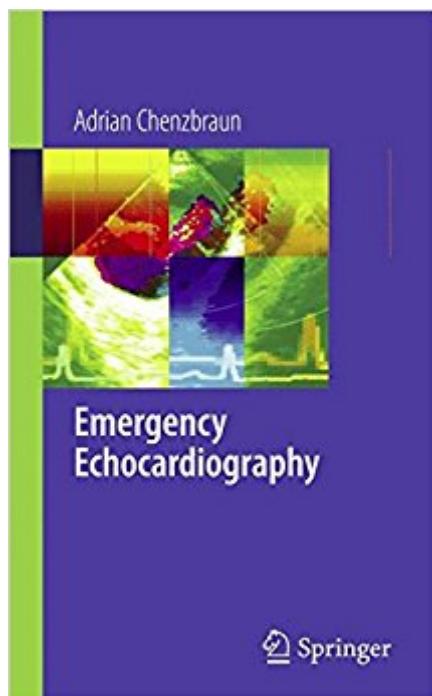


The book was found

Emergency Echocardiography



Synopsis

Echocardiography is still relatively underused in the management of critically ill and hemodynamically unstable patients. There is a definite trend for favoring echocardiography over invasive assessment in intensive care units, however, clear guidelines are lacking. The author's experience over the last few years has reinforced the importance of a book covering this topic. The basis for the creation this book was the fruit of teaching sessions and ward rounds during which the interest and receptiveness for this topic were obvious.

Book Information

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Customer Reviews

From the reviews: "This is a great little book. It is 184 pages long and the chapters give a good and representative coverage of the title material. This is a useful little book containing amount of information which is probably best aimed at clinicians with basic skills in echo trying to move forward, or experienced scanners seeking a more clinical bias to balance their learning, eg sonographers." (Craig Morris, Journal of Intensive Care Society, Vol. 11 (2), April, 2010)

Echocardiography is the most versatile cardiac imaging technology readily available at the patient's bedside. Its superb diagnostic ability relates to the potential to identify any hemodynamic condition and cardiac pathology that implies a morphologic and/or a flow pattern change. Because the machines themselves are small, portable and powerful and reporting can be swift and revealing,

echocardiography is an essential part of the diagnostic strategy when dealing with critically ill patients. Emergency Echocardiography is a step-by-step guide for cardiologists, intensivists, emergency room doctors and sonographers faced with critically ill patients in whom major therapeutic decisions could depend on the information provided by timely and accurate examination. It includes both specific cardiology topics, such as aortic pathology, valvular emergencies, mechanical complications of myocardial infarction or tamponade, and general intensive care situations, such as pulmonary embolism, resuscitation, sepsis and the need for filling status assessment. In doing so, it addresses the practical needs of cardiology trainees and of intensivists faced with the increased use of echocardiography in an acute care setting.

This is a fantastic book from a fantastic teacher. I have worked with Dr Chenzbraun for nearly three years now and although my opinion may be considered biased by this, I sincerely believe that this book is one of a kind when it comes to bedside, 'on the shop floor' echocardiography. I usually slip this in my backpocket when I am on call and having worked in a busy University Hospital and now a tertiary cardiac centre, I have had many occasions where this book helped me make correct decisions regarding fluid status, valve incompetence and pericardial disease to significantly improve patient outcome. Cardiac imaging is not my subspecialty interest, yet I found this book invaluable for the way in which it approaches echocardiography - rather than choose an academic (and perhaps esoteric/intimidating) approach, Dr Chenzbraun has opted to write this from the perspective of the 'jobbing cardiologist'. The section on TOE is particularly useful (especially the tips and tricks in performing TOE on an unstable patient) and so is the chapter on rapid assessment of hypotensive patients. The figures are well chosen, almost all of them 'real life' from Dr Chenzbraun's practice and the one on page 42 is a fine example of the thought that has gone into this book. Here the high oesophageal TOE views are shown one above the other as if the reader is withdrawing the probe as he reads the figure legend! I can go on about each chapter, but suffice to say, if you are a cardiologist in training or even if you are a general medical or emergency care physician aiming for basic competence in echocardiography, this is a worthwhile investment. Conflicts of interest: none

In the era when the border between non invasive cardiology and radiology became blurred mainly due to an increased demand for "cardiac imagers" (e.g. "experts" in echocardiography, nuclear cardiology, CT angiography and cardiac MRI) this book stands alone as a proof of how echocardiography can still "save" lives by being able to confirm or not the clinical diagnosis in an accurate, rapid, totally noninvasive and cost-efficient manner. The book is crisp, very well organized,

easy to navigate and written in such a manner that the young and old physician, cardiologist or not, can find a good reason to keep it in the white coat pocket, at hand to be consulted. The images are highly representative and sometimes rarely seen even in the textbooks of echocardiography. I strongly recommend this manual for anybody involved in critical care medicine. Eddy B Professor of Medicine USA

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