrix maintains intimate contact with the wound margins and provides a scaffold for rapid in-growth of new cells, vascularization and tissue deposition. Integra has made good use of its proven regenerative technologies to provide a helpful new treatment option in the care and healing of complex wounds."

There are currently 18 million people with diabetes in the U.S. 15% of those sustain one or more diabetic foot ulcers during their lifetime, and this population is also 15 times more likely to suffer an amputation due to non-healing diabetic foot ulcers. However, approxi-

mately 85% of all amputations are preventable if proper intervention is provided. Approximately 500,000 adults seek treatment for venous leg ulcers (VLUs) annually in the United States—a figure that likely underestimates the true prevalence of VLUs because many individuals fail to seek medical care for recurrent ulcers.

### **Eltrombopag Effective for Hepatitis C Patients With Low Blood-Platelet Counts**

For patients with hepatitis C, having a low blood platelet count is a frequent complication associated with advanced disease. This problem is compounded by the fact that standard antiviral treatment for the disease can further reduce platelet numbers to dangerously low levels, effectively denying these patients the treatment they urgently need. Now, research published in the *New England Journal of Medicine* finds that a new drug, eltrombopag, appears to significantly boost platelet counts, opening the door to effective treatment.

"In this study, eltrombopag increased platelet counts in a dose-dependent manner, allowing more patients to complete the first 12 weeks of antiviral therapy—an important treatment goal," says Dr. Samuel Sigal, who led the study at NewYork-Presbyterian Hospital/Weill Cornell Medical Center in New York City—one of 22 study sites.

Dr. Sigal is assistant professor of medicine in the Division of Gastroenterology and Hepatology at Weill Cornell Medical College and assistant attending hepatologist in the Center for Liver Diseases and Transplantation at NewYork-Presbyterian/Weill Cornell.

The Phase 2 placebo-controlled study followed 74 patients with low platelet counts and cirrhosis of the liver due to hepatitis C virus (HCV) infection. Seventy-four percent of those randomized to take the lowest dose (30 milligrams daily) saw their platelet counts go up significantly, while 79 percent and 95 percent of the participants saw increases with the higher doses (50 or 75 milligrams daily, respectively). And, 12 weeks of antiviral therapy were completed by 36, 53 and 65 percent of patients at the three dose levels—with increased numbers matched to the size of the dose. Underlining the trend, less than a quarter of patients receiving placebo completed their therapy.

The study identified side effects—including headaches, dry mouth, abdominal pain and nausea. None were serious enough to discontinue the therapy. ■