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### The Abdomen



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Managing the abdomen and its complications in the intensive care unit is the subject of our Cover Story. First, Jan de Waele considers the data on new antibiotics for complicated intra-abdominal infections. While these, singly and in combination, show promise, he cautions that recent studies have certain shortcomings from a critical care perspective, and recommends that local antibiotic stewardship programmes guide treatment decisions.

Next, Annika Reintam Blaser and colleagues explain when enteral feeding is feasible for critically ill patients with abdominal conditions: emergency gastrointestinal surgery, open abdomen, abdominal aortic surgery, trauma, abdominal compartment syndrome, severe gastrointestinal bleeding, bowel ischaemia, obstruction and paralysis as well as acute colitis with toxic megacolon. They recommend that enteral nutrition is considered early for most patients following initial management of abdominal crisis.

Acute-on-chronic liver failure does not preclude admission to the intensive care unit (ICU), according to Alexander Wilmer and Philippe Meersseman, who review the latest insights on this serious condition and their potential repercussions on the way intensivists should understand and manage patients with ACLF. Lastly, Manu Malbrain provides some answers to the unanswered questions about intra-abdominal hypertension and abdominal compartment syndrome.

In our Matrix section Shashank Patil advises how point-of-care test devices can be implemented effectively in an emergency department, with great benefit for patient management. Next, Silvia Terraneo and colleagues explore the role of *Candida spp.* in the respiratory tract, asking whether there is a real causality between *Candida spp.* and worse outcomes, or whether it is simply a marker of severity.

Simon Bocher and colleagues review recent data on the type of vasopressors to use in sepsis, the timing of infusion, the mean arterial pressure target and alternative approaches. Pieter Depuydt and Lisbeth De Bos discuss controversies regarding ventilator-associated pneumonia diagnosis: whether invasively obtained microbiology improves diagnosis and outcome, ventilator-associated tracheobronchitis as a separate condition and the concept of ventilator-associated events. Alexandre Lima and Michel van Genderen review the latest developments in noninvasive monitoring of peripheral circulation, which they suggest should be central to intensive care clinical practice. Last, Richard Gunderman and LeLand considers the power of touch in healthcare.

In our Management section, Lucy Modra and colleagues from the Women in Intensive Care Network in Australia spell out the startling gender disparity in intensive care medicine leadership and provide suggestions for improvement, so that the sustainability and quality of intensive care leadership is assured. Next, a *cri de coeur* from Armand Girbes and colleagues, who contend that a jumble of rules, protocols, checklists on both sides of the Atlantic has emerged, which jeopardises not only the pivotal relationship between doctor and patient, but also the quality and costs of care, and the quality of future healthcare workers.

Intensive care units naturally put all their efforts into treating patients when they are in the ICU. However, rehabilitation after leaving the ICU is a somewhat neglected area and post-intensive care syndrome is a burgeoning area of research. Tara Quasim and Joanne McPeake share their experiences of setting up a peer-supported, selfmanagement programme aimed at empowering patients and relatives after leaving the ICU.

Our interview is with Gernot Marx, Director of the Department of Intensive Care Medicine and Intermediate Care, University Hospital Aachen, and Professor of Anaesthesiology and Operative Intensive Care Medicine at RWTH Aachen University, Aachen, Germany. University Hospital Aachen has pioneered tele-ICUs, and Marx shares his thoughts on this and on his research into sepsis and fluids.

Our Country Focus is Brazil. Jorge Salluh and Thiago Lisboa describe the challenges and opportunities for critical care in this vast country, where there are active critical care research networks and quality of care initiatives. The *ICU Management & Practice* team will be at the European Society of Intensive Care Medicine Congress in Milan this month. If you will be attending, make sure to drop by to say hullo and pick up your copy of the journal.

As always, if you would like to get in touch, please email [editorial@icu-management.org](mailto:editorial@icu-management.org)

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