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Anesthesia for Otolaryngologic Surgery. Edited by Basem Abdelmalak, D. John Doyle. New York, Cambridge University Press, 2012. Pages: 365. Price: \$105.00.

Every few years I purchase an anesthesia text specifically devoted to airway management. My library includes the following books: Latto and Rosen's *Difficulties in Tracheal Intubation* (1985), Ovassapian's *Fiber-optic Airway Endoscopy in Anesthesia and Critical Care* (1990), Norton and Brown's *Atlas of the Difficult Airway* (1991), Calder and Pierce's *Core Topics in Airway Management* (2011), Benumof and Hagberg's *Airway Management* (2013), and, most recently, Abdelmalak and Doyle's *Anesthesia for Otolaryngologic Surgery* (2012). Thirty years ago, use of fiber-optic bronchoscopes was rare and supraglottic devices, such as the laryngeal mask airway, did not exist. Miniature cameras that are available in over 1 billion cell phones are now incorporated into video laryngoscopes. Disposable endoscopes are used for intubation in off-site, out of the operating room locations, such as the emergency room, gastrointestinal suite, or surgical centers. Expensive fiber-optic cables are replaced with off-the-shelf complementary metal oxide semiconductor chips. The rate of change in airway management is such that we have to update our libraries almost every year.

A search of the Amazon Web site finds the number of books devoted to airway management exceeds 100, ranging from atlases and veritable encyclopedias to a manual entitled SLAM, Street Level Airway Management, written for, I assume, paramedical personnel. I was disappointed in not being able to find a book entitled Airway Management for Dummies.

Abdelmalak and Doyle's *Anesthesia for Otolaryngologic Surgery* covers the topic of managing very challenging airways in the ear, nose, and throat suite, not the street, which is certainly not a task to be delegated to the novice. The theme that runs through the book is stated in the forward, "surgical management of the airway requires coordinated effort of both anesthesia and surgical teams." Each chapter is organized into describing the anatomy of the airway problem, the best equipment and drugs to have available, and a case study followed by clinical pearls. For example, patients who exhibit superior vena cava syndrome (pages 164, 172) or anterior mediastinal mass (pages 241, 313)

are best handled with an inhalational induction while maintaining spontaneous ventilation.

We are all aware that certain congenital syndromes are associated with airway anomalies, including Pierre Robin (page 27), Treacher Collins, or Klippel–Feil. We are reminded of the challenges presented by the acromegalic (page 141), but the cervical spine instability of the achondroplastic dwarf is omitted and should be added to the next edition. The patient who has undergone neck radiation (page 144) or the now commonly encountered patient with obstructive sleep apnea (page 184) have airways that are best managed with sedation followed by airway topicalization with local anesthetic (chapter 6), then fiber-optic intubation. Dexmedetomidine infusion appears to be the drug of choice for sedation, as it is mentioned six times (pages 47, 63, 77, 183, 248, 313).

The function of the facial nerve during parotid resection (page 281) as well as the recurrent laryngeal nerve during thyroid surgery (page 167) can be best preserved by monitoring motor-evoked potentials. This can be accomplished by using succinylcholine to facilitate intubation followed by a remifentanyl infusion to prevent coughing (page 280). Nondepolarizing muscle relaxants and a minimum alveolar concentration of greater than 0.5 must be avoided to prevent interference with signal recordings.

Chapter 11 discusses the prevention and management of airway fires, 15 case reports are listed in table 11.3. The anesthesiologist should keep the inspired oxygen to 21% if possible and electrocautery should not be used when entering the trachea. Chapter 17 discusses anesthesia for thyroid and parathyroid surgery. Who can remember how to elicit Pemberton's, Trousseau's, Chvostek's (page 173), and Fontaine's (page 186) signs?

This is a great text with beautiful photographs, computed tomography scans, and clear illustrations. I would have included a figure showing motor-evoked potentials from an intact facial nerve. This book certainly replaces anesthesia texts for otolaryngologic surgery that are at least 20 yr old and still available on Amazon.

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