

*Michael J. Avram, Ph.D., Editor*

**Manual of Geriatric Anesthesia.** Edited by Sheila R. Barnett, M.D. New York, Springer, 2013. Pages: 458. Price: \$79.95.

As Dr. Barnett *et al.* have so aptly described in Springer's 2013 release entitled *Manual of Geriatric Anesthesia*, the elderly and aged population globally is growing at a rate never before seen. As practicing anesthesiologists, we shall be taking older often sicker patients to the operating room much more frequently and must find ways to manage them. I will certainly never forget the oldest patient I have anesthetized to this point in my career; I was a first-year attending, on-call in the middle of the night when a frail 104-yr-old woman required emergency surgery. Fortunately, my patient did fine, but not without testing my mettle.

*Manual of Geriatric Anesthesia* is comprised of 25 chapters divided into five parts and contains color charts, diagrams, and photos. The authors describe quite beautifully the greater impact of the aging population on the future of anesthesia practice while touching on public health concerns, finance, and sociology. The rapidly increasing elderly population is a worldwide phenomenon and the statistics provided are staggering. The World Health Organization predicts that the 600 million people aged 60 yr and older in 2000 will grow to an estimated 1.2 billion in the year 2025 and 2 billion by the year 2050. Although historically, elective procedures in patients older than 50 yr of age were uncommon, it has become commonplace to see octogenarians and older patients on our daily operating room schedules. Quite clearly, as Barnett *et al.* elaborate, this patient population often requires unique considerations due to various contributing factors, such as multiple comorbidities, polypharmacy with an ever-present potential for drug interactions, and side effects compounded by the relative decline in major organ systems, to name just a few.

The manual is far from an anesthetic prescription. Rather, the authors do a wonderful job of discussing in detail the pertinent facts surrounding procedures commonly performed in the elderly population, such as cataracts, hip fractures, and cardiac surgery. For example, chapter 22, entitled "Management of the Hip Fracture Patient," is devoted to the epidemiology, anatomy, repair, and system-wide implications of this all-too common ailment. Per the text, it is estimated that there were 340,000 hip fractures in the United States costing the healthcare system approximated \$8.5 billion dollars in 1995. One can only guess what the social and financial impact secondary to hip fractures will be when the elderly population has doubled.

The overall tone of the text is current and informative, well-written, and relevant. Common ailments and surgical procedures in the elderly are discussed individually in

detail. What stood out to me was the effort put forth by the authors to demonstrate that an all-encompassing care plan composed of geriatricians, anesthesiologists, surgeons, and other support services is not only possible but also necessary and beneficial. The occasionally forgotten and sometimes easily ignored social and psychological aspects associated with the elderly population and surgery are described vividly as the authors state, "it has been clear since early in the history of modern anesthesia, ... that patients have cognitive and behavioral changes following surgery." Pulitzer Prize-winning author Larry McMurtry, who wrote *Terms of Endearment*, described his own struggles with postoperative cognitive dysfunction by saying he felt that he went "From being a living person with a distinct personality ... to more or less like an outline of that person—and then even the outline began to fade."

It is not uncommon for anesthesiologists to say one of the reasons he or she chose the field was to avoid a long-term relationship with their patients or rather the appreciation of immediate gratification. We often have very brief introductions quickly followed by premedications, then we are off to the operating suite. This text does a wonderful job of discussing the process of performing an anesthesia on an elderly person in its entirety. It is not simply the "hip" in operating room 8, but a person with a family, a patient with multiple factors that need to be considered throughout the entire perioperative process, not just in the postanesthesia recovery unit.

One would be hard pressed to find a more relevant topic in the field of anesthesiology than geriatric anesthesia now and for the foreseeable future. I believe this text is a worthwhile read and I highly recommend it for all practicing anesthesiologists as we will undoubtedly be caring for more elderly patients in the time to come.

**Eric S. Fouliard, D.O.**, Advocate Illinois Masonic Medical Center, Chicago, Illinois. [efouliard@gmail.com](mailto:efouliard@gmail.com)

*(Accepted for publication February 5, 2014.)*

**Managing the Critically Ill Child: A Guide for Anaesthetists and Emergency Physicians.** Edited by Richard Skone, Fiona Reynolds, Steven Cray, Oliver Bagshaw, Kathleen Berry. Cambridge, United Kingdom, Cambridge University Press, 2013. Pages: 357. Price: \$65.00.

An optimal healthcare system for children balances the need to provide immediate emergency care with the need to make specialized care available to all patients throughout a geographical region. No matter what the country or type of

healthcare system, it is logistically impossible to have pediatric specialists at all emergency locations throughout a large region, especially in rural locations. Therefore, when children fall gravely ill or suffer trauma, they are often brought to regional hospitals for initial stabilization and then transferred to centrally located children's hospitals for ongoing care. As a result, in regional hospitals, referred to as District General Hospitals in the United Kingdom, children are often initially cared for by providers, such as emergency physicians, intensivists, and anesthesiologists, who normally take care of adults. If general pediatricians are present, they may not be specialists in critical or emergency care. *Managing the Critically Ill Child: A Guide for Anaesthetists and Emergency Physicians* is an excellent reference for clinicians in regional settings who are asked to care for critically ill children sporadically. This book was designed specifically for practitioners at District General Hospitals in the United Kingdom who are asked to stabilize pediatric patients before they can be transferred to tertiary children's hospitals. Although the intended audience is quite small and some information is pertinent only to practice in the United Kingdom, this book is a great resource for any physician who finds him/herself in a practice as described above. The book also is an excellent reference for students learning the basics about emergency and critical care of pediatric patients. It offers insight into, and practical suggestions for, dealing with the challenges of resource allocation, communication, and patient transfers within a healthcare system.

This book is organized into five sections. Section 1: The District General Hospital Setting focuses on methods to ensure a District General Hospital is ready to care for children. Although specific to the United Kingdom, this information is generalizable to any regional hospital. Chapters in Section 2 discuss management of children with specific medical conditions, including sepsis, cardiac disease, asthma, diabetic ketoacidosis, and increased intracranial pressure. Most chapters are divided into background information, presentation, assessment, management, testing, and a general summary. Tables, lists, and flow diagrams, such as those found in the chapter on managing increased intracranial pressure, are useful for providers with general knowledge but who need refreshers about details specific to treating children. A highlight of this section is the chapter entitled The Difficult Paediatric Airway, which discusses appropriate equipment to

have available and the importance of creating a strategy for oxygenation and ventilation. It offers detailed suggestions for managing the difficult pediatric airway when equipment and personnel resources may be limited. Paediatric Difficult Airway Guidelines, published by the Difficult Airway Society, are included for easy reference.

The text discusses logistics related to caring for children until transport to a children's hospital arrives in Section 3: What You Could Be Expected to Do in a District General Hospital. Challenges, including caring for children on an adult unit and reporting suspected cases of child abuse, are addressed. Section 4: The Children's Hospital Setting reviews ventilation, fluid management, and pharmacology for children. A chapter on neonates rounds out this section. Finally, Section 5 is a practical quick reference guide, including information on drug infusions and common pediatric syndromes.

As indicated by the title, this text is a guide or handbook for practitioners who rarely care for children but are required to do so occasionally in the regional hospital emergency room or critical care unit. The information is practical and well organized, with charts and tables that are easy to follow and offer an efficient way to transfer information to the reader, who may be stretched for time. This book is a great introduction for emergency medicine, pediatric, and anesthesia residents during their pediatric or critical care rotations. Although I am a pediatric anesthesiologist who regularly cares for children, I learned practical information from this concise, easy to read guide.

In conclusion, I highly recommend this text as an excellent resource for any healthcare provider involved in the emergent or critical care of pediatric patients. This is potentially one of those books that becomes coffee stained because practitioners find themselves reading it in the middle of the night to double check they are not missing anything when stabilizing a critically ill child.

**Jennifer Anderson, M.D.**, The University of Chicago Medicine, Chicago, Illinois. [janderson@dacc.uchicago.edu](mailto:janderson@dacc.uchicago.edu)

(Accepted for publication February 10, 2014.)