

George Y. Wu, Khalid Aziz, Giles F. Whalen, et al. (eds)

**An Internist's Illustrated Guide to  
Gastrointestinal Surgery**

Humana Press, Clifton 2003  
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This book, edited by Wu, Aziz and Whalen et al., on gastrointestinal (GI) surgery as explained to an internist fills a gap in the clinical setting. The book comes with many illustrations; many of them very clear line drawings.

To start with the criticism first; the book is redundant in several ways, e.g. recapitulating etiology, pathophysiology, etc. This is certainly not what the internist needs to be educated on by such a book. Further, as it lies within the Anglo-American tradition, major GI endoscopy with flexible instruments is obviously performed by the surgical disciplines, which does not hold true for most of the continental European settings. This applies in particular to the endoscopic treatment of esophageal varices with regard to the esophagus and stomach and ERCP.

Interestingly, talking about endoscopic techniques, the injection of Botox is not mentioned in the book. The description of all possible reconstructions after gastric surgery is very nice and very important for the medical endoscopist to know prior to entering the gastric remnant in a patient after stomach surgery. Further, an excursion on the importance of the lymph node dissection would have been mandatory, particularly in light of the recent discussion on the importance of this procedure. Very few surgical procedures are missing, e.g. the operation according to Merendino. In the chapter on surgery of the rectum and pancreas, the modern techniques, such as TEM, are missing as is the concept of the sentinel lymph node technique.

For the surgery of the biliary tract, I would have liked a more detailed report on the how bile duct preparation and resection in the left and right hepatic duct are facilitated and also the different ways to technically perform biliary anastomosis (e.g. with proximal bile ducts or the distal common bile duct).

The description of cholecystectomy per se is appropriate. The description of pancreatic surgery, mainly pancreatic resection, is complete and detailed. The same applies to the description of surgery of pancreatic pseudocysts, although some of it may be performed by a medical endoscopist.

Although this may address a different auditorium, the inclusion of surgery of the abdominal vessels, mainly the abdominal aorta, including endovascular repair, is interesting to read. This also applies to the description of the various ways to shunt the portal vein to the systemic circulation. The chapter on Hernia Surgery is interesting, although it has no relation to problems that may effect decisions made in Medical Gastroenterology.

In summary, this book is a worthwhile undertaking and leaves the reader with a good overview of the surgical techniques. Due to the fact that some admittedly very specific topics and small details are missing, this book addresses the general medical gastroenterologists, while the GI specialists, working in a hospital setting, may miss a few things. Those few things may be incorporated in a second edition which could also leave out some of the redundant parts, e.g., on pathophysiology and etiology.

Taken together, this book is worth buying and does help to make gastroenterologists understand what surgeons do. Considering the fact that more and more joint services (gastroenterology and surgery) are being established and integrated and concepts are evolving for better patient care, the readers of this book will find it very helpful.

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