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Core Topics in Pain. Edited by Anita Holdcroft, M.B., Ch.B., M.D., F.R.C.A., and Sian Jaggar, B.Sc., M.B. B.S., F.R.C.A. Cambridge, United Kingdom, Cambridge University Press, 2005. Pages: 345. Price: \$70.00.

Core Topics in Pain seeks to provide the reader with a comprehensive and easy-to-read introduction to the many facets of pain management. This aim is confirmed in the forward written by Douglas Justins, M.B. B.S., F.R.C.A. (Consultant in Anesthesia and Pain Management, Department of Anesthesia, St. Thomas Hospital, London, United Kingdom).

With a number of publications already available, is a new guide, such as this, needed to provide an important contribution for the key target group identified as anesthetic trainees and their counterparts (residents) in North America and to become an essential book for this readership?

In respect of United Kingdom trainees, for whom the pain management-related content of standard anesthesia texts can be inadequate, reliance may be placed on reviews published by the Royal College of Anesthetists or in monthly add-on journals. *Core Topics in Pain* covers all subject areas listed for the Royal College of Anesthetists competency-based training (for the Certificate of Completion of Training), but wider reading would be required for those undertaking higher pain training. For North America, in a similar way, the book broadly covers the content outline of the American Society of Anesthesiologists' Joint Council on in-training examinations, but not the pain medicine examination specifications of the American Board of Anesthesiology.

Any publication such as this, with a disparate target readership (also a first reference for nonanesthetic health professionals), however, always faces a difficult task in striking the right balance between dearth and surfeit, and it is therefore hardly surprising to find that in this case, topic coverage ranges from the comprehensive to the superficial. The problem is, perhaps, compounded by the multiple-author format, and the almost inevitable associated delays in the editorial process are the reason why some contributions are fresher than others and few recent references are to be found. An indication as to the specialism and affiliation of the chapter authors, as is usual practice in publications of this sort, would have been helpful. Style, of course, varies, and related topics are left unconnected; why the text is so divided into parts and sections is not entirely clear. So the test of this book has to be whether it does enough for the key target group and, in addition, is helpful as a valuable first reference for other health professionals.

Basic science in part 1 is comprehensive, covering the syllabus for anesthesia trainees and residents with respect to pain mechanisms and pathways, but is too complicated for many other health professionals.

Part 3, dealing with pain in the clinical setting, is something of a curate's egg. Both "Epidemiology of Pain" and "Pain Progression" in section 3a are superficial, whereas "Analgesia in the Intensive Care Unit" (while insufficient for the American Board of Anesthesiology) is not. Chapter 17, "The Chronic Pain Patient" (the subject of most of the book), would sit better in part 2. "Post-operative Pain Management in Day Case Surgery" receives superficial consideration, and why this has been separated from "Post-operative Pain" in the next section (chapter 24) is unclear.

Pain syndromes (really more accurately described as painful disease states) are covered in section 3b, mostly as in similar texts. Acute pain, particularly postoperative pain management, deserves a separate section, as does cancer pain, which receives too superficial a coverage and could usefully be conjoined with palliative care (chapter 48). Chapter 20 (neuropathic pain) deals with too much altogether and is probably insufficient for the American Society of Anesthesiologists.

The role of evidence (part 4) is, of course, important, but in pain medicine in particular, we appropriately emphasize individual patients and their response to treatment; every prescription is a clinical trial with $n = 1$.

The overview of chronic pain (section 5a, chapter 32) in part 5 would have been better at the start as a general introduction. Multidisciplinary team working (chapter 33), which is the generally accepted way forward, receives superficial coverage. Chapter 35, "Regional Nerve Blocks," should be expanded and properly retitled "Interventional Pain Medicine."

The consideration of pharmacology in section 5c introduces confusion (opioids and codeine, nonsteroidal antiinflammatory agents rather than drugs), and too many drugs are covered in too superficial a way under one chapter (antidepressants, anticonvulsants, local anesthetics, antiarrhythmics, and calcium channel antagonists in just 5 pages) and another for cannabinoids and "other agents" (4 pages). The index enables the content overall to be easily accessed.

Standard texts have an increasingly difficult time to be fresh. For pain management, the International Association for the Study of Pain-Core Curriculum 2005 (including up-to-date references) and Acute Pain Management: Scientific Evidence 2005 from the Australian and New Zealand College of Anaesthetists are examples of freely available Internet assets for anyone with an interest.

The first edition of any work is difficult to get right, and therefore, any criticisms should be considered in a positive light as the authors prepare their second edition. The stated concerns notwithstanding, such would be worthwhile. So to return to the test: My trainees find the book good in parts but not of a sufficiently uniform standard with dearth and surfeit evident. It will be helpful as a valuable first reference for other health professionals who can dip in; likewise, a number of chapters are useful for the clinician not in exclusive pain medicine practice. Access this text in your library and recommend that your trainees have a close look at the second edition when it appears.

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Perioperative Care in Cardiac Anesthesia and Surgery.

Edited by Davy C. H. Cheng, M.D., M.Sc., F.R.C.P.C., and Tirone E. David, M.D., F.R.C.S.C. Philadelphia, Lippincott Williams & Wilkins, 2006. Pages: 526. Price: \$74.95.

Although labeled as a first-edition text, this book is in reality an outgrowth of a small, portable "handbook" first published by Landes Bioscience in 1999 under the same title and editors. In contrast to the original handbook, which was primarily based on the contributors' clinical experience at the Peter Munk Cardiac Centre in Toronto, the current book has grown to include both contributors from outside institutions and a wider breadth of surgical and anesthetic topics relevant to the care of adult cardiac surgical patients (noticeably still absent, however, is the pediatric cardiac surgical patient). Contributors include anesthesiologists, surgeons, intensivists, and perfusionists, reflecting the book's multidisciplinary team approach to the management of the adult cardiac surgical patient.

Primarily targeted for the practicing resident or physician, the book assumes a basic level of medical knowledge. For example, there are no traditional chapters on cardiovascular pharmacology and physiology. Instead, the book is composed of 50 chapters divided into six sections,

progressing from preoperative assessment and prognostic risk factors to postoperative intensive care unit and ward management. Sections include Introduction, Anesthesia and Cardiopulmonary Bypass Management, Surgical Technique and Postoperative Consideration, Cardiac Surgical Recovery Unit, Surgical Ward Management, and Appendices. Coverage includes up-to-date information on cardiac and neurologic monitoring, off-pump surgery, new devices for anastomosis, robotic surgery, heparin alternatives, blood conservation, management of pulmonary hypertension, and neurologic complications and outcomes. Fifteen appendices summarize key facts, protocols, and clinical decisions. Indeed, the final section contains some of the most useful, hands-on information for the practicing clinician, because this section contains not only the clinical protocols of the Toronto General Hospital and London Health Science Centre, but also cardiovascular drug tables that list the dose, mechanism, physiologic effects, and contraindications of each drug.

In general, information within each chapter is presented in bulleted fashion, making the text easily readable. However, like all bulleted texts, the information at times is presented with little or no explanation. Compounding this problem is the fact that there are no references within the chapter text. Instead, there is only a short, unnumbered bibliography at the end of each chapter (usually less than 10 references). Therefore, readers who wish to pursue a particular topic in more depth are basically left to fend for themselves.

In addition, there are topics that suffer not only from brevity, but because the information is scattered throughout the book. For example, chapter 8, "Anesthesia for Patients with Ventricular Assist Devices (VAD)," is only 4 pages long and contains no figures. Moreover, it is not until chapter 36 that VAD surgical considerations are presented (which is again only 4 pages long and contains no figures). Therefore, it may be challenging for the true beginner using this book to assimilate the multitude of intraoperative VAD anesthetic and surgical consider-

ations, because there are no figures and because of the nearly 300 pages of intervening text between chapters (as opposed to texts that have a unified chapter on VAD intraoperative considerations, including figures).

The first edition of this book also contains errors. For example, in the chapter on "fast-track" cardiac anesthesia (chapter 3), there is a statement that suggests that fast-tracking *increases* perioperative morbidity and mortality. Similarly, the running title of chapter 14 is mislabeled as the "Essence of CBC and IABP." Another example is figure 13-3, which is referred to in the text as being the American Society of Echocardiography and the Society of Cardiovascular Anesthesiology recommended 16-segment transesophageal echocardiographic examination of the left ventricle. In fact, it illustrates the myocardial coronary blood flow distribution. However, all of these oversights can be easily corrected in subsequent editions.

With the recent decision by the Accreditation Council for Graduate Medical Education to accredit fellowships in adult cardiothoracic anesthesiology, there will likely be a growing need for up-to-date, definitive cardiothoracic anesthesiology texts (especially should the Accreditation Council for Graduate Medical Education also decide to institute a written board examination in the future). Although this book provides an excellent overview of the perioperative anesthetic and surgical management of the cardiac surgical patient, it may not be definitive enough for the full-time practitioner of cardiac anesthesia and surgery. Nonetheless, this book will be a valuable resource for individuals seeking a basic introduction and overview of the anesthetic and surgical management of the cardiac surgical patient.

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