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This book is for all those entering general surgical training. It explains the reasoning involved in recognizing and dealing with general surgical conditions and pays special attention to managing surgical emergencies and trauma patients. It is also intended to serve as a practical guide to safe and effective day-to-day surgical practice. The content is laid out logically so that a patient can be followed from a working diagnosis, through investigation and assessment, preparation for surgery, care in the operating theatre and afterwards, including the prevention and treatment of complications. Throughout, factors are identified which affect surgical outcome and which are important in surgical audit and quality control. It is not meant as a textbook of diagnosis, or an atlas of operative surgery; however, it does cover the principles of both, as well as details of the common operations trainees are likely to have to perform. Each chapter concludes with a few key references to classic papers, books and review articles. Philip Deakin, a medical artist and GP, has illustrated the book throughout. Clive Quick and Paul Thomas are recent past members of the Court of Examiners for the Royal College of Surgeons of England and have planned the book to meet the requirements of the new syllabus for the higher general surgical qualification. Their team of contributing authors is made up of senior trainees and recently appointed consultants who provide a clear and focused perspective, reflecting their recent experience of the training process.

This new book presents an impressive amount of information for surgical residents and surgeons . . . the drawings in black and green are very good and ideal for teaching purposes. This book belongs on the shelf of every teaching hospital. (G Kootstra, University Hospital Maastricht in the British Journal of Surgery 2002, 89, 371-373)

Written by the world's foremost practitioners and instructors, this landmark reference logically progresses from basic science principles, including topics such as cells, genomics, and molecular surgery, to clinical areas such as pancreas. From cover to cover, the book reflects a distinctly modern approach in the dissemination of surgical knowledge, providing up-to-date coverage of all key surgical areas, from trauma and transplantation, to neurosurgery. In each chapter, this content is supported by a skill-building format that includes boxed key points, detailed anatomical figures, diagnostic and management algorithms, an abundance of informative tables, and key references.

2 new chapters: “Accreditation Council for Graduate Medical Core Competencies,” examines the six areas designated as critical for general surgery resident training and “Ethics, Palliative Care, and Care at the End of Life,” offers an overview of biomedical ethics, and surveys specific issues in surgical and professional ethics, the general principles and considerations of palliative care, and care at the end of life

Osteosarcoma is the most common primary malignant tumor of bone. Osteosarcomas are characterized by the production of osteoid tissue or immature bone by the malignant cells [1-3]. Osteosarcomas are uncommon tumors compared to carcinomas, with approximately 900 cases diagnosed each year in the United States, mainly in children and adolescents [4]. Among 15 to 29

year olds, bone tumors account for 3 percent of all tumors, and osteosarcoma accounts for about one-half of these cases [5]. Most osteosarcomas present as high-grade tumors and most are located around the anatomic regions of high growth rate.

The survival of patients with malignant bone sarcomas has improved dramatically over the past 30 years, largely as a result of chemotherapeutic advances. Before the era of effective chemotherapy, 80 to 90 percent of patients with osteosarcoma developed metastatic disease despite achieving local control from surgery and died of their disease. It was surmised (and subsequently demonstrated [6]) that the majority of these patients had subclinical metastatic disease that was present at the time of diagnosis, even in the absence of overt metastases.

In osteosarcoma, chemotherapy can successfully eradicate microscopic deposits in the majority of cases if initiated at a time when disease burden is low (ie, following resection of the primary tumor). As a result, all patients with intermediate- or high-grade osteosarcoma receive chemotherapy, although the optimal timing (ie, preoperative or postoperative) is controversial (see 'Adjuvant therapy' below) [7]. Low-grade osteosarcomas, such as parosteal osteosarcomas, are not treated routinely with chemotherapy because the risk of metastatic spread is low.

With modern therapy, approximately two-thirds of patients with non-metastatic extremity osteosarcoma will be long-term survivors, up to 50 percent of those with limited pulmonary metastases may be cured of their disease, and long-term relapse-free survival can be expected in about 25 percent of those who present with metastatic disease overall [8-12].

Surgical management has evolved in parallel with the emergence of effective chemotherapy. Although complete extirpation of the tumor remains the primary objective, the nature and scope of the approach taken to accomplish this goal has changed, with an emphasis on more conservative surgery in order to maintain function. Functional outcome depends not only on the extent of resection and the amount of muscle that is removed, but also the quality of the reconstruction and its associated complications. Limb-sparing surgery rather than amputation is now possible in the majority of patients, particularly when preoperative (neoadjuvant) chemotherapy is used.

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