

David O. Warner, M.D., Editor

Critical Care Medicine: Perioperative Management, 2nd Edition. Edited by Michael J. Murray, M.D., Ph.D., Douglas B. Coursin, M.D., Ronald G. Pearl, M.D., Ph.D., Donald S. Prough, M.D. Philadelphia, Lippincott, Williams & Wilkins, 2002. ISBN: 0-7817-2968-8. Pages: 928. Price: \$149.

Critical Care Medicine: Perioperative Management, in its 2nd edition, remains one of the leading critical care textbooks and addresses not only intensive care issues but also perioperative issues and the intensive care unit (ICU). This new edition comes in an attractive single volume of 928 pages. With this edition, new authors have been added as well as new chapters, while other chapters from the first edition have been updated. During the 5 years between the two editions, there have been significant breakthroughs in the critical care medicine field. It is good to see these covered comprehensively throughout the book, particularly in the chapters on acute lung injury and acute respiratory distress syndrome, and diagnosis and treatment in infection.

The text begins with four chapters on perioperative assessment and ICU organization, an approach that distinguishes this book from standard ICU texts. The chapter on ethical and end-of-life issues is particularly good at tackling these difficult topics, which are often approached poorly in the ICU setting.

In section II: Perioperative Interventions and Pathophysiology, the issues regarding general ICU pathophysiology are covered well with polished chapters on evidence-based medicine, research, and informatics.

Section IX is devoted to infection and immunology and begins with an excellent chapter on evaluation of fever in the ICU. With helpful flow diagrams and diagnostic and treatment strategies, this chapter guides the reader through the myriad causes of ICU fevers with possible treatments. Sepsis, systemic inflammatory response syndrome, and the management of life-threatening infection are also very well summarized.

Section X provides a thorough review of transplantation medicine with an exceptional review on liver transplantation.

Section XI, the closing section, guides the reader through specialized ICU care, including obstetric, trauma, and burn patients. This section is covered particularly well, especially when compared to the standard ICU tomes.

One area of disappointment is the use of poor pictures and graphics to highlight techniques and procedures in the ICU. Another surprising omission is the perioperative care of the vascular patient (with the exception of a short paragraph on renal protection for abdominal aortic aneurysm repair). There is no mention at all of newer methods of abdominal aortic aneurysm repair such as endovascular approaches and their perioperative concerns.

In summary, the 2nd edition of *Critical Care Medicine: Perioperative Management* is a multidisciplinary text written by a stellar group of authors and edited by four well-known and experienced editors. It remains an excellent and comprehensive critical care textbook. With its slant on perioperative management, it holds a niche that sets it apart from other ICU texts. Furthermore, it is refreshing to see up-to-date, evidence-based theories. At only \$149, this is good value for the money.

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James C. Eisenach, M.D., served as acting Editor-in-Chief for this book review.

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Thoracic Anesthesia, 3rd Edition. Edited by Joel A. Kaplan and Peter D. Slinger. New York, Churchill Livingstone, 2003. ISBN: 0443066191 Pages: 479. Price: \$182.25.

I first reviewed Kaplan's *Thoracic Anesthesia* for the Journal in 1983. With its publication, for the first time those of us interested in the field of noncardiac thoracic surgery had a modern, up-to-date textbook. Before then, with the exception of a few British texts that did not reflect current American clinical practice, discussion of anesthesia for pulmonary surgery was relegated to single chapters in cardiac anesthesia textbooks. Anesthesia for thoracic surgery as a specialty has continued to grow and evolve, and *Thoracic Anesthesia* has grown and matured along with it.

In the current, 3rd edition, Peter Slinger, the well-known thoracic anesthesiologist, joins Dr. Kaplan as an Associate Editor. The book has been revised with several new chapters and new contributors. The 26 chapters (723 pages of text and references) of the 2nd edition have been consolidated into a more concise and very readable 20 chapters (462 pages) without compromising overall content. Several chapters have been completely rewritten, while others are revisions of material from previous editions.

For the most part, *Thoracic Anesthesia* is extremely well presented. I found the print, and the numerous figures and tables, clear and easy to read. Unfortunately, the book is marred with typographic errors; the most obvious is chapter 4, entitled "The Physiology of the Lateral Decumitus [sic] Position." The table of contents lists both chapters 8 and 10 as "Tracheostomy and Tracheal Resection and Reconstruction." Mistakes like these are more embarrassing than meaningful and probably represent the copyeditor's rush to publication.

As with the previous edition, *Thoracic Anesthesia* continues to retain a four-section format. The first section has been reduced from four to just two chapters and concerns the preoperative assessment of the patient scheduled for thoracic surgery. I believe that every anesthesiologist managing a thoracic surgical patient should examine that patient's imaging studies. Chapter 2, "Radiology of the Chest," is an excellent review by specialists for nonspecialists on the basics of interpreting chest radiographs.

The second section of the book, four chapters, discusses pulmonary physiology and pharmacology. This background information is essential to integrate basic principles into the clinical management of patients undergoing one-lung ventilation. The third section of 10 chapters discusses anesthetic management of the entire gamut of noncardiac thoracic procedures. The final section reviews pain management and postthoracotomy complications.

It is probably uncommon for anyone other than a book reviewer to sit down and read an entire reference text from cover to cover. In doing so, the inevitable differences in style and content among chapters become apparent. This is to be expected with any multiauthored text, a format that also allows duplication of material between chapters and an occasional contradiction.

Repetition does occur throughout *Thoracic Anesthesia*. Hypoxic vasoconstriction is reviewed in varying detail in three chapters. Management of postoperative pain is discussed in both the first and last chapters. Pharmacologic modulation of the pulmonary circulation, an area of current interest, is extensively discussed in the chapter on pediatric thoracic surgery and is briefly considered in several other chapters.

Most of the important changes that have occurred in the field of thoracic anesthesia since the previous edition's publication in 1991 are included. Discussions on video-assisted thoracoscopy, minimally invasive surgery, modern bronchial blockade, pulmonary transplantation, and postthoracotomy analgesia have been markedly expanded to reflect their importance. Lung volume reduction surgery, not even mentioned in the 2nd edition, is now extensively reviewed. Unfortunately, other subjects are virtually ignored. Only three small paragraphs with no references are devoted to airway stenting. The chapter on pediatric thoracic surgery states that "double-lumen tubes are not available in pediatric sizes," although tubes as small as 26 F have actually been used for quite a while in many centers.

The editors have allowed some authors to occasionally cite unsubstantiated abstracts—a poor practice for any reference text. Chapter 8 states, “recent *studies* have suggested that to increase the accuracy of placement, the stylet should be kept in place in the DLT until the endobronchial lumen is in the bronchus.” This statement is based on the single study cited, which included just 30 patients and has never been repeated or reconfirmed. Far-reaching conclusions based on single reports can be misleading and potentially dangerous.

With few exceptions, the most recent references are from 2001. This is a problem inherent in every reference textbook because of the intervals between chapter submission by the authors, medical editing, and eventual publication. Because of constant and continuous growth in the specialty of thoracic anesthesia, as in any medical field, the Internet with its search engines remains the only practical way to keep reasonably current.

Unlike in 1983, currently the anesthesiologist can choose between several textbooks that deal exclusively with anesthesia for thoracic surgery. Having all of these books in my personal collection and having referred to each on numerous occasions, I believe that the 3rd edition of *Thoracic Anesthesia* is still the standard by which these other books should be compared and judged. Despite its minor faults, *Thoracic Anesthesia* continues to be an important resource for anyone involved in the management of patients undergoing noncardiac thoracic anesthesia procedures.

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Pain in Infants, Children, and Adolescents, 2nd Edition. Edited by Neil L. Schechter, Charles B. Berde, Myron Yaster. Philadelphia, Lippincott Williams & Wilkins, 2003. ISBN: 0-7817-2644-1. Pages: 892. Price: \$145.

Pain is a critical public health issue that has generated considerable scientific and clinical interest of late. Unfortunately, many obstacles to its proper management remain, including gaps in our knowledge of human neurobiology, the role of social, cultural, psychological, and emotional influences in the pain experience, and simple practical problems such as how to best quantify pain, to name a few. These problems are especially pronounced in the pediatric population, and for many years there was a dearth of good clinical information available to those caring for children with pain. The first edition of *Pain in Infants, Children and Adolescents*, published in 1993, was a monumental step in compiling, in a single reference, the best available information and treatment for pediatric pain. The 2nd edition of this text further improves on this excellent reference.

The format of the 2nd edition remains unchanged from the first. The book is organized into three distinct sections. The first 150 pages outline a basic scientific foundation of pain theory, including such topics as developmental neurophysiology, pharmacology, assessment and measurement of pain, cultural and psychological influences, and a historical perspective of pediatric pain management. The 2nd section addresses specific treatment strategies, including pharmacologic, physical, interventional, and psychological. The last section is divided into chapters pertaining to specific pain problems. This organization provides a logical flow of general principles followed by specific treatments. It also, as the editors point out, leads to a significant amount of redundant information, but I did not find this distracting.

Added topics from the first edition include new chapters on clinical pharmacology and long-term consequences of pain in neonates, which rounds out the basic science section. The chapter dealing with the pain-associated disability syndrome concisely summarizes the approach to this difficult problem and is a welcome addition. Not to be taken as a “how-to” reference, the new sedation chapter focuses on general sedation concepts and includes a useful table outlining common procedures and sedation strategies. A much-needed chapter-expansion of nonconventional analgesics addresses commonly used medications for neuropathic pain such as antiepileptics, membrane stabilizers, and α -2 agonists. The palliative care chapter has been more fully developed to include additional end-of-life issues in addition to traditional pain control.

Most of the chapters are very well written, easy to read, and concise. This is especially true of those covering the neurobiologic basis and developmental neurophysiology of pediatric pain. Other publications cover these topics in greater detail, but the information provided in this text is very clinically relevant. This is further demonstrated by the dosing charts and tables available for local anesthetics, opioids, non-steroidal antiinflammatory drugs, and continuous epidural infusions. More detailed information on specific topics can be accessed by using the annotated bibliography available in each chapter. However, some of the diagrams for the regional anesthetic techniques could be improved in quality and quantity. There are helpful discussions pertaining to the techniques, but I recommend referring to a text or atlas on regional anesthesia for better three-dimensional illustrations.

Overall, the 2nd edition of *Pain in Infants, Children and Adolescents* continues to provide a comprehensive approach to pediatric pain management. A number of written texts deal with specific pediatric pain issues, including acute, cancer, spine, procedural, gynecologic, and headache pain, but I am not aware of any other that attempts, with such success, to cover the subject so completely.

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