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Descrizione fisica	1 online resource (xiv, 240 pages) : digital, PDF file(s)
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Soggetti	Abdomen - Diseases Compartment syndrome
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Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Title from publisher's bibliographic system (viewed on 05 Oct 2015).
Nota di bibliografia	Includes bibliographical references at the end of each chapters and index.
Nota di contenuto	Cover -- Contents -- Contributors -- Abbreviations -- Foreword -- Section 1 Understanding intra-abdominal hypertension: what to worry about? -- Chapter 1 What is intra-abdominal pressure? -- Introduction -- (Very) brief history of IAP -- The abdominal wall -- Basics of fluid physics - all about pressure -- The relation between IAP and IAV - compliance and elastance -- Key points -- Further reading -- Chapter 2 Definitions -- Introduction -- Background -- Definitions -- Definition 1 - IAP -- Definition 2 - abdominal perfusion pressure (APP) -- Definition 3 - filtration gradient (FG) -- Definition 4 - units of measurements and reference -- Definition 5 - reference standard -- Definition 6 - normal IAP -- Definition 7 - IAH -- Definition 8 - IAH grades -- Definition 9 - ACS -- Definition 10 - primary ACS -- Definition 11 - secondary ACS -- Definition 12 - recurrent ACS -- The future of the definitions -- Key points -- Further reading -- Chapter 3 Principles of IAP management -- Measure IAP at the end of expiration

-- IAP is (usually) measured in the bladder -- IAP can be measured through routes other than the bladder -- IAP can be measured with fluid-filled or air-filled systems -- IAP should be measured against a reference level -- Instillation of fluid in the bladder is required -- The temperature of the instillation fluid should be controlled -- The patient's body position is important -- Supine versus semi-recumbent position -- Prone position -- Other positions -- The effect of positive end expiratory pressure (PEEP) on IAP -- Key points -- Further reading -- Chapter 4 Systems available to measure IAP -- Introduction -- Clinical estimation of IAP -- Measurement of IAP is safe -- Measurement of IAP is reproducible -- Routes for IAP measurements -- Transvesicular route -- Transgastric route -- Alternative routes -- Modalities of IAP measurements.
Available methods for IAP measurement -- Intermittent IAP measurement -- Transvesicular: FoleyManometerTM or Uno-Meter Abdo-PressureTM -- Transvesicular: Harahill method -- Transvesicular: AbViserTM IAP Monitoring Kit -- Transvesicular: Bard IAP® Monitoring Device -- Transvesicular: Biometrix -- Transvesicular: PreOx IAP Adapter -- Transgastric: gastric tube or Collee method -- Transgastric: gastric balloon method -- Continuous IAP measurement -- Continuous transvesicular IAP measurement -- Continuous IAP monitoring - CiMON (Pulsion Medical Systems) -- The IAP-Catheter and IAP-Monitor (Spiegelberg) -- Key points -- Further reading -- Chapter 5 Pitfalls of IAP monitoring -- Introduction -- The pitfalls -- Pitfalls related to the patient -- Positioning of the patient -- The awake patient -- Intra-abdominal space-occupying lesions -- Obesity -- Children -- Pitfalls related to the measurement technique -- Zero reference level -- Gastric route -- Infusion volume -- Infusion temperature -- Frequency of IAP measurement -- Pitfall specific to the kit used -- Pitfalls related to the interpretation of data -- Key points -- Further reading -- Section 2 Underlying predisposing conditions: when to worry? -- Chapter 6 Decreased abdominal compliance -- What is abdominal compliance? -- Why is abdominal compliance important? -- Implications for clinical practice -- How does decreased abdominal wall compliance lead to IAH? -- Is this clinically important? -- Can I and should I measure abdominal compliance in my patient? -- How do I know when abdominal wall compliance is decreased? -- How do I know when abdominal wall compliance is increased? -- Key points -- Further reading -- Chapter 7 Increased abdominal content -- Introduction -- Measuring IAV -- IAV in clinical practice -- Is IAV relevant? -- IAV and primary IAH -- IAV and secondary IAH.
Other ways in which IAV has an impact on IAH -- Key points -- Further reading -- Chapter 8 Capillary leak and fluid resuscitation -- Introduction -- Capillary dynamics -- Capillary leak in the critically ill patient -- IAP and the three hits model of shock -- The ebb phase -- The flow phase -- The global increased permeability syndrome -- When it starts to get better (day 3) -- Key points -- Further reading -- Section 3 Specific conditions: when to worry more? -- Chapter 9 Pancreatitis -- Introduction -- Why and when do patients with severe acute pancreatitis develop IAH and ACS? -- Consequences of IAH and ACS in the patient with severe acute pancreatitis -- Diagnosis of IAH and ACS in the patient with severe acute pancreatitis -- Prevention of IAH and ACS in the patient with severe acute pancreatitis -- Treatment of IAH and ACS in the patient with severe acute pancreatitis -- Surgery -- Feeding -- When can the clinician stop considering IAH in patients with severe acute pancreatitis? -- Key points -- Further reading -- Chapter 10 Children -- Introduction -- IAP in children -- Normal values of IAP in children -- Measurement of IAP in children. --

Outcomes of IAP in children -- IAH and ACS in children -- Diagnosis of IAH and ACS in children -- Management of IAH and ACS in children -- Key points -- Further reading -- Chapter 11 Trauma -- Introduction -- Types of ACS in trauma patients -- Incidence -- The 'bloody' vicious circle and IAH -- Conservative management of the patient with abdominal trauma -- IAH in the patient with an open abdomen -- Key points -- Further reading -- Chapter 12 Burns -- Introduction -- Incidence -- Consequences of IAH in the patient with severe burns -- Monitoring IAP in the burn patient -- IAH prevention in the burn patient -- Urine output as an indicator during resuscitation of the burn patient. Treatment of IAH in the burn patient -- Key points -- Further reading -- Chapter 13 Obesity -- Introduction -- Normal values of IAP in obese patients -- IAP and chronic morbidity in the obese patient -- Systemic hypertension -- Pseudotumour cerebri -- Respiratory morbidity -- Gastro-oesophageal reflux -- Incisional hernia -- Specifics of IAP management in the obese patient -- Key points -- Further reading -- Chapter 14 Pregnancy and others -- Introduction -- Pregnancy and IAP -- Peritoneal dialysis and IAP -- IAP during iatrogenic pneumoperitoneum -- IAP in the haematological patient -- Any other conditions leading to IAP? -- Gastroenterology -- Respiratory -- Neurology -- Cardiology -- Gynaecology -- Reconstructive surgery -- Orthopaedics -- Miscellaneous -- Key points -- Further reading -- Section 4 Consequences of intra-abdominal hypertension: why to worry? -- Chapter 15 Cardiovascular system and IAH -- Introduction -- Pathophysiology -- Overall cardiovascular effects of IAH -- IAH and preload -- IAH and contractility -- IAH and afterload -- Implications for clinical practice -- Filling pressures are inaccurate with IAH -- What about volumetric monitoring? -- Abdominal perfusion pressure (APP) -- IAP and responsiveness to fluid -- Key points -- Further reading -- Chapter 16 Respiratory system and IAH -- Introduction -- IAH and acute lung injury -- IAH and lung distension -- IAH and pulmonary oedema -- IAP and mechanical ventilation -- IAP and pulmonary hypertension -- Key points -- Further reading -- Chapter 17 Renal system and IAH -- Introduction -- Incidence -- Critical IAP in relation to renal function -- The impact of IAH-induced kidney failure -- Implications for clinical management -- Diagnosis of AKI in patients with IAH? -- Prevention of IAH-induced kidney injury? -- How do I treat the patient with IAH-induced AKI? -- Key points.
Further reading -- Chapter 18 Central nervous system and IAH -- Introduction -- How does IAH lead to intracranial hypertension? -- Importance of the impact of IAH on ICP -- Conditions associated with increased IAP and ICP -- Implications for clinical management -- Prevention of IAH-induced raised ICP -- Treatment of IAH when ICP is raised -- Key points -- Further reading -- Chapter 19 Other organs and IAH -- The liver and IAH -- Gastrointestinal function and IAH -- The abdominal wall and IAH -- Endocrine function and IAH -- Key points -- Further reading -- Chapter 20 How to define gastrointestinal failure? -- Introduction -- Multiple organ dysfunction syndrome -- IAH as a marker of gastrointestinal dysfunction -- Implications for clinical practice -- Key points -- Further reading -- Chapter 21 Polycompartment syndromes -- Introduction -- Abdominal compartment syndrome -- Other compartment syndromes -- Hepatic compartment syndrome -- Renal compartment syndrome -- Pelvic compartment syndrome -- Cardiac compartment syndrome -- Intracranial compartment syndrome -- Intraorbital compartment syndrome -- Limbs or extremity compartment syndrome -- Polycompartment syndrome -- Key points -- Further reading -- Section 5 Treatment -- Chapter 22 Improvement of abdominal wall

compliance -- Decreased abdominal wall compliance leads to IAH -- Measuring abdominal compliance -- Preventing decreased C-abd -- Increasing abdominal wall compliance -- Key points -- Further reading -- Chapter 23 Evacuation of intraluminal contents -- How do intraluminal contents lead to IAH? -- Ileus and IAH -- Enteral feed -- Evacuation of intraluminal content -- Surgical intervention -- Key points -- Further reading -- Chapter 24 Evacuation of abdominal fluid collections -- Introduction -- What are the causes of abdominal fluid collections leading to IAH?.
What about more factors leading to IAH or ACS?.

Sommario/riassunto

Despite increasing interest in intra-abdominal hypertension (IAH) and abdominal compartment syndrome (ACS) as causes of significant morbidity and mortality among the critically ill, unanswered questions cloud the understanding of the pathophysiology of these conditions: • Are IAH and ACS synonymous? • What are the ideal methods of measuring and lowering intra-abdominal pressure (IAP)? • When should we think of IAH? • Can IAH be prevented? • What level of IAP requires abdominal decompression? Written by two experts in critical care and IAP, Intra-Abdominal Hypertension is a distillation of the current literature and furthers the understanding of these complex critical conditions. Using a step-by-step approach and illustrative figures, this clinical handbook presents a concise overview of consensus definitions, measurement methods, organ assessment and treatment options. Intra-Abdominal Hypertension is essential reading for all members of the intensive care multidisciplinary team, including experienced and junior physicians, anesthetists and nurses.

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