

Alan Jay Schwartz, M.D., M.S.Ed., Editor

Key Clinical Topics in Anaesthesia. Edited by Roger Langford, B.M.B.S., B.Med.Sci. (Hons.), F.R.C.A., David Ashton-Cleary, M.B.Ch.B. (Hons.), F.R.C.A., F.H.E.A., D.I.C.M. London, United Kingdom, JP Medical Publishers, 2014. Pages: 325. Price: \$48.

The authors of *Key Clinical Topics in Anaesthesia* describe it as “a succinct reference for the practicing anesthetist and anesthetic assistant as well as a structured resource for those preparing for postgraduate examinations in anesthesiology and intensive care medicine.” The book is divided into 100 chapters covering a wide spectrum of anesthesiology and intensive care topics. There are chapters discussing specific diseases, including coronary artery disease, diabetes mellitus, myasthenia gravis, pheochromocytoma, rheumatoid arthritis, sickle-cell disease, and sleep apnea. Other chapters cover surgical specialty areas such as cardiac surgery, gynecology, orthopedics, thoracic surgery, and urology. There are also chapters discussing specific aspects of anesthesiology practice. For example, the first five chapters cover various aspects of airway management, including assessment, difficult and failed intubation, emergency airway management, awake intubation, and the shared airway.

The topics are arranged alphabetically, with most chapters being three pages in length. Each chapter begins with a summary of the key points covered in the chapter. The discussion that follows is divided into subsections. For clinical topics, there are subsections on clinical problems, evaluation, assessment, treatment, and preanesthetic, intraanesthetic, and postanesthetic management. The information in each chapter is not specifically referenced, but each chapter concludes with suggestions for further reading and a list of cross-references to other chapters in the book that discuss related topics.

Because the number of pages allotted to each chapter is limited, less detailed information is provided for broader topics. This is especially true for chapters dealing with entire surgical specialty areas. Although the authors generally do a good job within these constraints, sometimes information that would benefit the reader is included only by reference to an external source. As an example, the chapter on difficult and failed airway management refers to the guidelines of the Difficult Airway Society (United Kingdom) and provides an Internet link to the guidelines but does not provide specific review or discussion of the recommendations. Similarly, in

the chapter on drug allergy and adverse reactions, the section on treatment has only two sentences, the first of which refers the reader to the drill for anaphylaxis management of the Association of Anaesthetists of Great Britain and Ireland. The drill can be found at the Association of Anaesthetists of Great Britain and Ireland Web site, but the major recommendations, including drugs and doses, could have been included in the discussion without adding significantly to the length of the chapter. Additional text or a table providing specific emergency treatment recommendations would be a benefit to the reader.

There is a chapter that outlines the national audit projects in the United Kingdom related to anesthetic and surgical risks and outcomes. The principal conclusion of each audit project is briefly described. Although some of the audits are specific to practice patterns in the United Kingdom, others provide insights that are more generalizable to non-U.K. practice. Even though the information about each audit is limited, the list of the audit projects identifies sources of information that merit more detailed review. This chapter may be especially useful for readers outside the United Kingdom, where the existence of this information is less well known.

Including the authors, there are 41 contributors to the book. The contributors all practice in the United Kingdom, except for two who practice in New Zealand. As a result, the information presented is from the perspective of U.K. practice, and some specific recommendations or plans may not be applicable to those who practice in the United States. However, there is value to be gained for U.S. anesthesiologists from discussion of some topics from a non-U.S. perspective.

In conclusion, *Key Clinical Topics in Anaesthesia* provides a brief, but useful, review of common topics in anesthesia practice. It can serve as a quick reference for the practicing anesthesiologist or anesthesiology resident. However, because of the differences between the examination systems in the United Kingdom and United States, it may be less valuable as a study guide for physicians preparing for the American Board of Anesthesiology Part 1, Basic, or Advanced examinations.

Scott A. Schartel, D.O., Temple University, Philadelphia, Pennsylvania. schartel@temple.edu

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