understanding of the background literature but also the availability of local expertise and resources.

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LUNG VOLUME REDUCTION SURGERY.

Lung volume reduction surgery (LVRS) is a palliative operation for patients with end-stage emphysema, who have dyspnea and exercise limitation interfering with quality of life and activities of daily living. Gas-trapping areas of emphysematous lung are resected, with the aim of improving pulmonary function. Although the goal is palliative, the severity of the patients’ underlying emphysema makes LVRS a high-risk procedure. Major questions remain to be answered about this operation, including which patients benefit from (and which are harmed by) LVRS, how to select them, how long symptomatic improvement lasts and whether survival is improved.

Lung Volume Reduction Surgery is a comprehensive textbook that addresses many of the issues surrounding the surgical care of patients with advanced emphysema. The editors are surgeons with the Columbia-Presbyterian Medical Center, and many of the authors are investigators in the National Emphysema Treatment (NET) Trial, the major American multicentre randomized controlled study. This book summarizes the experience with LVRS to date in a succinct, understandable manner. The intended readers are the surgeons, respirologists, anesthesiologists, nurses and physiotherapists who make up an LVRS team.

The book is divided into 2 parts. The initial section describes pathophysiology, medical management and rehabilitation of patients with severe emphysema. The second section describes the trans-sternal and thoracoscopic surgical approaches, anesthesia management and nursing concerns. The emphasis throughout is on the practical approach to patient assessment, optimization, and selection for surgery, intraoperative management and postoperative care. There is a well-presented series of flow charts and tables outlining the approach to patient selection in the NET Trial, and the operative diagrams clearly show how the procedure is performed. Many of the chapters in the second part take the form of case series, describing the Columbia-Presbyterian Medical Center experience. The final chapter details the results of LVRS compared to the lung transplantation and describes potential indications for LVRS within a lung transplant program.

Lung Volume Reduction Surgery includes a synopsis on the many case series and the few randomized trials of LVRS. Aside from the NET Trial, there is no mention of other ongoing randomized trials, such as the Canadian Lung Volume Reduction Study. There is only passing mention of the controversy between proponents of randomized LVRS trials to prove the procedure’s efficacy and the modern developers of the operation, who believe that LVRS is based on proven concepts and requires only further refinement and experience.

This book shows how experts conduct all aspects of patient care in this developing operation. It deserves the attention of any surgical team that performs this procedure or has an interest in developing an LVRS program.

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