

Atlas of orthopaedic surgical approaches

C. L. Colton & A. J. Hall (eds.), 216 pages, Butterworth Heinemann, Oxford, 1991
ISBN 0-7506-1338-6

Today, there are many books available on standard surgical approaches. Those solely devoted to upper and lower extremity surgery are less common, and thus the present publication might fill a gap. Although the voluminous orthopedic handbooks give detailed information on surgical approaches for almost every conceivable operation, the surgeon must have planned his operation in detail before he can verify the appropriate approach in such books. On the other hand, the advantage of an atlas of orthopedic approaches is that it may provide the surgeon who has become accustomed to using a certain incision for a specific procedure the opportunity to determine whether or not the same incision, with some extension or modification, is possible to employ for a related operation.

This atlas from the U.K. has been edited by Mr. C. L. Colton (Nottingham) and by Mr. A. J. Hall (London), who are also responsible for the respective sections on the foot and the knee. The remaining 11 sections are presented by 11 contributors from the U.K., Canada, the United States, and New Zealand. In spite of this multiple authorship, the text is homogeneous and facile, with a minimum of repetition.

Each anatomic region is presented by a short textual commentary on muscular and neurovascular anatomy. The different surgical approaches are then described with short commentaries on access, positioning of the patient, incision, indications; finally, special emphasis has been directed to the advantages and disadvantages of the actual approach accompanied by simple, but informative, line drawings. The book is well organized, and it is easy to find what one is looking for. A few flaws must, however, be commented on. The present day, very popular, direct, lateral approach to the hip according to Bauer et al. (1979) and Hardinge (1982) is correctly described in the running text,

but the line drawing shows the incision too far posteriorly in the gluteus medius muscle. The surgeon keeping to the drawing will run a considerable risk of denervating a large part of that muscle. Further, the drawing of the posterior approach to the cervical spine shows the patient prone with 10 kg of skull traction. I consider this a rather dangerous recommendation. My own experience is that 2-3 kg is often adequate, whereas a greater force poses a definite risk of inflicting injury to the cervical cord, and especially in patients with unstable fractures.

I believe that the junior orthopedic resident will find more valuable information in the well-known *Standard Orthopaedic Operations* by Crawford Adams, which gives detailed instructions even on the operative technique for hammer toe deformities. Last but not least, the present volume is recommended to the senior orthopedic surgeon, notably for use in his/her preparation for procedures outside the daily routine surgical engagement.

References

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Urban Rydholm

Lund University Hospital Department of Orthopedics,
S-221 85 Lund, Sweden