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**Pain Review.** By Steven D. Waldman, M.D., J.D. Philadelphia, Saunders-Elsevier, 2009. Pages: 780. Price: \$79.95.

Pain medicine fellows frequently ask for the name of a good reference to read during training or when studying for a pain medicine board examination. Among other prominent names in pain medicine literature, "Waldman" is frequently offered in response. Steven D. Waldman, M.D., J.D., has produced numerous atlases and texts over the past decade and will have three new texts published in 2009 alone, so his name is only a partial answer. Fellows need to know which Waldman to choose. With the publication of *Pain Review*—his most succinct, well-organized, and practical review book to date—the answer is now quite clear.

*Pain Review* is a durable soft-cover text organized into nine sections of 355 (yes, 355) chapters. These chapters are well written and surprisingly thorough given that some are only one page in length. They are user-friendly, as is the book's overall structure. Dr. Waldman seems to have followed the American Board of Anesthesiology Pain Medicine Examination Specification Outline in organizing his text into the following sections: Anatomy, Neuroanatomy, Painful Conditions, Diagnostic Testing, Interventional Therapy, Physical and Behavioral Modalities, Pharmacology, Special Patient Populations, and Ethics.

Dr. Waldman spends a greater percentage of the review's pages on procedures than might be necessary for the certification examination (because this only counts for approximately 20% of the examination content), but residents or fellows who have not performed these procedures will certainly be grateful. Many readers will also appreciate the 767 multiple-choice questions and answer key provided.

Unlike Dr. Waldman's other texts, the purchase of *Pain Review* allows for activation of the Web site expertconsult.com\* using an encrypted password. This site is helpful when one is in need of a quick on-line reference from a remote location or a pain clinic. The index feature steers users to several listings of an ilioinguinal nerve block, for example, within the Web site, much as Dr. Ronald D. Miller's on-line version of *Miller's Anesthesia*<sup>1</sup> does.

*Pain Review* is the best Waldman book for examination review, but it is not the consummate text for pain medicine residents or fellows. His two-volume *Pain Management*<sup>2</sup> is a more thorough compendium of this field. The critical care and ethics portions of his new text are slightly underserved relative to the approximate 5% each topic is represented in the certification examination. They inherently deserve more attention than is given. Although *Pain Review* does contain some fluoroscopic images, such as the two-needle and the transaortic celiac plexus block, Waldman's *Atlas of Interventional Pain Management*<sup>3</sup> is more thorough in this regard.

When you have published as much as Dr. Waldman, you run the risk of overexposure. At the end of each chapter, Dr. Waldman offers suggested readings, many of which are his other texts. He cites other helpful reference books, too, but not much in the way of recently published articles in pain medicine or anesthesiology journals. Some readers might also object to how the descriptions of many procedures, such as the sphenopalatine ganglion block or the gasserian ganglion block, are taken verbatim from his *Atlas of Interventional Pain Management*.<sup>2</sup>

Small oversights are found commonly in *Pain Review* but do not detract appreciably from its overall value. "Three millimeters of either 2% viscous lidocaine or . . ." on page 391 obviously was meant to be "milliliters." Figure 28-1 is entitled a "thoracic dermatomal chart" but is a chart of only cervical dermatomes. Figure 30-2 is described as a "T2-weighted MR image" but is actually a fluoroscopic image of a discogram. Regarding the answer key, it would be nice to have written explanations to the answers, though this would have extended the

length of the book. In lieu of this, listing the page number where the answer could be gleaned from the reading would have been helpful.

Although there is still room for improvement, *Pain Review* will help many board-eligible and recertifying pain physicians prepare for pain medicine board examinations. It covers the examination topics well and anticipates the needs of pain medicine fellows with a large data bank of practice questions and the useful Internet application.

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## References

1. Miller RD: Miller's Anesthesia. Philadelphia, PA: Elsevier 2005
2. Waldman SD: Pain management. Philadelphia, PA: Saunders Elsevier 2006
3. Waldman SD: Atlas of Interventional Pain Management. 4<sup>th</sup> ed. Philadelphia, PA: Saunders Elsevier 2004

(Accepted for publication July 6, 2009.)

**Evidence-based Practice of Anesthesiology, 2nd Edition.** Edited by Lee A. Fleisher, M.D. Philadelphia, Saunders Elsevier, 2009. Pages: 516. Price: \$99.00.

We frequently think of medicine as having evolved to modern practice from the roots of ancient medicine, where physician skills and practices were passed down from mentor to student in an apprentice-style fashion. However, even dating back to this early era of physician practice, the art of medicine was already being directed by basic observations of patient outcomes, thus qualifying it as somewhat evidence based. Although a now common phrase, *evidence-based medicine* only emerged as a recognized component of medical education and clinical practice in the 1990s. With the widespread availability of medical literature through the technology of computers and databases, evidence-based medicine has evolved into a more concrete concept of the analysis and interpretation of published research as the basis of clinical practice, and has become the expectation and standard for practicing physicians. Even within the more narrowed focus of our specialty, the anesthesia literature has an abundance of information on most topics; we must know how to decide which articles offer valid information to impact our practice.

Anesthesiology itself still combines evidence-based practice with anecdotal learning, because much of our practice does involve technical skills and style that develop over time and are a direct consequence of our training. *Evidence-based Practice of Anesthesiology*, 2nd Edition, appreciates both aspects in its comprehensive review of current evidence supporting our clinical practice. There are topics with enough existing data to support accepted guidelines and recommendations. One example is, "Which Patient Should Have a Preoperative Cardiac Evaluation (Stress Test)?" Conversely, there are topics that are less clear-cut and void of formal practice guidelines, such as "What Works for Brain Protection?" The book is refreshing and enlightening because it reveals which of our practices are truly supported in the literature and which are not. For example, cricoid pressure has not been shown to reduce the incidence of aspiration despite that we routinely use it for that reason.

The organization and presentation of the book is similar to the first edition.<sup>1</sup> Every chapter is titled with a question, and the topics were selected carefully to address issues that we as anesthesiologists are frequently posed within daily practice. Chapters begin with a brief introduction, followed by therapeutic options, current evidence, and areas of uncertainty. The discussion is finalized with a summary of existing guidelines and/or recommendations by the author. The chap-

\* Expertconsult.com. Accessed October 28, 2009.

ters are comprehensive but concise, and the recommendations are, in general, excellent summaries with valid suggestions.

There are several key changes present in this second edition. As expected, the necessary updates from changes in literature are present, e.g., the elimination of rapacuronium and the mention of the potential role of sugammadex in the summary of the evidence-based approach to choice of muscle relaxant. Some chapters have been entirely eliminated, such as "Should Succinylcholine Be Used in Children?" Other chapters have been eliminated but their content placed within another chapter, e.g., "Is There a Difference in Perioperative Morbidity and Mortality in Patients Undergoing Carotid Endarterectomy with Local *versus* General Anesthesia?" has been addressed in the chapter "What Are the Risk Factors for Perioperative Stroke?"

The book likewise has more than 20 new chapters, introducing many relevant debates in anesthesiology, such as "How Long Should You Wait after Percutaneous Coronary Intervention for Noncardiac Surgery?" The section having been transformed the most is Cardiovascular Anesthesia. The first edition has two chapters devoted to carotid endarterectomies, whereas the second edition appropriately focuses on more current topics in cardiac anesthesia: the evidence to support fast-tracking, and approaches to blood conservation in cardiac surgery. These changes improve the content of the first edition, making the second more current with respect to topics of controversy and debate in anesthesiology. Last, the second edition is an *Expert Consult* title and is conveniently accessible in its entirety on-line.

Resident trainees and the practicing clinicians alike will appreciate the concise but comprehensive nature of each chapter and the wide variety of topics covered by the text. The book explains the basis for many of our current practices and which of our practices are actually not supported by concrete evidence. It is an excellent learning tool for training clinicians and presents information in such a way that can aid the maturation from trainee to consultant in anesthesiology. Likewise, it is an outstanding text for practicing clinicians who wish to remain current over a broad span of topics, filtering through the vast body of available anesthesia literature and presenting the most relevant and valid contributions that should impact our specialty. The first edition of *Evidence-based Practice of Anesthesiology* was a landmark contribution, and the second edition maintains this standard.

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## Reference

1. Fleisher LA: Evidence-based Practice of Anesthesiology. Philadelphia, WB Saunders, 2004

(Accepted for publication July 23, 2009.)

**International Anesthesiology Clinics. Critical Care: Current Challenges and Future Directions.** Edited by Sherif Afifi, M.D., F.C.C.M., F.C.C.P., Hagerstown, Maryland, Lippincott Williams & Wilkins, 2009. Pages: 173. Price: annual subscription rate (individual), \$331.00; single copy rate, \$149.00.

As a critical care practitioner, I am always looking for a resource that can give me that quick yearly update and review but also leave me satisfied at the end, without that guilty feeling that I just read the "Cliff Notes" of critical care. Finding such a review in *International Anesthesiology Clinics* was a pleasant and refreshing surprise. Dr. Afifi, the volume's editor, chose the subject matter well and was not afraid to incorporate controversial areas within our discipline, such as renal replacement therapy, Acute Spinal Cord Injury, corticosteroids, glucose Control, and the emerging area of telemedicine-Intensive Care Unit (ICU). Important areas that should be covered in a year-in-review

course (and if I could design one) are also included in this volume and complete this concise annual review of critical care: cardiopulmonary resuscitation and advanced cardiac life support, trauma, sepsis, adult respiratory distress syndrome, and nutrition (evidence-based).

Edited by Dr. Afifi, Division Chief of Anesthesiology and Critical Care at Northwestern University, and his department was well represented in the Contributing Authors section. As were other academic institutions, including the University of Florida (Tampa), Yale University, the Cleveland Clinic, and the University of Kentucky. The target audience for this resource is mentioned in the preface as "all who are involved in the care of the critically ill patients." Agreeably, I believe they hit their mark with this resource.

The cardiopulmonary resuscitation section was a good way to ease into subject matter deserving of an annual review. It seems that how we used to treat a patient in cardiac arrest may sometimes produce worse outcomes, as new evidence-based studies become available. A recent example of our unintentional harmful practice is hyperventilation with long compression breaks while checking for a rhythm (and allowing the intern to gain central access). This is illustrated nicely with a concise reiteration of the updates. This chapter ends with discussion of hypothermia after cardiac arrest and rapid response teams.

The section renal replacement therapy is concise but packed full of information that includes epidemiology of acute kidney injury and the Risk, Injury, Failure, Loss and End-stage kidney disease classification defining three grades of severity and two outcome classes. The chapter then gives a nice synopsis of the various modalities of renal replacement therapy that have been used. This chapter appropriately ends with a discussion of timing and prognosis.

The Trauma chapter is not just a rehash of Advanced Trauma Life Support. Along with a discussion of epidemiology and the initial assessment of trauma patients, the discussion highlights important, new areas in the treatment of trauma patients. Resuscitation, including a discussion of factor VIIa, Damage Control, End Points of Resuscitation, management of Closed Head Injury, Abdominal Compartment Syndrome, and management of Complex Pelvic Fractures round out this high-yield chapter.

The "Acute Spinal Cord Injury" chapter begins with the appropriate classification and initial resuscitation, and fortunately the authors are not afraid to discuss controversial pharmacologic management strategies, including corticosteroids, gangliosides, and opioid antagonists. A distinct section on Functional Electrical Stimulation is also presented. Hypothermia, ventilatory support, and hemodynamic management are also presented in a separate Intensive Care section. The available evidence for surgical decompression is also presented concisely.

The corticosteroid section is an excellent review and presents the controversies associated with diagnosis and treatment. It is a well-written chapter and all-encompassing, but I did not see mention of the corticosteroid therapy of septic shock study group<sup>2</sup> study, which has thrown a wrench into the bottle of hydrocortisone over the past year. Perhaps this chapter was submitted before the release. Fortunately, it is mentioned in the "Management of Sepsis" section (the chapter just before). And I appreciated the important table from the *Goodman & Gilman* text<sup>1</sup> that shows the various potencies of the different steroid compounds.

The "Adult Respiratory Distress Syndrome" chapter presents the proverbial protective lung strategy, and it also mentions the recent trials with high positive end-expiratory pressure and fluid management. Pharmacologic management is presented at the end of the chapter, along with the discussion of inhaled nitric oxide (which is also discussed in the subsequent Pulmonary Hypertension and Right Ventricular Function chapter). There is also a discussion that presents the available evidence for the administration and timing of steroids and surfactant in this ICU-centric disease.

The nutrition chapter is an excellent review for those needing to take the written board examination, because it describes the Harris-Benedict equation, timing of nutrition, and disease-specific formula-