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Pain Review. By Steven D. Waldman, M.D., J.D. Philadelphia, Saunders-Elsevier, 2009. Pages: 780. Price: \$79.95.

Pain medicine fellows frequently ask for the name of a good reference to read during training or when studying for a pain medicine board examination. Among other prominent names in pain medicine literature, "Waldman" is frequently offered in response. Steven D. Waldman, M.D., J.D., has produced numerous atlases and texts over the past decade and will have three new texts published in 2009 alone, so his name is only a partial answer. Fellows need to know which Waldman to choose. With the publication of *Pain Review*—his most succinct, well-organized, and practical review book to date—the answer is now quite clear.

Pain Review is a durable soft-cover text organized into nine sections of 355 (yes, 355) chapters. These chapters are well written and surprisingly thorough given that some are only one page in length. They are user-friendly, as is the book's overall structure. Dr. Waldman seems to have followed the American Board of Anesthesiology Pain Medicine Examination Specification Outline in organizing his text into the following sections: Anatomy, Neuroanatomy, Painful Conditions, Diagnostic Testing, Interventional Therapy, Physical and Behavioral Modalities, Pharmacology, Special Patient Populations, and Ethics.

Dr. Waldman spends a greater percentage of the review's pages on procedures than might be necessary for the certification examination (because this only counts for approximately 20% of the examination content), but residents or fellows who have not performed these procedures will certainly be grateful. Many readers will also appreciate the 767 multiple-choice questions and answer key provided.

Unlike Dr. Waldman's other texts, the purchase of *Pain Review* allows for activation of the Web site expertconsult.com* using an encrypted password. This site is helpful when one is in need of a quick on-line reference from a remote location or a pain clinic. The index feature steers users to several listings of an ilioinguinal nerve block, for example, within the Web site, much as Dr. Ronald D. Miller's on-line version of *Miller's Anesthesia*¹ does.

Pain Review is the best Waldman book for examination review, but it is not the consummate text for pain medicine residents or fellows. His two-volume *Pain Management*² is a more thorough compendium of this field. The critical care and ethics portions of his new text are slightly underserved relative to the approximate 5% each topic is represented in the certification examination. They inherently deserve more attention than is given. Although *Pain Review* does contain some fluoroscopic images, such as the two-needle and the transaortic celiac plexus block, Waldman's *Atlas of Interventional Pain Management*³ is more thorough in this regard.

When you have published as much as Dr. Waldman, you run the risk of overexposure. At the end of each chapter, Dr. Waldman offers suggested readings, many of which are his other texts. He cites other helpful reference books, too, but not much in the way of recently published articles in pain medicine or anesthesiology journals. Some readers might also object to how the descriptions of many procedures, such as the sphenopalatine ganglion block or the gasserian ganglion block, are taken verbatim from his *Atlas of Interventional Pain Management*.²

Small oversights are found commonly in *Pain Review* but do not detract appreciably from its overall value. "Three millimeters of either 2% viscous lidocaine or . . ." on page 391 obviously was meant to be "milliliters." Figure 28-1 is entitled a "thoracic dermatomal chart" but is a chart of only cervical dermatomes. Figure 30-2 is described as a "T2-weighted MR image" but is actually a fluoroscopic image of a discogram. Regarding the answer key, it would be nice to have written explanations to the answers, though this would have extended the

length of the book. In lieu of this, listing the page number where the answer could be gleaned from the reading would have been helpful.

Although there is still room for improvement, *Pain Review* will help many board-eligible and recertifying pain physicians prepare for pain medicine board examinations. It covers the examination topics well and anticipates the needs of pain medicine fellows with a large data bank of practice questions and the useful Internet application.

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References

1. Miller RD: Miller's Anesthesia. Philadelphia, PA: Elsevier 2005
2. Waldman SD: Pain management. Philadelphia, PA: Saunders Elsevier 2006
3. Waldman SD: Atlas of Interventional Pain Management. 4th ed. Philadelphia, PA: Saunders Elsevier 2004

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Evidence-based Practice of Anesthesiology, 2nd Edition. Edited by Lee A. Fleisher, M.D. Philadelphia, Saunders Elsevier, 2009. Pages: 516. Price: \$99.00.

We frequently think of medicine as having evolved to modern practice from the roots of ancient medicine, where physician skills and practices were passed down from mentor to student in an apprentice-style fashion. However, even dating back to this early era of physician practice, the art of medicine was already being directed by basic observations of patient outcomes, thus qualifying it as somewhat evidence based. Although a now common phrase, *evidence-based medicine* only emerged as a recognized component of medical education and clinical practice in the 1990s. With the widespread availability of medical literature through the technology of computers and databases, evidence-based medicine has evolved into a more concrete concept of the analysis and interpretation of published research as the basis of clinical practice, and has become the expectation and standard for practicing physicians. Even within the more narrowed focus of our specialty, the anesthesia literature has an abundance of information on most topics; we must know how to decide which articles offer valid information to impact our practice.

Anesthesiology itself still combines evidence-based practice with anecdotal learning, because much of our practice does involve technical skills and style that develop over time and are a direct consequence of our training. *Evidence-based Practice of Anesthesiology*, 2nd Edition, appreciates both aspects in its comprehensive review of current evidence supporting our clinical practice. There are topics with enough existing data to support accepted guidelines and recommendations. One example is, "Which Patient Should Have a Preoperative Cardiac Evaluation (Stress Test)?" Conversely, there are topics that are less clear-cut and void of formal practice guidelines, such as "What Works for Brain Protection?" The book is refreshing and enlightening because it reveals which of our practices are truly supported in the literature and which are not. For example, cricoid pressure has not been shown to reduce the incidence of aspiration despite that we routinely use it for that reason.

The organization and presentation of the book is similar to the first edition.¹ Every chapter is titled with a question, and the topics were selected carefully to address issues that we as anesthesiologists are frequently posed within daily practice. Chapters begin with a brief introduction, followed by therapeutic options, current evidence, and areas of uncertainty. The discussion is finalized with a summary of existing guidelines and/or recommendations by the author. The chap-

* Expertconsult.com. Accessed October 28, 2009.