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Mayo Clinic Analgesic Pathway: Peripheral Nerve Blockade for Major Orthopedic Surgery. By Robert L. Lennon, D.O., and Terese T. Horlocker, M.D. Rochester, Minnesota, Mayo Clinic Scientific Press, 2006. Pages: 137. Price: \$69.95.

Merriam-Webster defines pain as “usually localized physical suffering associated with bodily disorder (as a disease or an injury) . . . a basic bodily sensation induced by a noxious stimulus, received by naked nerve endings, characterized by physical discomfort (as pricking, throbbing, or aching), and typically leading to evasive action.” Pain can certainly seem the anesthesiologist’s opponent, because it often is the cause of morbidity, prolonged hospital stay, and patient dissatisfaction. Much effort has been devoted to “evading” pain for our patients by improving postoperative pain control. Past and present regional anesthesia techniques have played an integral part in the development of pain control strategies and continue to be supported as means of improved patient comfort¹; however, it is observed that regional anesthesia is persistently underutilized both in many residency training programs and in private practice settings.

Noting that anatomical knowledge and technical skill are required to become competent at performing effective peripheral blocks, Drs. Lennon and Horlocker intended to provide “a practical guide in the application, performance, and management of lower extremity peripheral regional techniques.” The realization of their efforts is this approachable volume, in which they impart the details of the multimodal, multidisciplinary approach to anesthetic and analgesic management of patients presenting for lower extremity surgery at their institution.

After briefly tracing the roots of regional anesthesia at the Mayo Clinic, the authors use the first of four sections to build the framework for their pathway *via* a review of general principles of peripheral nerve blockade including anatomy, pharmacology, monitoring, techniques for localization, and complications, all targeted to the lower extremity. Although somewhat superficial, the review is appropriate to the scope of the book, and the reader is referred at the conclusion of each chapter to classic texts and recent studies for more exhaustive details on each topic.

Following this review is the heart of the book, divided into two sections based on neuroanatomy. Approximately five colorfully and aptly illustrated pages of anatomical landmarks, clinical applications, positioning hints, techniques, complications, side effects, and needle redirection tips are dedicated to each peripheral nerve block within first the lumbar plexus and then the lumbosacral plexus. Again, brevity of discussion is present, and the reader is directed to corresponding resources. This portion of the book, brimming with particularly thorough illustrations providing patient, anesthesiologist, and needle positioning as well as neuromuscular relationships, is invaluable as a refresher for the private practitioner on seldom-used blocks or as a quick reference to the resident presented with the opportunity to perform an infrequently observed block.

The final section of the book gives specific guidelines used in the Mayo Clinic Total Joint Anesthesia and Analgesic Pathway. Goals include adequate analgesia and minimal opioid-related side effects. Patient selection and preoperative, intraoperative, and postoperative management are discussed in specific detail, including strategies for nausea prophylaxis, limitation of parenteral opioids, supplemental surgical anesthesia, complications, and postoperative catheter infusion management in both inpatient and ambulatory settings. More comprehensive references are again provided and recommended for the practitioner’s application of such management strategies. The book ends with a reiteration of the important role that peripheral blockade has in

improving postoperative analgesia, as well as a mention of new techniques to facilitate the efficacy of peripheral blockade. Readers are left with encouragement that learning, practicing, and implementing regional anesthetic techniques will be to the benefit of their patients. In a straightforward, easily absorbable, and impeccably illustrated guidebook, Drs. Lennon and Horlocker have effectively produced a title for the shelves of practitioners at various levels who want to further their technical expertise and thereby allow an improved perioperative experience for patient and surgeon.

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The Ultimate Guide to Finding the Right Job after Residency. By Koushik K. Shaw, M.D. New York, The McGraw-Hill Companies, 2005. Pages: 139. Price: \$19.95.

I must be getting a little slow in my old age. After finishing my first read of this good book, I found myself a little underwhelmed. A second read of the book altered my opinion 180 degrees. This short text is full of basic, essential information that is either ignored, undertaught, or taught erroneously during postgraduate training. It is a concise compilation and guide to the who, what, where, and when of the decision making that surrounds the process of search and selection for a satisfying career. This text will provoke consideration of your needs and those of your family. It provides a framework from which to evaluate your future practice, practice finances, and partners. It also establishes helpful relative timelines to accomplish your goals, as well as providing reasoning and data to assist in your selection of your future practice location. Considering how important this sort of subject matter and information is to a new graduate or other young physician, it is surprising that I have not previously seen a good single source that addresses this subject conclusively. Luckily, Dr. Shaw (The Austin Diagnostic Clinic, Austin, Texas) has recognized this niche and has provided us with a text that fills it. It is a text that informs, educates, and provides direction.

The book is well organized, is an easy read, and does not have to be entirely digested in one session. It provides a wealth of essential resource materials, Web sites, data, and helpful examples throughout. The organization, economics, and demographics of medicine are in inevitably changing over time, and it is becoming painfully obvious how poorly our training prepares us to understand the implications of practice models, finances, and location on our professional lives. This short little book goes a long way in addressing these issues in remarkably simplistic, understandable terms. It is a useful read and reference for all anesthesia residents before the venture into what seems to be a confusing myriad of opportunity.

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McGraw-Hill Specialty Board Review: Anesthesiology Examination & Board Review, 6th Edition. By Mark Dershwitz, M.D., Ph.D., and J. Matthias Walz, M.D. New York, McGraw-Hill Companies, 2006. Pages: 403. Price: \$69.00.

Designed as a study aid for the American Board of Anesthesiology written examination, the sixth edition of *Anesthesiology Examination & Board Review* was published earlier this year by McGraw-Hill Companies. This comprehensive question-and-answer review resource is useful to anesthesia residents seeking to pass board certification examinations as well as practitioners preparing for recertification. The fifth edition was previously titled *MGH Board Review of Anesthesiology* and published as part of the Appleton & Lange Review series by McGraw-Hill medical publishing division. Despite its new name, *Anesthesiology Examination & Board Review* is organized identically to its predecessor in terms of its basic and clinical science chapters. In fact, the table of contents and chapter headings are exact duplicates of the fifth edition. Chapters covering obstetrics, pediatrics, and cardiovascular surgery list new expert authors.

Anesthesiology Examination & Board Review contains 1,450 board-style questions and a 350-question practice test, all with detailed answers and explanations. Those looking for a bank of entirely new practice questions may be disappointed because the majority of questions in the chapters and practice test are identical to those in the fifth edition. Answers and explanations tend to be concise reviews of the principle or subject matter tested rather than detailed discussions of individual answer choices. This style will fit the needs of most readers and is time efficient but may frustrate those looking for more detailed explanations as to why particular answer choices are incorrect. A puzzling statement on the book's cover is its claim to include a new chapter on patient complications and patient safety. This chapter, "Complications of Anesthesia and Quality Assurance," contains a few new questions but was taken en masse from the previous edition. Another inconsistency is the book cover claim to include 1,900 board-type questions when the senior editor's introduction confirms a total of 1,800 questions.

Despite the discrepancy between the book's blurb and its contents, *Anesthesiology Examination & Board Review*, sixth edition, remains one of the most complete Q&A practice resources available. The introduction contains explanations of single best answer and K-type test questions, as well as strategies for how to approach these questions. The index allows readers to quickly identify chapter and test questions by topic. As a supplement with other reference materials, this resource is particularly suited to anesthesia residents looking to test their knowledge base using simulated certification examination-style questions. It may also be an excellent review resource for those whose time-limited certificates now require them to undergo periodic recertification.

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Anesthesiology Board Review, 2nd Edition. By Kerri M. Robertson, M.D., F.R.C.P.(C), David A. Lubarsky, M.D., M.B.A., and Sudharma Ranasinghe, M.D., F.F.A.R.C.S.I. New York, McGraw-Hill, 2006. Pages: 431. Price: \$59.95.

The second edition of *Anesthesiology Board Review* is part of the Pearls of Wisdom medical review book series obtained by McGraw-Hill from Boston Medical Publishing last year. As such, it uses the "rapid-fire" approach of a single question immediately followed by the answer. There is no single best answer, and there is no K-type question in this book. There is also no more flipping back and forth between questions and answers.

Obviously, this text does not simulate the written boards. That is not its purpose. If you want to practice test taking, rather invest in excel-

lent resources such as those by Hall and Chantigian¹ or Dershwitz.² However, if you want a book that you can pick up anytime, peruse any section of, and set down without losing your place, this may be the book for you. Like many books in the Pearls of Wisdom series, it is simply a collection of facts and bulleted items that one needs to know to excel on the written boards. The questions vary from the esoteric (Q: How are the genotypes of the plasma cholinesterase named? A: E₁^uE₁^u ["usual"], E₁^uE₁^a [heterozygous atypical] and E₁^aE₁^a [homozygous atypical]) to the simplistic (Q: Does epinephrine cause bronchodilation? A: yes) and include everything in between.

Unfortunately, there are several critiques that distract from the quality of this work. In a book with "3750+ rapid-fire questions," minor mistakes are inevitable ("P_aO₂" when "S_aO₂" should have been used [p. 23]; "Removing leukocytes prevents graft versus host disease . . . and irradiation prevents the transmission of CMV" transposed the intervention with the desired outcome [p. 31]; and "adduction" used when the authors clearly meant "abduction" [p. 33]). Is this overly critical? Maybe. However, the three mistakes cited are from pages 1 through 33, and the book is 397 pages, excluding bibliography. Admittedly, this was a deterrent to forging on beyond chapter 3. Fortunately, more egregious errors or grossly outdated information were less common, although still present (e.g., management of meconium aspiration [p. 224] does not reflect the International Guidelines for Neonatal Resuscitation,³ and the answer to the question "Is there any evidence to support the use of corticosteroids in septic shock?" [p. 124] would certainly upset Dr. Annane *et al.*⁴).

As for the organization of the text, the topics are arranged alphabetically. For the most part, this format works just fine and is consistent with the overall goal of the book. However, the "Neonatal Anesthesia" and "Pediatric Anesthesia" chapters are separated by 80 pages, and additional pediatric questions are found in the "Outpatient Surgery" and "Pharmacogenetics" chapters. Likewise, regional anesthesia is divided into "Peripheral Nerve Blocks," "Local Anesthetics," and "Caudal, Epidural and Spinal Anesthesia," with more than 120 pages between each of the three sections. This does not matter if the reader plans to read the book in its entirety. However, it is not conducive to a quick review of topics that are usually and logically included under the same heading. Beyond the arrangement of the text, some chapters should be expanded or revised significantly. "Critical Care Medicine" is both anemic and farcical, covering a mere 3 pages, with more questions on hyperbaric oxygen (three) and total parenteral nutrition (four) than on sepsis (two) and acute respiratory distress syndrome (two). A few more questions on sepsis and acute respiratory distress syndrome are present, but the reader must locate them elsewhere.

Overall, despite its limitations, *Anesthesiology Board Review* may have a place among the growing list of anesthesia board review books. If one can master the content in this book, a passing grade on the written boards is likely. It covers enough of the important topics, and if time is of the essence (*i.e.*, you have procrastinated and it is now the first week of July), it provides a quick reference that can be read when one has a few minutes to spare. If the goal is to excel on the boards, however, the reader may prefer looking to more substantive and established texts.

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