
This book is the second in a series of instructive manuals on aesthetic surgery. The author makes clear in his introduction that the book is not aimed at professionals who have practised the specialty for a long time; rather it is intended for the novice starting out in the field. Where volume one is related to the basic operative procedures in the head and neck, this volume concentrates on the torso.

In his introduction Mang describes aesthetic surgery as the most difficult surgery by virtue of the fact that the surgeon must not only be skilled technically, but must also be something of a psychologist and an artist. Thirty-odd pages of introduction, forewords and effusive praise of the author before beginning the text is possibly overdone and could have been reduced dramatically.

The first chapter deals with breast augmentation and describes the submammary approach, simply because it is ‘easier to learn’. No mention is made of the disadvantages in the thinner patient, the weight of the implant on the breast with upper-pole flattening with time. This is more a description of the author’s preference, rather than a balanced exposition on the subject. The accompanying video, while of good quality, merely reinforces the text.

The second chapter discusses the brachioplasty procedure, with justified emphasis on the potential for poor scarring. The limited fish-mouth incision and variation as described is a useful procedure, but only in patients in whom skin laxity does not extend to the elbow.

The chapter on abdominoplasty discusses basic principles well and stresses the less-than-adequate results of ‘mini’ abdominoplasty combined with liposuction in contrast to the full abdominoplasty procedure which gives better aesthetic results. It would have been useful to include exclusion criteria here, especially relating to smokers.

Thigh and buttock-lift procedures are described, with an important warning regarding the potential for poor scarring, drifting of scars and patient dissatisfaction. The buttock lift as described is a misnomer and would be more aptly described as a posterior thigh lift with buttck crease repositioning.

The chapter on liposuction describes the author’s infiltration solution, claiming improved margins of safety. The submental liposuction demonstrates poor results in the case presented and no mention is made of how to avoid potential mandibular (motor nerve, facial) nerve weakness or injury especially when approached laterally. The novice surgeon needs to be made aware of how to limit these potential problems.

Hair transplantation is adequately discussed, although more emphasis could have been given to patient expectation and realistic outcomes.

The chapter on adjuvant techniques adds to the discussion in the first volume of this series. Hyaluronic acid, collagen and Botox injections are discussed and resurfacing techniques of dermabrasion and laser (erbiumYAG) are adequately dealt with. The ‘space lift’ is a term coined by the author to describe volumetric enhancement using autologous fat injections. The technique does not differ significantly from those described by numerous other authors. Predictability of fat survival following injection, although improved, is still not assured.

The text is accompanied by good-quality illustrations and video presentations. Additional postoperative illustrations and discussions of some of the more common complications would improve the series. Overall this is a useful book for aesthetic surgical trainees – it has very limited use for those with more than just a basic knowledge of the field.

A. D. Widerow


The pelvic floor was previously the premise of the gynaecologist but this area has fast become a complex and expanding field with the recognition of a multidisciplinary approach to pathology. This book acknowledges this fact and has integrated the expertise of specialists such as urologists, gynaecologists and colorectal and reconstructive surgeons. Not only were several specialists involved in the writing of this book, but it also features opinions from both the European continent and the Americans.

The text is divided into 10 chapters with the first 2 chapters being dedicated to surgical anatomy and the pathophysiology and investigation of incontinence. These two chapters are thorough, appropriate and well illustrated. What follows is text which is written with evidence-based medicine in mind. There are 4 chapters dedicated to surgical management, namely sphincter surgery, prolapse surgery, diversion and bladder neck closure and fistula management. These chapters are well illustrated, easy to follow and concise. The surgical procedures are not described in detail in a step-by-step manner, however; rather the benefits and indications for various procedures are highlighted.

The last 3 chapters are on topics often overlooked in standard textbooks and are important and well done. The first of these is on the postoperative management of the patient. Here the authors deal with detrusor instability, bladder outlet obstruction and bowel complications. The second-last chapter is a very important one, describing outcome measures – urinary incontinence, pelvic organ prolapse and faecal incontinence. Outcome measures are assessed both subjectively and objectively and are often dependent on timing postoperatively. These factors are well described and easy to follow. The last chapter puts forward the view of five experienced surgeons from across the globe and of different disciplines to discuss their indications and choice of operation for a variety of clinical scenarios. This is an interesting and innovative chapter and well worth reading.
The editors should be complimented on this comprehensive text and I would recommend it for all those who are interested in pelvic floor surgery.

Trudy Smith


The editor has assembled a veritable who’s who of urological laparoscopy and divided the descriptive text into oncology of the kidney, pelvis and ureter adrenals, bladder prostate and lymphadenectomy. As stated in the introductory remarks, the focus is on surgical techniques rather than pathology and clinical presentation although this has been gone into where it affects surgical techniques. Importantly the limits of laparoscopy are defined in the various sections – for example adrenalectomy for adeno-carcinoma – and unbiased comparisons are made with open surgery.

The various contributors focus on their preferred techniques and their use of instruments that have been developed as a by-product of laparoscopy, some of which include the harmonic scalpel, cryoprobes, radio frequency probes and staple modifications.

As with most texts involving multiple authors, which is now standard in the modern era, there is lack of uniformity of text and illustrations. The latter are not always clear and are sometimes confusing without contributing to the understanding of the text descriptions. This is surprising, and the lack of colour and scarcity of illustrations could possibly be an attempt at cost containment. There were also several typographic errors that could have been eliminated with more careful editing.

The book is very well referenced, featuring most, if not all, of the pioneers in the field. It is also noteworthy that laparoscopic oncology is becoming a recognised subspecialty of uro- oncology and it is inevitable that the two will merge and oncologists will have to be proficient in laparoscopic techniques. This book certainly gives the nascent laparoscopy oncologist a balanced insight into his or her needs. For most practising urology generalists the volume of procedures required to be skilled in this field is unachievable without focused fellowship training – the old adage of ‘see one, do one, teach one’ cannot apply to this technology.

Radical retropubic (RRP) and perineal prostatectomy (RPP) may be the exception to the rule that minimal invasive laparoscopy is better. In this text the authors do not directly compare the operative time, costs, and convalescence of the different procedures, and the available evidence would appear to favour RRP (or RPP) bearing in mind that this operation is performed through a midline non-muscle-cutting incision, which nowadays is getting smaller (6 - 7 cm) and is associated with minimal convalescence time, with hospitalisation as short as 1 - 2 days, bearing in mind that laparoscopic radical nephrectomy specimens are also removed intact through an equivalent incision without jeopardising the procedure. This may also apply to radical cystectomy and bladder substitution.

Overall this book has the potential to become a standard reference in its field, but is bound to face opposition from CDIs and other descriptive texts appearing all the time. It is certainly worth having on your bookshelf, but will be of limited value to the novice or infrequent laparoscopist.

L. G. Gecelter


This textbook covers most areas of interest to the surgeon treating patients with cancer. The authors are exclusively from the USA. Despite being multi-author in nature, each chapter has a similar layout. One might presume that by insisting on algorithms, a cookbook-type approach is advocated. The editors, however, stress that every patient’s treatment needs to be individualised. Teamwork between all relevant health care personnel is emphasised. Most chapters are well referenced and up to date. If advanced diagnostic procedures are included in the algorithms, alternatives for those without cutting-edge technology are often given.

No single surgeon should be managing all the cancer covered in the text. The general surgeon, however, is often called to consult on patients with complications of the treatment of cancer in other disciplines and the algorithmic approach facilitates a quick update. There is a valuable section on some diagnostic and therapeutic challenges with chapters on malignant pleural effusions, malignant ascites, and occult axillary metastases and mediastinal masses. An appendix on commonly used chemotherapeutic agents is a valuable reference for the non-medical oncologist.

Oncological emergencies and general aspects of caring for the cancer patient are well covered.

Most of the algorithms could be challenged at some point by nit-pickers. However I feel that this is an invaluable book for those interested in the multidisciplinary care of the cancer patient.

D. Bizos


This single-volume text was published in 2004. It is divided into seven sections, each edited by a section editor hailing from the USA. Chapter authors are respected experts in their field of laparoscopic surgery and have a more international distribution.

I am not sure where the value of this text lies. A textbook on laparoscopic surgery should provide detailed explanations of various available techniques and/or a comprehensive overview of the available literature (including evidence-based data). This text provides neither adequately.

Some areas are extensively covered, notably the section on biliary laparoscopy. The long detailed chapter on hepatobiliary anatomy is probably not necessary.

The chapters which cover most aspects of abdominal laparoscopy (and some others, e.g. endoscopic treatment of Zenker’s diverticulum) tend to be a description of the