The text is divided into five sections. The first lays the foundation required for the practice of ultrasound-guided regional anesthesia, a basic science understanding of ultrasound. Because the physics of ultrasound can be tedious and not particularly useful in clinical practice, the authors do not delve deeply into how an electric current will cause a physical transition of a piezoelectrical crystal, for example. Rather, they describe why higher transducer frequencies provide excellent image resolution within superficial tissues and why this is not the case at greater tissue depths. Emphasis on this type of knowledge has direct clinical applications to the attainment of high quality images, and, by extension, successful blocks.

Real-time ultrasound imaging elevates a blurry canvas of whites, blacks, and grays to form a cinematic movie showing anatomic structures, and, like holding a camera, one controls the image by guiding the transducer. The authors discuss practical techniques for manipulating the transducer, such as sliding and tilting, to improve the attainment, interpretation, and overall quality of the images. Their favored practice target is one's own forearms, which have a wealth of structures to examine.

Included in the first section is a discussion on the use of needles in conjunction with an ultrasound transducer. Using the two in combination is a skill to be gained in its own right. The emphasis on this is critical for the successful and safe execution of regional anesthesia with ultrasound guidance. One useful pearl is for the practitioner to avoid "chasing" the needle while using the in-plane technique but to strive always to guide the needle to the target in the existing optimal image.

Only after this introduction are we ready to explore the blocks themselves. The next three sections describe ultrasound-guided nerve blocks in order of increasing complexity. Forearm blocks are discussed along with single-shot femoral nerve blocks as part of the introductory or beginner blocks. The intermediate blocks include the different approaches to target the brachial plexus and sciatic nerve. The final section on peripheral blocks includes a discussion on indwelling peripheral nerve catheters. The fifth, and final, section of the text focuses on ultrasound-*assisted* neuraxial blocks. The authors make the distinction between "assisted" and "guided," as these techniques are used mainly to help establish landmarks and depth. True ultrasound guidance depends on real-time images.

The recommendations at the end of each chapter are helpful for those wanting or needing further depth in the subject material. The bullet points at the conclusion of each chapter provide a distillation of the most important concepts. The images and illustrations are of high quality and occupy nearly as much real estate as the written text, which is fitting for a book on image guidance. The cross-sectional magnetic resonance images are particularly helpful for those trying to grapple with 2D images in planes they may not be used to visualizing. The book repeatedly highlights the continued need for a solid understanding of anatomy, whether or not ultrasound is employed.

In terms of critique, I will return again to a subject that was a rite of passage for all physicians: physics. Although the discussion that relates to ultrasound energy was made brief by intent, it was still not exceptionally clear. However, this is probably because the subject of ultrasound physics itself is not particularly suited to brevity and thus becomes a bit of an impossible task for an introductory guide. Overall, *An Introductory Curriculum for Ultrasound-Guided Regional Anesthesia: A Learner's Guide* is an easy-to-read, informative text. With an efficiency of words, it remains meaty enough to start feeding the scholarly appetite for ultrasound-guided regional anesthesia and will likely spur further study as well as hands-on practice.

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(Accepted for publication June 18, 2010.)

Safe Positioning of the Patient for Surgical Intervention. By Serge Molliex, M.D., and Jacques Ripart, M.D. Paris, France, La Prévention Médicale, 2009. DVD format (90 minutes, 17 chapters). Price: 30€ (electronic download) or US$45 by check.

The safety and well-being of the surgical patient lies in the hands of the perioperative team from the moment the patient enters the operating room. Proper positioning for the surgical procedure is an essential step that is often underemphasized, even trivialized, yet improper positioning may lead to serious injuries. These relatively rare complications are generally preventable but, unfortunately, continue to occur regularly. *The Safe Positioning of the Patient for Surgical Intervention,* published by La Prévention Médicale, aims to educate healthcare professionals in proper positioning techniques to prevent these injuries.

The 90-min-long DVD is divided into four major sections, each containing multiple chapters that can be accessed directly from the main menu. The first section consists of a short introduction to familiarize the audience with the particularities of the operating room. The second section details multiple operating positions, including, but not limited to, the supine, prone, lateral, lithotomy, and sitting positions. Special considerations, such as particularities of laparoscopic surgery or the difficulties relating to positioning obese patients, are detailed in the third section. Lastly, all possible complications related to positioning, classified by organ system, constitute the fourth section.

The strengths of this educational DVD lie in its thoroughness and use of multiple visual formats to convey its important messages. Indeed, the DVD presents a mix of real life cases that were filmed (*e.g.*, showing the audience how to transition a patient under general anesthesia from a supine to a prone position), in addition to demonstrating positioning

on an awake model and using superimposed animation to better explain pathophysiology and show details less evident to the naked eye (*e.g.*, the exact pathway of a nerve). The message is reinforced by showing how wrong positioning can occur, explaining the consequences of such a position on the relevant organs, and demonstrating the maneuvers necessary to correct the problem. Concluding the DVD is a 10 point checklist that should be conducted immediately after each final surgical position has been reached. This checklist constitutes an extremely useful and practical tool for any healthcare professional involved in surgical work and provides an easy take home (or should we say to the operating room?) message.

One of the negative aspects of the DVD is the occurrence of a number of spelling and pronunciation errors throughout the feature, which was originally dubbed in French. These errors, however, do not detract from the overall quality of the work. Furthermore, the film's producer has assured us that every effort is being made to correct at least the version available for download. It is also worth mentioning that the DVD is not compatible with a traditional DVD player but is designed to be played on a CD-ROM drive.

Suggestions for the next edition would include adding sections regarding park bench positions and positioning on Jackson tables, a section regarding positioning of pediatric patients, and showing the audience the value of the use of prone-view devices for patients undergoing surgery in the prone position.

In conclusion, I would strongly recommend the purchase of this DVD, specifically to anesthesia program directors and educators, nursing directors, and patient safety advocates. This educational tool would likely be of most value to novice anesthesia residents as well as nursing and surgical staff directly involved in patient care in the operating rooms. It would also be a good review tool for those who are out of practice. Prevention remains the best instrument at our disposal to reduce the burden of position-related injuries. Every healthcare professional involved in patient positioning should be aware of their existence and make every effort to actively prevent them. This DVD will help reach that goal.

A picture is worth a thousand words.

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(Accepted for publication June 18, 2010.)

Acute Pain Management Edited by Raymond S. Sinatra, M.D., Ph.D., Oscar A. de Leon-Casasola, M.D., Brian Ginsberg, M.B., B.Ch., and Eugene R. Viscusi, M.D. Cambridge, United Kingdom, Cambridge University Press, 2009. Pages: 726. Price: $125.00.

Acute pain management has become a topic of great interest to anesthesiologists and their patients. One need look no further than the vast array of regional anesthesia products (ultrasound machines, specialized needles, *etc.*) available at many anesthesia conferences to see that the market and patient pressure have dictated that we become interested in pain management. Our graduating residents report that prospective employers demand and expect that they will be experts in regional anesthesia. In many cases, these residents are expected to be able to train their new colleagues and champion acute pain management practice expansion. Fortunately, there is more to acute pain management then just regional anesthesia techniques and we must be more than mere needle jockeys if we are to be true masters.

Acute Pain Management provides a blueprint for practicing anesthesiologists to establish or improve the acute pain management service provided at their institutions. The book is divided into five sections. The first section focuses on pain physiology and pharmacology. These chapters offer a good review of subjects that many practitioners have likely not pondered since medical school. Chapter two, "Pathophysiology of Acute Pain," provides good concise reasoning and literature support for the practice of acute pain management that could be useful when broaching the subject with surgical colleagues. Chapter three, "Patient Variables Influencing Acute Pain Management," presents interesting research that attempts to explain how patient factors influence pain perception and management. This section also discusses in a fair and balanced manner complementary therapies, including hypnosis, virtual reality, and acupuncture. The chapters on pharmacology are well written and provide a useful review of drugs that anesthesiologists use daily but may not understand thoroughly. The chapter on opioid-induced hyperalgesia would be relevant to any practitioner struggling to deal with this newly recognized problem.

The second section contains the bulk of clinically relevant information. It begins by explaining pain scales as they are the basis for evaluating all of the acute pain management interventions that we make. The section continues by discussing the roles of epidural, regional, opioid, and multimodal analgesia and their effect on patient care. Portions of this section were compelling enough to convince me to change my own practice. Chapter 17, "Regional anesthesia," was well written, with helpful pictures and ultrasound images but, given the vastness of the topic of regional anesthesia, it would likely not function as a stand alone text.

The third section discusses "Acute Pain Management in Special Patient Populations." This section offers a wealth of helpful information that could otherwise be gained only by having previously gone through the painful process of establishing a pain service. It offers advice about how to plan and stock a block room, as well as examples of pain assessment tools, procedure notes, and analgesic order forms. Chapter 30, "Pediatric Acute Pain Management," is well written but presents little information describing ultrasound guided regional anesthesia techniques. The remainder of the section is dedicated to dealing with specific troubling patient populations, including sickle cell, postcaesarian, and elderly