SAJS BOOK REVIEWS

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 adenocarcinoma – 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 CDs 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
authors’ preferred technique. All diagrams and pictures are in black and white, presumably to keep the cost down. The quality of some of the pictures is extremely poor.

There is great variation in the quantity and quality of the literature reviews. The extensive debate over aspects of technique in fundoplication (e.g. takedown of short gastric vessels, partial versus complete wraps) is superficially covered, with little literature quoted.

Suggested improvements would have been a few initial chapters on advanced techniques, alternative energy sources, instrumentation, and safety issues. These are scattered around the book. A standardised format for the description of the operative technique, including more details on port placements and possible alternatives, would have been valuable.

Operative technique in laparoscopy is best demonstrated using a combination of high-quality videos, animations and colour diagrams and these are available from many sources (e.g. SAGES top 12 and WebSurg). Up-to-date literature reviews are available in peer review journals.

I would suggest that anyone wanting to learn about a new laparoscopic technique use the above suggestion or find a better textbook than this one.

D. Bizos