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**Core Topics in Airway Management.** By Ian Calder and Adrian Pearce. Cambridge, UK, Cambridge University Press, 2005. Pages: 209. Price: \$65.00.

Although many may not recall losing their first tooth, most will never forget their first encounter with an "unable to ventilate and intubate" patient. In a crowded shopping mall, I still find myself instinctively identifying a person who might be difficult to intubate, a sad commentary of sorts! The practice of anesthesia demands the establishment and performance of good airway techniques. Despite a number of preoperative tools proposed to help distinguish patients who may be difficult to intubate from those who should not be, the reliability of such measures remains poor.<sup>1</sup> As a consequence, a simplified plan A approach alone is short on insight. Similarly, persistent and improper instrumentation of the airway have continued to add to the legal consequences of our practice.<sup>2</sup>

Drs. Calder and Pearce have edited a text as part of the broader Core Topics Series that reviews aspects of airway management in a manner the editors themselves state incorporates "little excess fat." Although the overall content may be less than that present in many texts on the subject, it is no less important in its approach. Each chapter is efficient and focused, including the very first, which discusses the anatomy of the airway. Each anatomical component is offered as a "selected account . . . as it applies to anesthetic clinical practice." Likewise, the brief physiology chapter highlights issues relating to hypoxia—no fluff here and certainly no lack of importance.

An area where this text differs from many others is revealed in the most enlightening chapter of the book, titled "General Principles." This is where Calder and Pearce have brought to the table such controversial subjects as the effectiveness of cricoid pressure and establishing ventilation before dosing muscle relaxants—a must read. The middle portion of the text highlights topics such as routine tracheal intubation, confirmation of successful tracheal intubation, and extubation principles. These topics are required for the young inexperienced learner but perhaps wasted on those with more years in the field. As with any airway text, the bulk of the information presented rests with a discussion of specific airway devices. These chapters are neatly organized and, like the rest of the text, efficient in coverage of the topic. The authors' approach to each device is thorough where it needs to be but still cuts to the chase. A short but effective list of references is added at the end of each chapter for readers who have a taste for more.

There is a nice discussion of the trauma that may result from air manipulation of the airway. With the ever increasing number of tools and techniques available to help establish ventilation and secure the airway, we can only hope that iatrogenically produced trauma will lessen as our knowledge grows. Such a chapter acts as a bit of a wake-up call for all of us to respect the airway and the potential damage that we may cause if we are inexperienced in our care. I applaud the authors for this subtle but effective message.

The relative simplicity of approach embodied in this text may not meet the more comprehensive needs of those practitioners who are avid researchers in the field of difficult airway management. However, this easy-to-read, tightly directed text will find its place on the desk of clinical anesthesiologists interested in a no-nonsense approach to airway management, as a mandatory read for introductory instruction of anesthesia trainees, and as a source of information for our colleagues outside the field of anesthesia who provide airway management as part of their broader practice.

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## References

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**Pediatric Cardiac Anesthesia, 4th Edition.** Edited by Carol L. Lake, M.D., M.B.A., M.P.H., and Peter D. Booker, M.B., B.S., M.D., F.R.C.A. Philadelphia, Lippincott Williams & Wilkins, 2005. Pages: 808. Price: \$129.00.

This is Carol Lake's fourth edition of *Pediatric Cardiac Anesthesia* but the first edition for which she has partnered with Peter D. Booker from the United Kingdom as coeditor, which gives the textbook a fresh, new appeal compared with the 1998 third edition. In addition to a new editor from across the Atlantic, multiple new authors have been added, many from outside the United States, which provides a more international flavor to the book. This includes authors from children's hospitals in the United Kingdom, Ireland, Canada, and Australia.

Carol Lake, M.D., M.B.A., M.P.H. (Former Professor and Chair, Department of Anesthesiology and Perioperative Medicine, University of Louisville, Louisville, Kentucky), and Peter D. Booker, M.B., B.S., M.D., F.R.C.A. (Senior Lecturer in Pediatric Anesthesia, University of Liverpool, Honorary Consultant Pediatric Anesthetist, Royal Liverpool Children's Hospital, Liverpool, United Kingdom), have also dramatically changed the format and broadened the scope of the book. The text is now logically organized into sections for easier reference. Also, as the field of pediatric cardiac anesthesia rapidly changes, new topics have accordingly been added to the book to address these changes. These new elements include Pediatric Heart Disease in the Developing World (Introduction section); chapters on Intrauterine and Extrauterine Development of the Cardiovascular System (in the Developmental Issues section); a new chapter on Pediatric Electrocardiography and Cardiac Electrophysiology (in the Preoperative Evaluation section); a greatly expanded section of Perioperative Management; an entire multichapter section on Postoperative Care; and a section on Practice Management, which includes chapters on quality improvement and teaching issues.

The opening chapter, although not new, is interesting in that it not only discusses the history of pediatric cardiac anesthesiology, but also looks into the future, which will include the increasing use of cardiac magnetic resonance imaging, the expansion of minimally invasive and video-assisted surgery, new and innovative interventional procedures, new monitoring techniques such as near-infrared spectroscopy, and fetal surgery, and with each of these comes new anesthetic challenges.

I especially appreciated the new chapter on Pediatric Heart Disease in the Developing World, because I have participated in numerous trips to assist emerging pediatric cardiac surgical programs in developing countries. Traveling to these sites to provide safe anesthesia care is such an enormous challenge, and there is so little information about how to prepare, so this chapter is a welcome addition for those readers who wish to help where resources are limited. This is an area of tremendous growth potential, and I hope that this chapter will be expanded in future editions.

Past the introductory section, there are clearly elements of each chapter that have remained the same, although the majority of the chapters have been significantly updated and reorganized. Some organizational changes are confusing: The format of the subheadings in the Pediatric Anesthesia Pharmacology chapter makes for more difficult reading, and some topics are covered in multiple chapters, whereas

the subject matter would be more concise if consolidated. Updates seem to be hit or miss in the book: Some chapters seem very current, whereas others seem to be missing information on new technologies.

In section V, Anesthesia for Cardiac Surgical Procedures, most sections have been updated substantially. Some chapters now include genetics information, where applicable. The unique combination photograph/cartoon illustrations in the chapter on Septal and Endocardial Cushions Defects give the reader a better idea of what the lesions are. New chapters on anomalies of the pulmonary valve and right ventricular outflow tract, the tricuspid atresia, the double outlet right ventricle, the truncus arteriosus, pulmonary hypertension and Eisenmenger syndrome, and vascular anomalies and cardiac tumors are all welcome additions. The descriptions of new techniques for treating patients with hypoplastic left heart syndrome are also valuable. As more children with palliated and corrected congenital cardiac anomalies live into adulthood, there will be a growing need to understand more about their special anesthetic requirements, and another new chapter, entitled "Anesthesia for Noncardiac Surgery in Children and Adults with Congenital Heart Disease," will help all anesthesia providers to care for that unique patient population.

A nice feature that is borrowed from the third edition is the one-page synopses of intraoperative management for the individual lesions at the end of each chapter, which serve as chapter summaries as well as quick reminders/refreshers. These seem virtually unchanged from the last edition but are easier to read because of the different font.

The book is definitely bigger and better than the last edition. The book has nearly 90 additional pages and more references, pictures, tables, and figures. Previous chapters have been split, and expanded in terms of both depth and breadth of content. One minor complaint about the new edition is that it still has the color inserts at the front of the book. The color inserts are of better quality and higher resolution than those in the last edition but correspond to differing chapters and would be more suitable in their respective chapters. Also, one glaring omission in the book is how little information is provided about extracorporeal membrane oxygenation, which is such an integral part of a pediatric cardiac anesthesia practice.

As pediatric cardiac anesthesiologists expand their role outside of the operating room, acquisition of a new set of skills is required. This book addresses that concern, reflected in an added emphasis on perioperative management of these children and management in the catheterization and electrophysiology laboratory, the magnetic resonance imaging suite, and postoperatively in the intensive care unit. Overall, the transformation of the textbook has improved it significantly and provided a valuable resource to anyone caring for patients with congenital heart disease.

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