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BOOK REVIEW

Pediatric Urology: Evidence for Optimal Patient Management

Editor: Warren T. Snodgrass, MD

If you have every caught yourself responding to a challenge by a young resident or even a medical student with the response "Because that is the way we have always have done it", then this is the book for you.

Pediatric Urology: Evidence for Optimal Patient Management (Warren T. Snodgrass, editor, Linda A. Baker, Nicol C. Bush, Patricio C. Gargollo, Micah A. Jacobs, co-authors) looks into the evidence available for virtually all aspects of clinical pediatric urology. It is exhaustive in its detail for virtually every aspect of operative pediatric urology. It covers the gamut of procedures from treatment of vesicoureteral reflux to management of undescended testis, hydrocele hernias, varicocele, megaureter, ureteroceles, posterior urethral valves, urolithiasis, and neurogenic bladder. It also looks into our evaluation and evidence for management of urinary tract infections in children, *multicystic dysplastic kidney*, enuresis, and bladder and bowel dysfunction as well.

What impressed me the most about this work is that the detail under each category is well thought through. For instance, under hypospadias repair, not only are technical aspects of various repairs discussed, but, in addition, preoperative assessment, as well as the timing of surgery and postoperative management are also discussed in detail. In each of these categories each author discusses the relevant studies in the literature that support one approach or another. In some cases random control trials are available, whereas, in other cases, systematic literature reviews of reported series are all that one can fall back on. The authors make note of the type of evidence that is available for each of the categories.

It is commendable that many of the operative procedures in particular are discussed regarding outcomes.

This is an area where I feel pediatric urology has lagged to a significant degree. This book, however, cites appropriate literature regarding long-term outcomes of operative procedures where available. If one were to look at the chapter on ureteropelvic junction obstruction, for instance, failed pyeloplasty and its management by reoperative pyeloplasty, robotic reoperative pyeloplastic, and endopyelotomy are all addressed with appropriate literature citations for each of these areas. There is an extensive discussion on each of the topics presented.

It would be remarkable if we could come armed with this type of information to our weekly patient management conferences, as this is the type of data that we should all refer to when discussing management options for our patients. Personally, I will be incorporating the information that this text provides in our weekly conference in order to optimize evidence-based management.

After reading through this work, I was left a bit disappointed when I came to the realization that much of the way I do things is more "because that's how I always do it", but maybe I too can change. Thanks to Dr. Snodgrass and his co-authors, I have no excuse not to.

I commend the authors and editor of what is a compendium of evidence-based literature in pediatric urology. This is a must for all of us who deal with pediatric urology on a daily basis!

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