

The role of general surgeon in Canada continues to evolve. Where once the rise of specialist surgery eroded the requirement for services provided by general surgeons, the current lack of access to certain types of care has increased the burden on general surgeons, who are now ill-equipped to meet these demands. In this issue of the *Canadian Journal of Surgery*, 2 new textbooks of plastic surgery are reviewed. The second book, which deals with a topic likely to remain the preserve of the specialist, is reviewed because of its significant Canadian content. The subject of the first book, has so far found no surgical specialty champion.

**BODY CONTOURING AFTER MASSIVE WEIGHT LOSS.** A. Aly, editor. St. Louis (MO): Quality Medical Publishing, Inc; 2005. 400 pages; 2 DVDs; CDN \$553.50. ISBN 1576262111

Nowhere is the failure of the health care system, as currently managed, more evident than in the surgical care of obesity. A marked contrast has emerged between surgery in the United States and Canada for these patients. It is not clear whether the reluctance to supply surgical services in Canada is due to a bias in favour of "more deserving" patients or whether the considerably higher rate of obesity surgery in the US is due to the excesses of private enterprise. Governments have acknowledged that an element of the former proposition is true by referring obese patients to centres in the US. This practice, which appears to be a measure to keep the peace with failing managements of the superhospitals, undermines the whole foundation of surgical practice in Canada. For the first time, surgeons have not acknowledged a responsibility for the care of a whole sector of society. Not only do considerable resources follow these patients over the border, but an opportunity to refine laparoscopic surgical skills is being wasted.

If there is a bias against gastrointestinal obesity surgery in Canada, there is almost a repugnance regarding the surgical care of patients after massive

weight loss. Again, there is a considerable gap between care provided in Canada and the US. Evidence in this field of surgery is even harder to acquire than in gastrointestinal obesity surgery, but it seems negligent to have induced the appropriate weight loss without following through with the surgery that restores mobility, increases comfort and allows for the full participation of patients in society.

This textbook is the first to deal with surgery after massive weight loss. Its editor and contributors are the acknowledged leaders in this field in the US. The atlas format and the attached DVDs make the techniques eminently accessible to ordinary surgeons, so that it is an essential reference book for people considering this type of surgery. Canada has often found the middle ground in surgical debates, taking wisdom from all sides. With respect to care of people with obesity, regional programs of integrated paramedical, medical and surgical service are inevitable. Current knowledge dictates that surgery will be the major component of these programs and, as such, it should include body contouring as well as gastrointestinal obesity surgery. This textbook will allow planners to understand what is at stake and what can be gained by such surgery. The only advantage to the current practice of exporting patients with obesity is that the resources required for the regional programs are being defined and reserved.



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**PERFORATOR FLAPS: ANATOMY, TECHNIQUE & CLINICAL APPLICATIONS.** P.N. Blondeel, G.G. Hallock, S.F. Morris, P.C. Neligan, editors. St. Louis (MO): Quality Medical Publishing, Inc; 2006. 1096 pages and DVD; CDN \$500. ISBN 1576261786

*Perforator flaps: anatomy, technique & clinical applications* masterfully

provides the current level of knowledge in a relatively new phase of flap surgery. The text is organized into 4 parts. Part 1 outlines the fundamental concepts in perforator flap surgery. These introductory chapters provide the history of flap surgery; the vascular anatomic basis of flaps; an important and well-explained overview of nomenclature, plus reviews of injection techniques (laboratory); flap physiology; use of colour Doppler for preoperative planning; and advice on how to avoid complications. The chapters on anatomy and nomenclature crystallize various terms and classifications that have been used over the last 3 decades into a classification that makes practical sense. The text brings together information provided by many different authors and provides a unified classification that is easier to understand and use.

In part 2 of the text, flap anatomy and surgical techniques are reviewed by region, with sections on the head and neck, the upper extremity, the trunk and the lower extremity. The injection studies are impressive. The simplified illustrations are excellent and support the written material. Most skin flaps described are reviewed, classified and illustrated. The clinical photographs are well chosen and tidy. The references are extensive and often include brief summaries of the articles for those who wish to read further. A few of the chapters overuse the abbreviations provided in the chapter on classification, making it more difficult to follow the flow of the text; however, inside the front cover of each volume there is a complete list of flaps and abbreviations.

Part 3 provides clinical applications of various flaps by region. Once again, the use of high-quality photographs helps to illustrate the case examples. The clinical cases often demonstrate situations where flaps other than perforator flaps might be used to deal with the defect. Some of the flaps chosen by the authors might be more difficult than flaps the average microsurgeon or plastic surgeon would choose to close the same defect. However, the cases chosen do illustrate the versatility and availability of flaps not commonly used in a typical plastic surgery practice. The authors cause the plastic surgeon readers to think a little more about blood supply to the skin rather than set flap