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pressure variation used to predict fluid responsiveness; Stroke volume variation to predict fluid responsiveness; Conclusion; References; Different techniques to measure intra-abdominal pressure (IAP): time for a critical re-appraisal; Introduction; IAP assessment; Bladder The original open system single measurement technique [13] Description; Advantages and disadvantage (Table 1); The closed system single measurement technique [16, 17]; Description; Advantages and disadvantages (Table 1); The closed system repeated measurement technique [18]; Description; Advantages and disadvantages (Table 1); The revised closed system repeated measurement technique; Description; Advantages and disadvantages (Table 1); The revised closed system repeated measurement technique; Conclusion; Stomach; The classic intermittent technique [20]; Background and description Advantages and disadvantages (Table 1)The semi-continuous technique [21, 22]; Background and description; Advantages and disadvantages (Table 1); The revised semi-continuous technique; Description; Advantages and disadvantages (Table 1); The continuous fully-automated technique; Description: IAP measurement with the air-pouch system; Advantages and disadvantages (Table 1); Conclusion; Manometry; The classic technique [1, 2, 26]; Description; Advantages and disadvantages (Table 1); The U-tube technique [27]; Description; Advantages and disadvantages (Table 1); The Foleymanometer technique [28] DescriptionAdvantages and disadvantages (Table 1); Conclusion; Rectal pressure; Description; Advantages and disadvantages (Table 1); Uterine pressure; Description; Advantages and disadvantages (Table 1); Inferior vena cava pressure; Description; Advantages and disadvantages (Table 1); Microchip transducer-tipped catheters; Description; Advantages and disadvantages (Table 1); Reproducibility of IAP measurement; Conclusion; References; Tissue capnometry: does the answer lie under the tongue?; Introduction; The saga of gastric tonometry Physiological concepts to interpret tissue partial pressure of carbon dioxide

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## Sommario/riassunto

The two previous editions of Applied Physiology in Intensive Care Medicine proved extremely successful, and the book has now been revised and split into two volumes to enhance ease of use. In this second volume some of the most renowned experts in the field offer detailed reviews on measurement techniques and physiological processes of crucial importance in intensive care medicine. Throughout, a key aim is to help overcome the fundamental unevenness in clinicians' understanding of applied physiology, which can lead to suboptimal treatment decisions. Applied Physiology in Intensive Care has been written by some of the most renowned experts in the field and provides an up-to-date compendium of practical bedside knowledge essential to the effective delivery of acute care medicine. It will serve the clinician as an invaluable reference source on key issues regularly confronted in everyday practice.

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