

Mark A. Warner, M.D., Editor

Anesthesia Review, 2nd Edition. By Michelle Bowman-Howard, M.D. Philadelphia, Lippincott Williams & Wilkins, 2006. Pages: 368. Price: \$49.95.

With the 2008 American Board of Anesthesiology Board Certification Exam looming around the corner, thousands of CA-3 residents across the United States are desperately searching for a succinct yet comprehensive review book. Because there are countless varieties of review books on the market, it can be a daunting task to find one that offers adequate test preparation while at the same time reviewing and reorganizing all the hard-earned knowledge gained over the course of the residency. Fortunately, *Anesthesia Review* accomplishes both of these goals.

Much like the first edition originally published in 2000, this book follows the general format of the Barash textbook,¹ highlighting the major concepts in an open-ended question-and-answer format. Unlike other multiple-choice review books where the reader can get bogged down among incorrect answers, *Anesthesia Review* allows one to power through a high volume of important facts quickly and efficiently. The second edition improves on the first by including updated information, particularly on airway management, pharmacology, and patient safety. But unlike a typical question book, *Anesthesia Review* is organized by pooling 84 pages of questions followed by 224 pages of answers. At first, such a layout might seem inconvenient (with frequent back-and-forth page flipping), until one realizes that the answers themselves are in fact a well-organized outline of Barash. And as we all know, it would take nearly a lifetime, much less 3 yr of residency, to read the entirety of Barash, cover to cover.

The 12 chapters include all aspects of clinical anesthesiology practice, from short 8-page sections on pain management and regional anesthesia to extensive review chapters on board-heavy topics including pharmacology and subspecialty anesthesia. There is even a section on cancer therapy side effects, electrical safety, and rare and coexisting diseases such as myasthenia gravis and multiple sclerosis. Unique to this book is the last chapter on oral board review, including sample cases for preeclampsia, difficult airway, thoracic anesthesia, neuroanesthesia, and neonatal anesthesia, among others, for an appropriate and concise preview of the other impending board examination lurking just beyond graduation.

But is it readable? That is the real question. Although the answer explanations may not be written in the style of a gripping action thriller or even a juicy romance novel, not even Stephen King could coax excitement out of the Bezold-Jarisch reflex or α -stat arterial blood gases. Having said that, the explanations are well written, succinct, and most importantly, high yield. In addition, bold font helps to stress important concepts and visually partition the pages for a more effective read. Furthermore, references to supplemental texts throughout the answer section aid the curious reader who might want to independently review a topic in more detail. Finally, although the majority of the book is in text format, there are several pictures and tables for those topics where graphics facilitate understanding and memorizing, such as the central venous pressure tracing, the classification of different antiarrhythmics, and of course, everyone's favorite, the Mapleson circuits.

Overall, as loyal followers of other review books (most notably *Anesthesiology Board Review* in the Pearls of Wisdom series), we were at first skeptical but were later quite impressed with the second edition of *Anesthesia Review*. Its concise nature creates an extremely high-yield book that does not compromise the vast content that comprises an entire anesthesiology residency. There is an incredible sheer amount of knowledge contained within its pages. For senior residents preparing for the boards, or even current practitioners looking to brush up on their specialty, this book could be more valuable than the *LMA-Fastrach*™.

Jamie M. Eto, M.D., Jeff M. Keyes, M.D.* *UCLA, Los Angeles, California. jemurdock@mednet.ucla.edu

Reference

1. Clinical Anesthesia, 4th edition. Edited by Barash PG, Cullen BF, Stoelting RK. Philadelphia, Lippincott Williams & Wilkins, 2006

(Accepted for publication June 28, 2007.)

Geriatric Anesthesia. By Frederick E. Sieber, M.D. New York, McGraw-Hill, Medical Publishing Division, 2007. Pages: 370. Price: \$105.00 hardcover.

In parallel with the rapid aging of the general population, the volume of elderly patients requiring anesthesia and surgery is growing rapidly. Thirty-five percent of surgeries are performed on patients older than 65 yr, and in general, these patients have higher morbidity and mortality rates after anesthesia compared with their younger counterparts. One of the major challenges of treating elderly patients is the heterogeneity of the geriatric population—and the need to individualize care for each patient to provide the best outcome. This requires a thorough understanding of the consequences of aging and the impact of common comorbidities such as hypertension, diabetes, and heart disease on physiologic reserve. Dr. Sieber's text on geriatric anesthesiology provides an excellent comprehensive discussion on many of the key issues relating to our oldest patients.

Geriatric anesthesiology is a young and expanding field—with many areas of controversy and uncertainty. The textbook addresses several of these controversies very effectively. The chapter on regional *versus* general anesthesia is both informative and up-to-date, providing excellent tables and references for the reader. In another chapter, the issues surrounding β blockade in elderly patients include a thorough discussion of the pros and cons of β blockade and current recommendations. The book also includes less frequently considered areas of controversy surrounding hemodilution. In addition, there are several classic chapters organized by system describing consequences of aging and the impact on the administration of anesthesia. Although much of this information is not new, it is well organized and, for the most part, emphasizes the anesthetic implications of aging and disease. The pulmonary chapter in this section was particularly well done, providing a detailed discussion on aging physiology, consequences of anesthesia, and recommendations to reduce pulmonary complications in high-risk patients. As in all of the chapters, there was a succinct summary of the key points, followed by a few selected references. This was particularly useful in the chapters with numerous references.

In general, each chapter was well organized and thoughtful. In certain areas, the information was somewhat repetitive, *e.g.*, opioids were covered by table in the pharmacology section and also extensively in the pain management chapters. However, even in these areas, each chapter emphasized slightly different points, illustrating the complexities of dosing in elderly patients in different circumstances. The local anesthetic chapter provided a comprehensive review of the pharmacology and the practical issues relating to the use of local anesthesia in neuraxial and regional blocks. A few of the chapters, for instance on the cardiovascular system, were heavy on the text and may have benefited from additional tables to break up the text, but the information provided was thorough and well organized.

One of the mainstays of geriatric medicine is the treatment of the whole patient, including the social and functional aspects; some of these issues were addressed in the chronic pain and intensive care chapters. It was also good to see a few chapters devoted to some

nontraditional topics such as legal issues, trauma, and anesthesia for patients with dementia.

Education in geriatric anesthesiology must become a priority if we are going to be able to handle the population boom predicted in the next few decades. Going forward, we will need to be able to practice geriatric anesthesiology as seamlessly as we perform pediatric anesthesiology. Dr. Sieber's textbook is a recommended for anesthesiologists—in training or beyond—interested in taking care of older patients. As a reference text, this book is very valuable, providing easy-to-access, up-to-date information

with practical suggestions. It is no longer unusual in clinical practice to be expected to anesthetize extremely old and frail patients for major surgery, and we, as anesthesiologists, must be knowledgeable about the challenges inherent to caring for elderly patients.

Sheila R. Barnett, M.D., Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, Massachusetts.
sbarnett@bidmc.harvard.edu

(Accepted for publication June 28, 2007.)