

BOOK REVIEWS

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Perioperative Management of Pacemaker Patients. 1st edition. Edited by J. L. Atlee, H. Gombotz, K. H. Tscheliesnigg. Berlin, Springer, 1992. Pages: 155. Price: \$59.00 (paperback).

During the past several years there has been an explosion in the number and type of pacemakers available. Today's pacemakers can have complex programming features with multiple functions and indications for use. Therefore, the days when the anesthesiologist could reliably place a magnet over a pacemaker to convert it to a fixed rate generator are past. In an attempt to examine the current science of pacemakers and their clinical use, the editors of this book organized a symposium, Perioperative Management of Pacemaker Patients, which was held in Austria in 1990. From this symposium, they compiled a series of short manuscripts written by the group of experts from various fields who presented there. The contributors and their respective chapters represent a wide range of interests from the technical aspects to the legal implications of pacemakers and, finally, to issues of perioperative management. Although the symposium is several years old, the authors represent the individuals at the forefront of pacemaker technology, and therefore, the chapters are state-of-the-art.

The initial five chapters of *Perioperative Management of Pacemaker Patients* are devoted to pacemaker technology. Although interesting from an engineering and electrophysiologic standpoint, the chapters are frequently difficult to read. This may be due in part to the fact that some of the chapters were translated from German into English. In addition, there is frequent overlap in this section in order for the authors to fully describe their particular aspect of the technology. However, the figures and tables provided are excellent and help to explain the mechanism of action and different pacemaker modes seen in clinical practice.

The next two chapters discuss the authors' experience with pacemakers in children and current experience with implantable defibrillators. The following five chapters are of particular interest for the anesthesiologist who frequently anesthetizes patients with pacemakers in non-operating-room settings. Each chapter, ranging from 3 to 13 pages, discusses the theoretical and practical implications of pacemaker malfunction from external sources such as electromagnetic and magnetic resonance interference and shock-wave lithotripsy.

After a chapter on the European legal perspective, which discusses European tort law, the final section of the book is devoted to indications for pacemakers and their perioperative management. The chapters by Atlee are particularly useful. They include operational aspects of all of the pacemakers in common use today, including temporary, transcutaneous, and transesophageal pacing. The book ends with a chapter written by all three editors that reviews the consensus guidelines for perioperative management. This chapter is extremely useful for daily care of such patients and is more easily readable than the other chapters.

In summary, the authors have done a commendable job in reviewing a highly technical issue. In doing so, they have produced a book that is beyond the needs of the routine practicing anesthesiologist, in whom a review chapter in a standard text would suffice. However, it would be a useful reference in departments that have a large pop-

ulation of pacemaker patients. It is especially useful if these patients are encountered frequently in the non-operating-room setting.

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The Ageing Surgical Patient: Anaesthetic, Operative and Medical Management. Edited by D. L. Crosby, G. A. D. Rees, D. G. Seymour. New York, John Wiley & Sons, 1992. Pages: 457. Price: \$149.95.

Care keeps his watch in every old man's eye
And where care lodges, sleep will never lie.

Shakespeare

Romeo and Juliet, II, iii, 35

It is estimated that more than half of all individuals over age 65 will undergo at least one operative procedure before their eventual demise. Not surprisingly, the average age of hospitalized patients appears to be increasing out of proportion to the increased age of the general population. In the United States, the figures are almost certainly higher than they were in 1980, when approximately 10% of the population age 65 or older underwent 20% of the operations requiring hospitalization, accounting for 40% of total postoperative hospital days. Inasmuch as older patients differ in structure and function from younger adults, ample need exists for guidance in their care.

Management of the aging patient has become increasingly multidisciplinary over the past decade, and this little book effectively encompasses that perspective. Edited by a surgeon, an anesthetist, and a gerontologist, all from the University of Wales, this multi-authored work relies on 26 specialists from throughout the United Kingdom as contributors to its 15 chapters. The editors' stated goal was to draw together the main principles of management of the aging surgical patient to produce a work of reference for surgeons, anesthetists, nurses, and others. While falling short as a work of reference, the book is interesting, well written, and enjoyable.

The chapters, frequently coauthored by anesthetist and surgeon, are organized mostly around the type of surgery contemplated; there are separate chapters, for example, on abdominal surgery, neurosurgery, urology, ENT, and ophthalmic surgery. Also presented are chapters on intensive care, surgical risk in the elderly, and a chapter written by the editors, "Introduction and General Principles," that covers the physiology of aging and related topics. The latter constitutes almost one quarter of the book and is singular in its comprehensive, cogent approach, crisply written and extensively referenced, establishing a level of scholarship well above the mark of most of the other chapters. Management of fluid administration in the elderly is rarely analyzed as thoroughly as done here. A chapter on medicolegal and ethical issues treats the reader to a stimulating discussion of the thorny problems of autonomy and paternalism in caring for