

REVISION SURGERY IN OTOLARYNGOLOGY

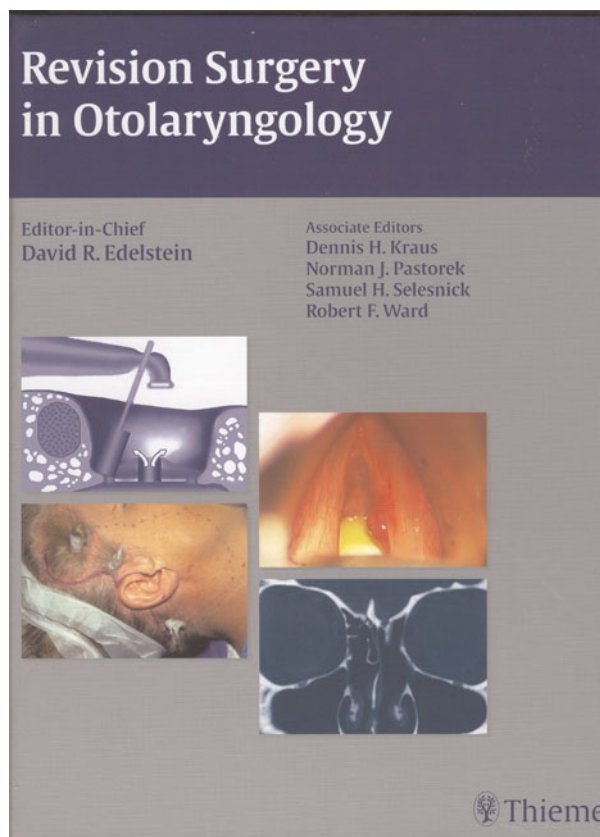
D R Edelstein, ed
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With the current state of the UK economy, it is almost our patriotic duty to avoid euro expenditure. The snag is that this publisher continues to produce so many very imaginative titles and very high quality textbooks.

This title is eye-catching, as it is, truly, a largely overlooked topic in the ENT literature. The foreword is, for once, an unusually useful introduction to the whole concept. Dr Shapsay, in two brief columns, perfectly summarises the challenges, but equally the management principles, of any condition where 'something has gone wrong'. The editor starts his preface with a great anecdote, but then leaves us in suspense with the words 'this was going to be a long day'.

Revision surgery implies failure. It is an unacknowledged need – indeed, best ignored it might seem: 'doesn't happen in my hands'. Surgical failure may result from the wrong choice of procedure, of patient or of surgeon. Poor decision-making is probably more significant than unskilled hands, but admitting that is not easy.

The book has 50 chapters covering a comprehensive range of topics, ranging from advanced otology to facial plastics and head and neck oncology. Despite being a multi-author text, good editorship has ensured that most contributors truly concentrate on the revision approach. The editor's own chapter, on revision surgery of the ethmoid sinuses, has set this reviewer wondering about all those Caldwell–Lucs and middle turbinectomies which seemed such a good idea two decades ago. Every chapter carries a useful 'decision tree' which, however we might groan at the terminology, can illustrate a bewildering range of choices (or indeed the converse) in this field. Illustrations, mainly in colour, are flawlessly reproduced throughout.



I knew I would like this book when I saw the title advertised. It is hard to come up with something different as an author. To then get over 50 co-authors to meet deadlines and conform to the editor's concept must be harder still!

When you see this on a bookshelf, open it to page 327 and look at Figure 34.15, entitled 'unhappy patient one year post operative face lift etc.' and imagine tackling this surgical candidate on a Monday morning. You will then grasp what such surgeons must face.

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