

BOOK REVIEW

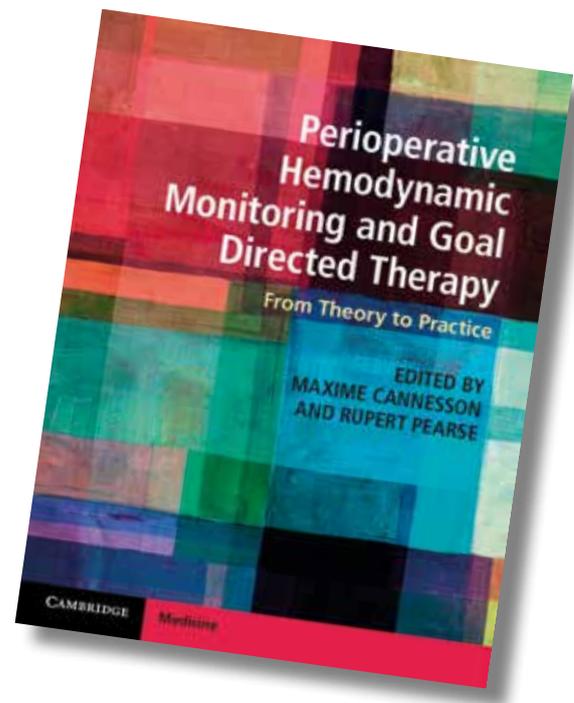
Perioperative hemodynamic monitoring and goal directed therapy: From theory to practice

M. Cannesson, R. Pearse (Eds.)

The overwhelmingly positive effects of early goal-directed therapy on survival of septic shock found by Emmanuel Rivers were not repeated in more recent large RCTs. This is probably related to quicker ICU admission, outreach teams, early antibiotic administration and implementation of sepsis bundles. The concept of advanced haemodynamic monitoring, and consequent protocolled intervention to optimise oxygen delivery to the peripheral tissue, is still very much alive. Edited by two world-class experts in the field, Maxime Cannesson of the University of California, Irvine, and Rupert Pearse of Barts and The London School of Medicine, contributions to the book have been made by most of the researchers who dominate haemodynamic literature today.

The book focuses on perioperative medicine and is aimed at medical professionals working in the field of anaesthesia, emergency care and intensive care. One third of the book is dedicated to basic physiological haemodynamic concepts and new insights. It handles topics from microcirculation and mitochondria, Starling curve and venous return curves, mean systemic filling pressure, fluid administration to cardiovascular stimulants. Although the authors try to be comprehensive, one hundred pages is probably too little to elucidate all of cardiovascular physiology. Another third of the book is dedicated to haemodynamic parameters. Although this part of the book will not teach the experienced clinician much, it is good background reading for residents and house officers. The final third of the book focuses on goal-directed therapy from background to pitfalls in implementation. It describes several potential protocols. This is a useful book for the medical professional looking at implementing goal-directed therapy in their perioperative care pathway in a period when more and more national societies are promoting this approach in their guidelines.

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