chapter is designed to be short and succinct, providing key points that are often very clinically oriented. As a practicing academic anesthesiologist, I especially enjoyed the "Summary" and "Key Points" sections at the end of each chapter. These can be tremendously helpful to residents and fellows in quickly referencing the most important information discussed in each chapter.

The chapter titled "Complications and Emergency Procedures" is broken down into immediate (hemorrhage, pneumothorax, intraoperative fire, air embolism), early (infections, obstruction, subcutaneous emphysema, inadvertent decanulation, false passage, mucus plugs), and late (infections, tracheomalatia, fistulas, stenosis, tracheocele) complications. This breakdown is a perfect example of the phenomenal detail of the book, as each aspect of tracheostomies is thoroughly covered.

In addition to highlighting a variety of special considerations, such as pediatric tracheostomies, routine laryngectomies, and emergency procedures, the breadth of this text extends much further by including chapters on tube fitting, phonation, downsizing, and decanulation. The fifth chapter emphasizes special considerations, such as ventilation, retained secretions, cuff leaks, and cuff pressure changes, which are unique for tracheostomy patients and very important in everyday practice. Clinicians will also find that the book provides an excellent discussion of the rehabilitation and recovery process, mentioning that "it takes patience, methodical planning, continuous assessment, and encouraging support to guide these patients toward optimal function."

Overall, this book should be owned by any healthcare provider who regularly cares for patients with tracheostomies. The book's easy-to-read chapters and efficiently indexed information make it a very useful tool for quick reference during preoperative discussions as well as in the operating room. The text is filled with comprehensive figures and tables, enhancing its usefulness in clinical practice. The editors have clearly achieved their goal of providing a complete guide for the care of patients with tracheostomies.

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ERRATUM

Minimally Invasive Measurement of Cardiac Output during Surgery and Critical Care: A Meta-analysis of Accuracy and Precision: Erratum

In the article appearing on page 1220 of the November 2010 issue, the meta-analysis reported included four research articles that were subsequently retracted. After removing the results from these articles and re-performing the meta-analysis, the revised results, originally in table 2, are as follows:

Method (*N* Studies)	*n* Measurements	Bias Mean (l/min)	Precision (l/min)	Percentage Error Mean
Pulse contour (*N* = 21)	596	−0.06	1.27	42.1%
TEB (*N* = 12)	362	−0.12	1.23	45.0%

Two subanalyses in the Discussion also required revision. For studies published over the last 5 yr, the revised pooled weighted percentage error for pulse contour (13 studies) is 49.1%, and for transthoracic electrical bioimpedance (TEB) (5 studies) it is 50.2%. For the older software versions of the Vigileo/FloTrac device (Edwards Lifesciences, Irvine, CA), the revised percentage error is 46.5%, and for versions 1.07 and later the revised percentage error is 50.9%.

Reference

Peyton PJ, Chong SW: Minimally invasive measurement of cardiac output during surgery and critical care: A meta-analysis of accuracy and precision. ANESTHESIOLOGY 2010; 113:1220–35