



Preface

Subspecialty critical care, Part I



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In many ways, critical care medicine has finally come of age. Health care decision-makers and the general public now fully recognize the benefit of intensivists and intensivist-directed multidisciplinary critical care. Hospitals today can no longer claim to offer cutting-edge service if intensivists and other critical care professionals do not assume a major—if not primary—role in the care of the critically ill and injured, because more and more data convincingly demonstrate that survival is improved, complications are reduced, and scarce resources are more efficiently used when intensive care units are properly staffed and organized.

On the heels of this data and increased awareness, it is likely that the demand for intensivists will grow. In addition, the scope of the clinical practice will broaden and expand into specialty and subspecialty areas that were once thought to be outside of the usual sphere of critical care practice. It is with this sentiment in mind that we devote this issue of the *Critical Care Clinics* to subspecialty critical care, reviewing and updating problems and scenarios that intensivists must increasingly address. Clearly, the common and “unifying” precepts of critical care cross all specialty and diagnostic boundaries; however, each discipline presents a unique set of issues and perspectives that require familiarity, skill, and clinical competence. We have therefore attempted to provide a comprehensive and current overview of pressing subspecialty topics, including transplantation; morbid obesity; obstetrical issues; vascular and renal disease; and plastic, orthopedic, and head and neck surgery. Furthermore, we have attempted to go beyond the traditional intensive care unit and address issues related to emergency medicine, geriatric care, bioterrorism, and even veterinary medicine.

We are fortunate to have the expertise of many authors from all over the world and from many different settings who took time from their busy and harried schedules to contribute to this endeavor. It is always a privilege to work with such dedicated colleagues and to benefit from their expertise and commitment, and we extend our heartfelt gratitude to them for allowing us to learn from their experience and erudition. Finally, we thank Barton Dudlick and the staff of WB Saunders for their patience and professionalism and for ensuring that timetables were met and that standards of excellence were always upheld.

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