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Pain Management: Expanding the Pharmacological Options. By Gary J. McCleane, M.D. West Sussex, England, Wiley-Blackwell, 2008. Pages: 192. Price: \$99.95.

Despite the large body of knowledge gathered over the last decade regarding pathophysiology and treatment of chronic pain, many pain specialists and primary care physicians experience frustration with the lack of effective therapeutic options facing our patients. Treating chronic pain is difficult and challenging. Even experienced pain physicians occasionally exhaust all available treatment options without success.

In an attempt to find something that might help, we may resort to unproven treatments that have anecdotally helped others with similar conditions, or we escalate doses of medications hoping that higher doses will have some effect in controlling our patient's pain. However, many times by doing so, we find ourselves with diminishing returns. An example of this is the escalation of opioid analgesics to the point of severe side effects or states of hyperalgesia.

Clearly, increasing doses of approved analgesics beyond reasonable levels is not advisable, since the consequences can create new problems that are often harder to manage than the presenting complaint. Experienced pain practitioners will often resort to adjuvant medications and coanalgesics to add to the effects of currently acceptable medication in the treatment of pain and at the same time limit the side effects caused by higher doses of these agents. However, until now it has been difficult to find a concise source that lists and describes the clinical application of effective analgesics that do not have formal approval for the treatment of pain.

Dr. McCleane, in his book *Pain Management: Expanding the Pharmacological Options*, provides the rationale and scientific evidence as to why medications not initially intended for the treatment of pain may be useful and, at times, necessary as part of the overall management of patients.

In Part 1 of his book he shares a number of pharmaceutical agents ranging from topical compounds and oral preparations to those used intravenously in severe or persistent pain. Drugs not usually viewed as analgesics such as antidepressants, anticonvulsants, and local anesthetics are discussed, as well as other less conventional agents such as nitrates, L-carnitine, Baclofen, and botulinum toxin.

Part 2 of his book is dedicated to the discussion of different commonly encountered pain conditions such as neuropathic pain, complex regional pain syndrome, postoperative pain, low back pain, and cancer pain. For each, he provides an overview of the problem and treatment options. In addition, algorithms are provided to guide one through the treatment of difficult pain conditions. These algorithms take the physician beyond accepted and conventional treatments and provide ideas on how alternative pharmaceuticals can be used in the treatment of refractory pain conditions.

A particularly useful section is the appendix, which lists the medications discussed throughout the book. This section has a table format that clearly outlines suggested doses, formulations, unit doses, dose escalations, times to effect, and predominant side effects of various medications. This concise table is easily accessible for immediate and future reference in the pain clinic, making this a handy book for busy practitioners.

For those who practice in the field of pain medicine, this book provides good information on additional pharmacological options and alternatives to the conventional treatment of pain. I recommend this book to physicians who have ever experienced the frustration of having exhausted their treatment options and wished there was something else that could be done to help their chronic pain patients.

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Before the Scalpel: What Everyone Should Know about Anesthesia. By Panchali Dhar, M.D. New Haven, Tell Me Press, 2009. Pages: 201. Price: \$19.95.

In a world saturated with movies like *Awake*, numerous television shows that portray anesthesiologists in a negative light, and an unlimited amount of unfiltered information available online, people become more fearful than ever of having surgery. For a small but important group of people who are scheduled to undergo surgical procedures and anesthetics, concerns about their upcoming experiences can be terrifying. There also are people who just want to be better informed about the anesthesia portion of their surgical experiences to make them well-informed consumers and ultimately to empower them in their medical decision-making processes. Completely giving up control of body and mind and putting trust in the hands of often unknown anesthesiologists can be difficult. Providing prospective patients with a useful and simple tool to ease their concerns and fears would be a great achievement.

This is exactly what this book has managed to accomplish. It provides useful and detailed information about anesthesiology as a field of medicine and the role that anesthesiologists play in the perioperative period. The author has created an excellent sourcebook for the average person. In it, she addresses many common fears and concerns about our specialty.

The book is divided into four parts. First, a reader gets to meet the anesthesia team and learn about different types of anesthesia, as well as when and why a certain type is preferred over another. The second section deals with the entire perioperative experience from preop to recovery. Readers find out why they are told to stop certain medications and about NPO guidelines, and the rationale behind them. They find out what to expect inside the operating room and about routine and special monitors that may be used. Readers also find out what the recovery room is all about and what to expect there. The third section addresses a variety of special topics, from cosmetic surgery and labor anesthesia to dealing with postoperative nausea and vomiting and issues with awareness under anesthesia. The book finishes with a history of our profession and a complete and detailed glossary of terms used in the book.

It is important for a book like this to be easy to read and not to contain too much medical jargon. The author accomplishes this masterfully. I would highly recommend this book to anyone who has any questions or concerns about most anesthesia-related topics. With the information provided in this relatively short and easy-to-read book that costs less than \$20, patients can become more active participants in their own medical decision-making processes. It gives them a weapon to deal with their fears, concerns, and questions. Better informed and less fearful people make better patients.

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Complications of Regional Anesthesia and Pain Medicine. Edited by Joseph M. Neal, M.D., and James P. Rathmell, M.D. Philadelphia, Saunders Elsevier, 2007. Pages: 400. Price: \$105.00.

We are all aware of the increasing roles of regional anesthesia and pain medicine in today's patient care. This book, edited by Drs. Neal and Rathmell, draws on the current literature—from large randomized trials to case reports—to identify, discuss, and quantify (when possi-

ble) complications in these two subspecialties. Its editors and their internationally known 42 coauthors discuss in-depth these complications from the common to the uncommon and from the minor to the catastrophic.

This 35-chapter book, with over one-third of its references published between 2000 and 2006, is divided into three sections: Regional Anesthesia (16 chapters); Pain Medicine (16 chapters); and Medicolegal Perspective (3 chapters). The Regional Anesthesia chapters cover the often discussed complications such as bleeding, infection, and nerve injury, as well as the less-recognized complications such as myotoxicity. The chapters in the Pain Medicine section focus on complications from specific treatments and procedures such as chronic steroid therapy, epidural injections, radio-frequency treatment, and spinal cord stimulator placement. The last section covers medicolegal issues that can arise from complications, treatment, and nontreatment. Specifically, it discusses the results of closed claims analyses, the legal issues of opioid therapy, and informed consent documentation.

One shortfall of this book is that it lacks an in-depth discussion of ultrasound guidance and its potential impact on complications. In fact, the index does not contain the word "ultrasound" or its synonyms. We found only two sentences in the entire book that briefly discussed the use of ultrasound guidance. Granted, before 2007, few "large" studies specifically addressed how ultrasound-guided techniques affect complications. However, given its increased use in the last decade, this area deserved greater discussion. Finally, regional anesthesia and pain medicine overlap in terms of interventions, tools, and complications, resulting in some redundancies between chapters. However, with a few exceptions, the redundancies are small and the reader is quickly referred to an appropriate chapter for greater detail.

Each chapter in the first section has a similar outline, helping to ensure that the topics are presented consistently and that specific subtopics can be found quickly. This is less true in the second section, but enough so that the flow of reading from chapter to chapter is rather similar. All the chapters range between 6 and 18 pages. The authors make good use of "white space" and headings of varying font sizes to create a clean, easy-to-read layout. In addition, there is ample use of boxes, tables, illustrations, and images, all in a surprisingly esthetic monochromatic gray. They summarize key points, display anatomy, and illustrate techniques. However, there is a tendency in most chapters to exhaustively relist information in the text that is already nicely presented in boxes and tables.

The editors dedicated the book to patients, trainees, and colleagues, as well as their families. Did the editors accomplish their goal to produce a text that will benefit all? Yes, the editors clearly achieved their goals. The book is the right size for its content, breadth and scope. Any greater detail would likely lose an audience of professionals.

On the whole, this book is well written, well organized, nicely illustrated, and, most importantly, informative. Every anesthesiology department should have a copy; regional anesthesiology experts and pain physicians should have one as well!

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A Practical Approach to Pediatric Anesthesia. Edited by Robert S. Holzman, M.D., Thomas J. Mancuso, M.D., and David M. Polaner, M.D. Philadelphia, Lippincott Williams & Wilkins, 2009. Pages: 690. Price: \$87.00.

The science and art of pediatric anesthesia continues to expand at an almost relentless pace with new developments and innovative surgical procedures in the smallest of children, including those yet unborn (fetal surgery). Therefore it is a daunting task to produce a book on

pediatric anesthesia that is both comprehensive and easy to carry around as a quick reference. I think the authors/editors of this book have wisely chosen a safe middle ground.

A Practical Approach to Pediatric Anesthesia is a new paperback textbook on the subject of pediatric anesthesia with contributions from several well-known names in the specialty. The book is divided into 4 sections and has 37 chapters of varying length and breadth. Like all pediatric texts, the editors used the first section to highlight the uniqueness of the pediatric patient regarding to physiology and pharmacology. This section also contains a rather complicated (*vide infra*) discussion of fluid and electrolyte therapy, which is critical to the perioperative management of the pediatric patient.

The second section is a short discussion of the operational aspects of pediatric anesthesia. The authors have covered topics from pediatric anesthetic equipment to general perioperative care of children. Regarding the latter, they have included an extremely well-written chapter on pediatric pain management. This section concludes with some practical tips on pediatric operating room management and a brief foray into quality assurance and quality improvement.

Section three of this book is justifiably the longest, because it is an organ system-based discussion of anesthesia care for the pediatric patient. The approach is a head-to-toe format, beginning with central nervous system normality and abnormality. Each chapter begins with a short discussion of embryology and progresses to cover physiology and then clinical and pathologic correlates of interest to the clinician. Some may find this approach of "basic science to mask-vent-tube" a bit daunting, but the authors have deftly explained how biocellular derangements can impact anesthetic care. For example, the chapter on cardiovascular system explains the embryogenesis of Tetralogy of Fallot as being a result of "abnormal trunco-conal septation," making it easy to grasp the reasons for right ventricular outflow tract obstruction and hypertrophy, overriding aorta and high ventricular septal defect. The anesthetic implications of avoiding increases in pulmonary vascular resistance from hypoxia, preoperative anxiety, "Tet spells," and other reasons are all easy to visualize after reading the introductory pages. This section on systemic anesthesia is packed full of nuggets of information that will be useful to anesthesia trainees, nurse anesthetists, and anesthesiologists.

The fourth and final section of this book discusses special situations in anesthesia. It begins with a chapter on fetal surgery, a subspecialty that is becoming increasingly relevant with the steadily growing number of fetal surgical interventions being performed. The section continues with an incredibly informative chapter on neonatal anesthesia and resuscitation. There is a great chapter on anesthesia for the preterm, very-low-birth-weight infant that highlights several problems peculiar to these smallest of all patients. This chapter is packed full of practical tips including choosing the right electrocardiogram leads, selection and placement of blood pressure cuffs to avoid bone fractures, and careful attention to thermometry and thermoregulation.

Even though this is an excellent text for both residents and pediatric anesthesia practitioners, it does leave itself open to some criticisms. After reading the first two chapters of the book, my first response was to put it down with a vow never to continue. Getting through the "philosophy of oxygen consumption," "surface law," and "allometric scaling" in a chapter that was supposed to be discussing practical fluid and electrolyte management was a bit tedious. For a purported practical textbook, I thought these first two chapters were rather "heavy." However, the more I read of the book the clearer it became that one cannot judge a book by its first two chapters. It may be prudent to revise these chapters in future editions of the book. I also thought the single paragraph discussion of ultrasonography was rather limited. It is obviously impossible to cover all aspects of pediatric anesthesia in a mid-range book like this. Still, a chapter on pediatric ultrasound for vascular access and regional block would have been useful, given the increasing popularity of this tool.

In conclusion, this is a well-bounded, well-written book with extensive up-to-date references that many who take care of children will find