

## REVIEWS OF EDUCATIONAL MATERIAL

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**Atlas of Interventional Pain Management.** By Steve Waldman. Philadelphia, W. B. Saunders Company, 1998. Pages: 564. Price: \$175.00.

Interventional pain management, including the role of neural blockade, has been criticized in the past few decades by many in the medical community. With the development of medications that effectively control pain, wider acceptance of opioids, improved diagnostic imaging techniques, and the lack of data supporting neural blockade, the perceived need for diagnostic and therapeutic neural blockade has decreased. In fact, it is becoming a lost art. However, clearly a need for nerve block procedures exists (when indicated), and thus a quick reference for physicians who are occasionally called on to perform them would be valuable. Waldman's *Atlas of Interventional Pain Management* is not that book, but it comes close to filling that need. As such it is a valuable tool for the anesthesiologist who is called on to perform a few of the esoteric blocks and needs to review anatomy and technique.

This text is conveniently divided into eight sections, with 111 chapters. The eight sections include blocks of the head, neck, shoulder and upper extremity, abdomen and abdominal wall, thorax and chest wall, back and pelvis, and lower extremity, and also miscellaneous interventional pain management techniques. The chapters are easily laid out with sections on indications, clinically relevant anatomy, technique, side effects and complications, and clinical pearls. Each chapter stands alone, consisting of three to six pages (of which one or two are illustrations) that can be read in 2 or 3 minutes. Although text frequently is repeated verbatim from chapter to chapter, this is not necessarily a problem because the book is meant to be a quick reference guide. Unique to this text is a section that lists the appropriate codes for the procedures and the relative value units. These codes can be used as a handy reference guide and should facilitate appropriate billing for these procedures. The drawings are good, but not of the quality of a Hahn's textbook of regional anatomy or Brown's regional anesthesia, and sometimes there are minor discrepancies with accepted anatomic relations. They provide the reader with the flavor of how to perform procedures, but the details of the figures is not sufficient for safe performance if this is the reader's sole source of information. For example, there are no photographs or radiographic images to help guide the reader's practice. The drawings frequently do not include descriptions of other clinically relevant structures, and the recommended doses of drugs are not supported in the text or references. The reader will have to search other sources for thorough descriptions of anatomy, for fluoroscopic images, and for the indications for these procedures.

Unfortunately, the old adage that a little knowledge is a dangerous thing may be true of the *Atlas of Interventional Pain Management*. The atlas also offers medical advice on which agents to use and when to perform these therapeutic blocks. At some points recommendations are made to consider medical therapies. The infrequent recognition of medical and psychological approaches implicitly suggests that interventional techniques should be considered a first-line therapy. This advice frequently extends beyond what is considered standard in a modern pain management physician's practice. No references are cited, and only "clinical experience" is offered as a rationale for a somewhat aggressive approach to pain management. Furthermore, the advice on how to perform these interventional therapies is offered in

a somewhat cavalier manner. Several of the procedures listed require additional training and should not be performed by the novice. For example, implantable therapies seem to have been added as an afterthought, but these methods should not be performed after reading a two- or three-page review. The appropriate respect for the risks associated with these therapies is not given; without that, patients will be injured. Spinal cord stimulation should be performed only by practitioners with special training and expertise in this therapy. In addition to the indications, anatomy, and side effects, the clinician really needs a more thorough understanding of the technique than can be transmitted in four paragraphs. Such details as the angles of approach, use of fluoroscopic guidance, and typical positions of electrode placement for various pain syndromes must be appreciated. Spinal cord stimulation is not a procedure that should be performed occasionally, and the atlas will not be helpful to the physician who performs this procedure frequently. After reading the text, I was concerned that a few physicians might pick up the atlas, review some invasive procedure, say to themselves, "I can do that," and then quickly get into dangerous territory.

Despite these limitations, the extensive number of chapters that cover virtually every nerve block used in modern pain management, in conjunction with billing codes, makes this a nice addition to the pain management physician's library. It will serve as a quick reference for physicians who infrequently perform some of the more esoteric blocks and as a constant source of information for billing for those physicians who perform these procedures more frequently. However, it must be considered a supplement to the more comprehensive and thorough books available (including Waldman and Winnie's *Textbook of Interventional Pain Management*). The reader will not learn how to perform the blocks from this source, but it may help with billing, teaching patients (or residents), and as a quick refresher. I bought this book and am glad that I did.

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**Pharmacology & Physiology in Anesthesia Practice, 3rd edition.** By Robert K. Stoelting. Philadelphia, Lippincott Williams & Wilkins, 1999. Pages: 822 (including indexes). Price: \$95.00.

The long-awaited third edition of the classic text *Pharmacology & Physiology in Anesthetic Practice* has some large shoes to fill. The second edition of this text has been a favorite among anesthesia residents, nurse anesthetists, and staff anesthesiologists for several years. But two things about my copy of the former edition bothered me: (1) It had grown outdated, especially in the rapidly changing area of pharmacology, and (2) frankly, the book's cover was unattractive.