

SPRING BOOKS

Paediatric Day Case Surgery. Edited by N S Morton and P A M Raine. (Pp 119; £37.50 hardback.) Oxford University Press, 1994. ISBN 0-19-262256-0.

Increasing ambulatory care and reducing inpatient stay have become major health trends. Paediatricians and paediatric surgeons can justifiably be proud that they have been ahead of the times. Day case surgery, suitably delivered, appeals to policy makers, purchasers, patients, doctors, and nurses alike. New day case units are being set up all over the country in recent years. The publication of Dr Morton's and Mr Raine's textbook is therefore very timely. Although different aspects (organisational, anaesthetic, surgical, etc) of the book may have been covered in relevant specialty textbooks and journals, this book is the first of its kind to devote itself comprehensively in a single volume to the topic of paediatric day case surgery.

It starts with a chapter on history and reminds us of the long tradition of paediatric day case surgery in Glasgow – practised by James Nicholl as early as 1899. Some of the arguments he put forward are as pertinent today as they were at the turn of the century.

I found the chapter on facilities a little too brief. Planners for the establishment of new paediatric day case units or improvement of existing day case units may wish for more details. Description of the actual layout and staffing of a large day case unit, such as that in Glasgow, and a small successful unit elsewhere could provide useful models for planning.

Patient selection, assessment, and preoperative preparation are presented in great detail. Tables on the exclusion criteria for paediatric day case surgery and the American Society of Anesthesiology classification of physical status are particularly useful and should be made compulsory references for any staff involved in the admission of patients. Personally, I will place copies of these two tables on the notice board of my clinic and the day case unit. The risk, inconvenience, and organisational chaos that result from an inappropriate admission to a day case unit cannot be over emphasised and not infrequently an entire operating list can be ruined because of omitting to observe guidelines for exclusion as a day case.

There is an excellent description of anaesthetic management. Principles and details of both general anaesthesia and local anaesthesia are clearly presented in the text, supplemented by superb coloured illustrations. I enjoyed reading different methods of local anaesthesia. There is now a lot of emphasis on the quality of delivery of minor surgery and pain relief is undoubtedly one of the most important elements. The introduction of Emla cream has done much to allay children's fear of insertion of a needle before induction of anaesthesia. Despite the popularity of Emla cream, perhaps not everybody is aware that Emla stands for eutectic mixture of local anaesthetics and that the cream should be administered at least one hour before the procedure. Postoperative pain relief is equally

important and modern techniques for infiltrating relatively long acting bupivacaine either into the wound or as nerve blocks should now be standard practice in paediatric day case surgery. The vivid description of various nerve blocks make the reader feel that he/she can become an expert in their administration following the step by step instructions. While the effects of local administration of different systemic analgesics are less clearly defined; this may be the next area for improvement in paediatric day case surgery. It is sometimes not appreciated that when the patient is on the way home in a taxi or the family car, effects of the local anaesthesia may wear off, resulting in considerable stress.

Surgical techniques of common operations performed on a day case basis are described with adequate illustrations. The need to mark the side or site of intended operation with indelible ink cannot be over emphasised – complaints and legal claims can result from omission of this rule. Marking the site of an epigastric hernia by a cross, as illustrated in the book, may however carry the risk of tattooing unless the ink is removed from the line of incision before surgery. My personal preference is to use two vertical arrows above and below the lesion pointing at it without encroaching on the proposed transverse incision. Description of the operations in this chapter should give sufficient information for non-specialists such as general practitioners and nurses to participate constructively in the team care of their patients. Laparoscopic surgery is a rapidly expanding field and, although its role in children remains to be defined, some simple laparoscopic procedures are likely to work their ways into the repertoire of paediatric day case surgery. Laparoscopy is not mentioned in this book but I predict that procedures such as diagnostic laparoscopy for impalpable testes, laparoscopic ligation of testicular vein for varicocele, etc will feature in a new edition.

The book rounds off with useful instruction on postoperative management. Nevertheless, more details would be welcome here. In some units, 'certificates of bravery' are issued to children – these are well earned and often much appreciated. Leaflets of discharge advice containing specific information about the relevant procedure are useful, for example a leaflet on circumcision will tell parents that their son should have a bath the day after the operation and at least once a day thereafter, that the penis may look sore and swollen for the next few days but not to worry as it will soon look normal again.

Paediatric day case surgery is here to stay. This book contains a succinct description of how to achieve it effectively and safely. It is highly readable and provides an excellent reference for any person involved in providing day case surgery for children and is therefore highly recommended.

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Clinical reader in paediatric surgery

Atlas of Paediatric Urologic Surgery. Edited by Frank Hinman Jr. (Pp 140; £135 hardback.) W B Saunders, 1994. ISBN 0-7216-4231-4.

Paediatric urology is now a well accepted subspecialty. The British Association of Paediatric Surgeons recommends that there should be one paediatric urologist in a regional centre serving 2.5 million population. There can be no question that the best results in managing major urological prob-

lems in children are achieved by surgeons who limit their practice to the subspecialty. Nevertheless, local needs will continue to require paediatric surgeons, urologists, and general surgeons to perform common urological operations in children as part of their service. This book aims to cater not only for the very small market of the subspecialists but also for the much bigger market of the generalists. It is therefore a very comprehensive volume covering a range of procedures from circumcision, hernia repair, and orchidopexy to reconstruction of bladder extrophy.

Atlases are intrinsically attractive to surgeons. Manuals of surgical techniques with step by step instructions, accompanied by clear illustrations, are to surgeons what recipes are to cooks. In this day and age of multiauthorship textbooks (one recent textbook has four professors contributing to one page) this atlas is unique in being written by a single author with illustrations drawn as viewed at the operating table by a surgically oriented illustrator. This is possible because the author writes from a vast experience, accumulated over a long and distinguished career in the subspecialty. The style is therefore consistent and authoritative. To provide a broad base of information and allow for alternative views, the author has cleverly invited commentaries to each chapter from experts in the field. The book, however, is heavily based on an American experience with the author and most of the commentators from the US – only five out of 108 commentators come from the UK.

The text of the book is well written. Perhaps my expectation of the illustrations was too high but while they were mostly acceptable I must confess that I have seen better drawings elsewhere. There were occasional lapses and, in the illustrations of the dismembered pyeloplasty, if took me a little while to figure out that the illustrations did not correspond to the view of the surgeon operating on the side indicated by the first figure. I also find the shading of the illustrations rather unnatural.

The book rightly devotes a section on preparing for paediatric operations. Some of the instructions differ from practice in this country but most of the principles apply. The chapter on 'preparation for surgery' starts with a section on bowel preparation. Readers should be aware that this is not universally required for all of the procedures described in the book – for example circumcision! There are useful tips for general operative techniques as well as postoperative management with drains, catheters, tubes, stents, dressings, etc, which are often baffling to the non-specialists and their staff.

The remainder of the book is divided into sections for each organ. Different surgical approaches to the kidney were described as well as common procedures including pyeloplasty and nephrectomy. I find it surprising that management of renal calculi has been omitted and there was only a three paragraph description of ureterolithotomy. Not all stones are suitable for extracorporeal shock wave therapy or endoscopic manipulation, nor are these facilities universally available.

Different operations for the ureter are described. For reimplantation, the Politano-Leadbetter technique is favoured; in the UK the Cohen technique is popular. There is surprisingly no mention of the STING (submucosal Teflon injection) procedure for the treatment of vesicoureteric reflux. This perhaps reflects a transatlantic bias towards a procedure first developed in Ireland.