

James C. Eisenach, M.D., Editor

The Use of Hypnosis in Surgery and Anesthesiology. By Lillian E. Freericks. Springfield, Illinois, Charles C. Thomas Publisher, LTD, 2001. Pages: 242. Price \$55.00.

This book reviews the potentially important role of hypnosis and psychological preparation in patients scheduled for surgery, but also in patients suffering from chronic pain, in patients coming to the emergency room or hospitalized for intensive care, in obstetric populations, in women suffering from gynecological problems, and in children. During hypnosis induction, the hypnotist guides patients through peaceful and relaxing imagery with the goal of helping them feel more relaxed, distracted from adverse stimuli, and more open to therapeutic suggestions.

The first chapter is devoted to a historical summary of hypnosis with a review of techniques available and commonly used. Another chapter focuses on hypnosis as the sole anesthesia for surgical procedures, and the experience of physicians who have had surgery under hypnosis alone is reported with a fine description of the different steps, from preparation to introduction into the operating room, the surgery itself, the close relationship with the anesthesiologist, recovery room stay, discharge, and complete recovery from the procedure.

Why, in the modern age of anesthesiology, when we have monitoring technologies and multiple medications that we know well and that are appropriate for any special situation, do we need to be interested in hypnosis? Can we afford to use such a technique as hypnosis, which is time-consuming, when we are in charge of a busy operating-room schedule and a lot of patients are waiting to be treated?

As an anesthesiologist who has been involved in several aspects of this field, from basic to clinical research, from intensive care to regional anesthesia and pain management, I am perfectly aware that some patients do poorly, despite the most modern medications used in appropriate dosages and schedules. Recent interesting research projects have demonstrated the effect of hypnosis on cerebral metabolism and function. Being treated solely by medications is a very passive experience for patients, and they sometimes have the impression that they are mere spectators of what is happening to them. Self-hypnosis is an active process that the patient has to practice with direct involvement when in treatment and as part of the treating team. Patients appreciate when the treating team devotes time to look after them, as they may be afraid of high technology and the impersonal approach. This is one of the main reasons for the rapid development of alternative medicine.

Should anesthesiologists be interested and involved in the hypnosis technique? Anesthesiologists are perioperative physicians, specialists in critical care medicine, and pain specialists. They should at least be aware of hypnosis as a possible therapeutic modality. In some patients, hypnosis should be part of the multimodal approach to anesthesia and pain management. For some special surgical procedures, hypnosis could even be the main technique, as it is for plastic surgery in some institutions.

Should anesthesiologists read this book? Anesthesiologists should be interested in new approaches in their specialty and should read this book on hypnosis. It will not make them hypnotists, but it will make them aware of a field in which they can be actively involved if they are convinced; it is what I have the intention of doing.

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Surgical Intensive Care Medicine. By John M. O'Donnell and Flávio E. Nacul. Burlington, Kluwer Academic Publishers, 2001. Pages: 900. Price \$150.00.

Drs. O'Donnell and Nacul have to be commended for their book entitled *Surgical Intensive Care Medicine* that summarizes, in 900 pages, the basic knowledge required to handle postoperative critically ill patients. In fact, the book is composed of two different parts: the first part contains basic principles of critical care medicine, such as airway management, vascular cannulation, evaluation of hemodynamics, sedation, infection, acid-base balance, gas exchange, etc.; the second part concerns the specificities related to major surgical procedures, such as burns, orthopedic trauma, digestive, and cardiac or lung surgery. Great attention is paid to organ transplantation, with a whole chapter on "Care of the Organ Donor." The authors took the option to imbricate these two parts rather than to separate general principles of intensive care medicine from specialized surgical intensive care. As a consequence, the book resembles a book on general intensive care medicine but constantly refers to surgical situations where specific postoperative problems calls for directed attitudes and therapies. This articulation keeps the attention of the reader and facilitates understanding.

The chapters are written clearly and concisely. Illustrations, which could have been a little more developed, clarify and outline the most important points. The references are up-to-date and have been selected properly. Controversies on hot topics are identified clearly and treated in a balanced manner. In general, with a few exceptions like the chapter on venous thromboembolism, the numbers of abbreviations is reasonable and does not complicate the reading. Some chapters (such as "The Abdominal Compartment Syndrome," "Care of the Organ Donor," and "Disorders of Thermoregulation") are original and add something new when compared to previous books published on critical care medicine. The book is easy to use, has an extensive index that is appropriate for rapidly finding a specific topic. At the end of the book, the authors also have provided a list of Web sites that should facilitate contacts and access to multiple sources of information regarding surgical critical care.

The book *Surgical Intensive Care Medicine* will be an invaluable resource for residents and or anesthesiologists involved in surgical intensive care medicine, because it gives a synthetic and upgraded overview on a rapidly moving field. I strongly recommend this book, which should take its place in the break room of many intensive care units.

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