

■ BOOK REVIEWS

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Atlas of Regional Anesthesia. Second edition. By Jordan Katz, M.D. Norwalk, Appleton and Lange Publishers, 1994. Pages: 238. Price: \$99.00.

The second edition of the *Atlas of Regional Anesthesia* provides comprehensive coverage of nerve blocks performed in the operating room and pain clinic setting. This edition exceeds the excellent quality of the first edition, published in 1985.

The atlas includes the original eight sections—head, neck, upper extremity, thorax, abdomen, pelvis, lower extremity, and spinal and epidural—and a new section on pediatric regional anesthesia. The illustrations that accompany each nerve block description generally are unchanged from the first edition. The primary changes in the drawings are revisions of the illustrations for the upper extremity block and the addition of expected dermatomal spread of nerve blocks for the head, lower extremity, and upper extremity.

The chapter on nerve blocks of the head seems most appropriate for those performing blocks for dental procedures or chronic pain. Blocks are described for the gasserian and sphenopalatine ganglions, and the nasociliary, long ciliary, anterior ethmoidal, supraorbital, supratrochlear, maxillary, infraorbital, mandibular, inferior alveolar, lingual, auriculotemporal, long buccal, masseter, mental, and facial nerves. Retrobulbar and peribulbar blocks of the eye are illustrated, as well as field blocks of the nose, ear, and scalp.

The chapter on blocks in the neck includes blocks useful to practitioners in chronic pain, such as the cervical plexus, stellate ganglion, and greater and lesser occipital nerves, whereas descriptions of blockade of the glossopharyngeal, recurrent laryngeal, and superior laryngeal nerves may be most useful in the operating room setting.

The section describing blocks of the upper extremity includes four approaches to the brachial plexus; supraclavicular, infraclavicular, axillary, and interscalene. Descriptions of more peripheral blocks of the upper extremity include blockade of the radial, median, and ulnar nerves at the elbow or at the wrist.

The chapter covering nerve blockade in the thorax includes the thoracic paravertebral, intercostal, and splanchnic nerves, the thoracic sympathetic ganglion, and the field block of the breast. Section 5 describes nerve blocks of the abdomen and includes lumbar somatic, ilioinguinal, iliohypogastric, and genitofemoral nerves, the celiac plexus, lumbar sympathetic ganglion, and field blocks of the abdomen and inguinal region.

Section 6 describes blocks of the pelvis and includes sacral, pudendal, paracervical, and penile nerve blocks. Section 7 describes blocks of the lower extremity. These descriptions include the femoral, sciatic, obturator, and laterofemoral cutaneous nerves. Blockade of the saphenous, tibial, and common peroneal nerves at the knee are described, as well as the five sensory nerves at the ankle necessary to achieve an ankle block.

Section 8 describes spinal and epidural anesthesia. Descriptions are provided for midline and paramedian approaches to the spinal and epidural space for single or continuous techniques at the lumbar, thoracic and cervical levels.

The section of pediatric regional anesthesia includes 15 pages of nerve blocks useful for patients seen in this population. The procedures described include caudal, spinal, axillary, interscalene, ilioinguinal and iliohypogastric, penile, sciatic, and femoral nerve blocks.

The most obvious change in the new edition is an expansion of the descriptive text that accompanies each block. Previously, a de-

scription of the anatomy and technique appeared immediately adjacent to the illustrated anatomy. This description has been expanded to include a description of the indications and complications for many of the nerve blocks. The descriptions are brief but inclusive enough to guide a novice through the anatomic landmarks and the technique of the block. Finally, the index for the second edition has been expanded to twice that in edition 1.

The *Atlas of Regional Anesthesia* is a helpful guide to practitioners of regional anesthesia and pain management. The expanded second edition belongs in every departmental library and the personal library of anesthesiologists frequently involved in regional anesthesia and pain.

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Anesthesia and Co-Existing Disease. 3rd edition. Robert D. Stoelting and Stephen F. Dierdorf. New York, Churchill-Livingstone, 1993. Pages: 678. Price: \$79.95.

The authors state in the preface to the third edition of *Anesthesia and Co-Existing Disease* that their goal is to provide the reader with a current and concise description of the pathophysiology of disease and its impact, if any, on the management of anesthesia. In large part this goal is accomplished. The current edition improves on the second edition: it has larger type and many updated chapters, some current to within 6 months of publication. The style of the book is consistent, and tables, drawings, and reproductions are generally of high quality. The cost of the book is extremely reasonable.

If any significant criticism of this book can be made, it relates to the breadth of the subject matter the book attempts to cover. Pediatrics and diseases unique to the parturient woman as well as general adult medicine are covered. The attempt to condense relevant aspects of these diverse fields inevitably leads occasionally to superficial discussions. The complex topic of preoperative cardiac assessment for noncardiac surgery, for example, is reduced to one paragraph. The chapter on abnormalities of cardiac conduction and cardiac rhythm contains a useful discussion of antidysrhythmic drugs, including newer agents such as adenosine, but has no electrocardiograms demonstrating the arrhythmias being discussed!—Sometimes a picture really is worth a thousand words. On the other hand, discussion of valvular heart disease, in which the practical aspects of anesthetic management are emphasized, is succinct and lucid. Common diseases and their anesthetic implications are stressed, but rare conditions also are mentioned. Informative chapters on cancer and disorders related to immune system dysfunction are included. The chapter on psychiatric illness and substance abuse is particularly good. A brief discussion of the particular psychiatric disease and its treatment is followed by discussions of management of anesthesia. Thus the discussion of depression is followed by sections on the management of anesthesia for patients receiving tricyclic antidepressant agents, re-

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ceiving monoamine oxidase inhibitors, or presenting for electroconvulsive therapy.

Over the past several months I have asked a number of our residents rotating through the preoperative evaluation clinic to use this book as a primary reference. Reviews from these physicians have been invariably positive, and the book has been consistently useful in this setting. If more detailed discussion is required for a particular disease, it can be obtained from standard textbooks of anesthesiology, medicine, or pediatrics.

In summary, I strongly recommend this book to anesthesia practitioners of all levels. It should be very helpful to residents preparing for oral board examinations and clearly belongs on the bookshelves of anesthesiologists caring for an aging population with an increasing incidence of coexisting disease.

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Going Under: Preparing Yourself for Anesthesia. Edited by M. W. Furlong and E. T. Essman. New York, Autonomy Publishing Corporation, 1994. Pages: 190. Price: \$12.95.

I have received two anesthetics since completing anesthesia training, one of which included an episode of intraoperative recall. Although memory of the intraoperative period was not disturbing because of an adequate level of narcotics, I am now acutely aware of how detrimental such an event could have been for someone unfamiliar with medicine. The irony is that my anesthetic was administered by an anesthesiologist who recently finished a fellowship in my division and whose anesthetic technique was exactly what I would have suggested. I mentioned to my anesthesiologist only several months following the anesthetic that I had intraoperative recall. There had been no clinical signs of awareness during the operation.

Even after more than a decade of experience in the particular type of surgery, I still had concerns about technical matters, outcome, pain, and potential complications. I believe these concerns are much greater in our patients than in ourselves and are well addressed by *Going Under: Preparing Yourself for Anesthesia*.

The book is well written and covers both technical aspects of anesthesia and surgery and emotional responses to anesthesia and the surgery experience. The perspective is clearly patient advocacy, and patients who read this text will be well informed, despite the lack of medical details of many areas.

Early parts of the book provide a fine overview of pain, mental and physical responses to pain, and the development of modern anesthesia and its role in patient comfort and safety. There is sufficient theory, discussed simply, to remove the mystery in this area. The

authors thoroughly describe the role of the anesthesiologist in patient care. Although Furlong is an anesthesiologist, the text does not overstate the importance of the anesthesiologist. The importance of the anesthesiologist in perioperative pain management is extremely well done and should clarify for the patient the dynamic nature of pain management.

The authors empower the reader by providing a great deal of information about events in the perioperative period, including a realistic discussion of the frequency of inadequate postoperative pain relief. Discussion of patient communication with medical professionals in ensuring appropriate pain medications is particularly well organized. Included in the discussion of pain is a well written section concerning the importance of the patient's attitude and mental preparation on the manifestation of pain and the response to pain treatment.

Various types of anesthetics were described simply and accurately. Common problems are presented in modest detail without either understatement or overstatement of importance or incidence.

An important aspect of this book is the emphasis placed on the patient's role in preparing mentally and physically for anesthesia and surgery. The authors encourage the development of family support for the perioperative period. They also point out potentially adverse patient activities, such as self-medication with legal and illegal drugs, failure to follow instructions to avoid eating and drinking, and excessive smoking. Those sensitive areas were presented in a factual manner and without judgmental overtones.

One chapter addresses the role of parents when children receive anesthesia. This chapter should reassure parents and prepare them for an active role in supporting the child before and during induction of anesthesia.

Appropriate attention was given to alternative methods of therapy such as hypnosis, Lamaze method for delivery, and biofeedback. The alternatives were discussed mainly as adjuncts to conventional therapy rather than simply alternative treatments.

In summary, this book will allow the patient to become a well informed consumer. It should lead to reasonable expectations concerning experiences during the perioperative period. A byproduct may be some discomfort on the part of some physicians who will be faced with patients who arrive for anesthesia and surgery prepared with specific questions and requests about many aspects of their care. I would certainly recommend this book to relatives and friends who anticipate anesthesia and surgery—and of course for patients in general.

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