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Handbook of Ambulatory Anesthesia, Second Edition. Edited by Rebecca S. Twersky, M.D., M.P.H., and Beverly K. Philip, M.D. New York, Springer, 2008. Pages: 484. Price: \$79.95.

In the past 30 yr there has been a massive proliferation of ambulatory surgical centers as well as procedural and diagnostic sites, with a corresponding increase in the number of patients requiring ambulatory anesthetic services. Anesthesiologists are continually faced with one overwhelming question: Which patients should be cared for in these ambulatory settings, and which should be anesthetized in the traditional hospital setting?

The Handbook of Ambulatory Anesthesia, second edition, edited by Rebecca S. Twersky, M.D., M.P.H. and Beverly K. Philip, M.D. answers this question and provides comprehensive support for the answer(s) with a summary of clinical research, published guidelines and consensus, as well as individual expert opinion. The handbook emphasizes the relevant diseases and clinical entities facing the ambulatory anesthesiologist, and also addresses the administrative concerns associated with ambulatory surgery and anesthesia including recovery, discharge, quality management, accreditation, and business fundamentals.

This is a soft cover book of 484 pages with 16 chapters written by 30 expert authors. The editors have standardized each chapter, beginning with a brief outline, followed by text enhanced with illustrations and tables, and concluding with a summary and a listing of key references. Chapters 1 through 9 are a concise review of adult and pediatric clinical challenges, sedation, and regional and general anesthesia. The content is easy to read with a rapid flow of the most pertinent information. However, it provided no additional information beyond that available in other current anesthesiology handbooks.

After these early chapters the handbook starts to set itself apart from others and provides information unique to the ambulatory setting. Chapters 10 and 11 introduce the reader to anesthesia outside of the operating room, including space requirements, equipment and administrative considerations, and a brief summary of common procedures and recommendations on anesthetic technique. Chapters 12 and 13 discuss recovery, criteria for discharge, emergency transport issues, and common postoperative complications and how to handle them in light of the ambulatory setting. Chapter 14 introduces the reader to the accreditation and regulation of ambulatory surgical facilities and provides a nice list of "hot-button" issues of particular importance to the ambulatory anesthesiologist. This list includes intraoperative awareness, sedation by nonanesthesiologists, monitor and ventilator alarm systems, the definition of "immediate availability" of anesthesiologists when the anesthesia is being provided under the supervision of the anesthesiologist, informed consent, and medication security. Chapter 15 provides information about the financial stability and profitability of the ambulatory surgical center. The final chapter provides an overview of both the initial planning and development, and the daily management of the ambulatory surgical center. This chapter delineates the roles of ambulatory surgical center professionals and other personnel and their impact on creating a safe, smoothly functioning, and profitable center. The handbook also contains 20 appendices with important tables and figures which are likely to be referenced frequently by the practitioner. The index for these appendices is listed on both the inside front and back covers of the handbook.

This handbook provides an overview of the common clinical issues facing the ambulatory anesthesiologist as well as an introduction to the administrative items necessary for the successful development and performance of the ambulatory surgical center. As for this book's limitations, I noticed several incorrect drug dosages and mislabeled information embedded in the text and appendices. The lack of font color (black text only) made the reading a bit monotonous.

Ambulatory anesthesiologists will likely refer to this handbook when faced with clinical dilemmas, with its scope, chapter organization and

succinct clarity capable of addressing most concerns. Ambulatory surgical administrative personnel will find the handbook useful in gaining a perspective of the clinical challenges facing the ambulatory patient, anesthesiologist, and surgeon.

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Geriatric Anesthesiology, 2nd Edition. Edited by Jeffrey H. Silverstein, M.D.; G. Alec Rooke, M.D., Ph.D.; J. G. Reves, M.D.; and Charles H. McLeskey, M.D. New York, Springer Science and Business Media, LLC, 2008. Pages: 440. Price: \$119.00.

A little over 10 years after the first edition, *Geriatric Anesthesiology* has grown not just in age, but also in scope and maturity with the publication of a second edition. The preface begins with, "The goal of getting older is to age successfully." To this reviewer, the parallel goal of a second edition is to update the first edition and enlarge upon it. The editors have accomplished that goal.

The book is very naturally divided into four major sections: Introduction to Clinical Geriatrics, Cardinal Manifestations of Aging and Disease in the Elderly, Anesthetic Management of the Aged Surgical Candidate, and Anesthesia for Common Surgical Procedures in the Aged.

Part I will likely be the least read section of the book, but clearly belongs in a text like this. It paints the picture of geriatric medicine in general, and then specifically relates it to our specialty. The authors remind us just how much of our practice is still empirically based while we strive to generate the Class I evidence needed to become more evidence-based in our care of older patients when and where it makes a difference. In the last chapter, Jankowski and Cook do a wonderful job enumerating research priorities in geriatric anesthesiology. They tickle the reader's brain to think about and participate in getting our minds around the still-to-be pursued questions that deserve to be answered on behalf of the fastest growing demographic population in our specialty.

Part II consists of chapters on the major systems and processes and explains why and how they behave differently in the older patient. The chapters are interestingly written with great detail and are, for the most part, unusually well referenced and current. The postoperative central nervous system dysfunction chapter is a must-read treatment of the topic. The only awkward element is one chapter on operative debridement of chronic wounds, which only touches on intraoperative care considerations and is better suited to a surgery textbook.

Part III tackles risk stratification and reduction and the spectrum of pharmacology topics (opioids, chronic medicines, hypnotics, relaxants, inhalation, regional and pain management). It also includes discussions on fluid management and a chapter on anesthesia considerations for geriatric outpatients. The latter is my first choice for the must-read chapter from this part of the book. Each chapter is again a thoughtful synthesis of the literature and stands on its own, with very little repetition between chapters.

Part IV provides seven chapters tackling topics (e.g., sedation) and procedures (e.g., orthopedic, urologic, thoracic, cardiac, vascular, and abdominal) common to the older patient. I liked that the chapters were not written in a "how to" style, but rather in one that describes the issues and considerations and related published data to provide a framework on which to base one's own practice.

In summary, the second edition of *Geriatric Anesthesiology* is a very refreshed and well-referenced second edition with a remarkable number of references from the new millennium. If you are looking for a