

Mark A. Warner, M.D., Editor

**Obstetric Anesthesia Handbook, 4th Edition.** By Sanjay Datta, M.D. New York, Springer, 2006. Pages: 380. Price: \$49.95.

The fourth edition of Sanjay Datta's *Obstetric Anesthesia Handbook* represents an update of a concise, single-authored text that many consider the best resource of its kind. During the past 15 yr, this text has been most popular among anesthesiology and obstetrics residents, fellows, and staff, both in the United States and in the international community. The text is authoritative, succinct, and highly practical. It is accompanied by more than 100 illustrations and tables, making the text a convenient reference to the busy practitioner.

In his handbook, Datta has capitalized on his long career as a teacher, mentor, and advisor to classes of residents, fellows, and faculty that came through the Division for Obstetric Anesthesia at Harvard's Brigham and Women's Hospital in Boston, Massachusetts, and condensed the wealth of information about obstetric anesthesiology into a succinct clinical resource. Professor Datta, a prolific clinical researcher and excellent teacher, is known for his interest in the concerns and questions posed by his students during lectures, teaching rounds, and bedside discussions. Over the years, he has taken volumes of handwritten notes that were primarily used to provide supportive feedback to his students, residents, fellows, and professional visitors from around the globe.

Datta's experience as a teacher served as a background to compile a handbook that would provide practical answers to a wide variety of questions from within the field of obstetric anesthesia. Most would agree that this type of practice-oriented information is difficult to obtain from standard textbooks or electronic sources. An example of a highly relevant clinical topic of interest to the reader is the discussion about thrombocytopenia and regional anesthesia, which is clearly discussed on page 231 as part of the chapter about high-risk pregnancy.

Consider another topic, the question of fetal oxygen transport. Did you know that the umbilical arterial oxygen tension is only 20 mmHg and that there is a simple rule to remember the approximate oxygen tension in the umbilical artery and vein? The expert in obstetric anesthesia might answer, Of course I know. However, residents and fellows with less exposure to the field have difficulty organizing and remembering important scientific facts such as this. Datta provides the answer to the above question with his "20, 30, 40, 50 formula," in the form of a simple table on page 305 of the fourth edition of his handbook. These are only two examples to illustrate how this text constitutes a resource that provides compact and useful answers where other sources fall short.

The contents of the book are organized in a traditional fashion. Chapters 1-5 introduce important physiologic and pharmacologic background information to the reader. They cover important topics such as the physiologic changes of pregnancy, maternal and perinatal pharmacology, a review of local anesthetics used in obstetrics, uteroplacental circulation, and the physiology of labor and delivery. Next, Datta covers important information about analgesic options for the pregnant woman. While focusing on the practical management of labor analgesia and its impact on fetal and maternal physiology, a comprehensive discussion is provided. The later chapters of the book offer essential information about selected clinical topics: obstetric anesthesia for cesarean delivery, tubal ligation and *in vitro* fertilization procedures, high-risk pregnancy, and neonatal resuscitation. The last chapter discusses maternal morbidity and mortality and important practice guidelines.

The practice of obstetric anesthesia is constantly undergoing change. Examples of this are new recommendations about spinal anesthesia in severely preeclamptic patients or the use of phenylephrine as a vasopressor in obstetric patients. Datta has updated his text in this fourth edition to accommodate new techniques, guidelines, and therapeutic modalities. The fourth edition of Datta's *Obstetric Anesthesia Handbook* will certainly continue to enjoy interest from a broad medical audience just as the previous editions did.

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**Atlas of Image-Guided Intervention in Regional Anesthesia and Pain Medicine.** By James P. Rathmell, M.D. Philadelphia, Lippincott Williams & Wilkins, 2006. Pages: 186. Price: \$99.00.

In an era whereby dozens of new pain texts, handbooks, and atlases seem to be published every year, one might wonder, "How can one book stand out in such a crowded field?" To answer this question, one need only open a newspaper to view the latest advertising section, or peer out the window at the nearest Wal-Mart. The answer, of course, is to combine quality and value with convenience.

Owning a copy of *Atlas of Image-Guided Intervention* reminds me of the USO tours I used to go on when stationed in Europe, whereby one could see the 18 main attractions in Paris in one long, holiday weekend. While it's by no means equivalent to spending a semester abroad, all of the major "attractions" are covered in less than 200 easy-to-read pages. There are other books that delve deeper into ongoing controversies in interventional pain management or offer more minutiae, but who has the time to sift through a 2,000-page textbook? For the nerve blocks covered in this book, almost all relevant information is covered in an alluring, easy-to-follow format.

In fact, one of the sections we were most impressed by was the first one, which is rarely covered in any meaningful way in other atlases. In chapter 1, Dr. Rathmell explains the advantages and disadvantages of using various types of needles and provides excellent tips on how best to steer them. The next chapter, on radiation safety, which describes how to minimize radiation exposure and optimize image quality, is like a 6-h radiology course condensed into a half dozen pages. The diagram outlining the amount of radiation exposure during various fluoroscope and clinician positions is extremely informative and sure to prevent unnecessary radiation exposure. It should be posted on the wall of every fluoroscopy suite in academic teaching hospitals. The final two chapters in this section address the drugs we inject into patients, including contrast agents, local anesthetics, steroids, and neurolytic agents. We both thought these two chapters were among the top highlights of this book. The sections describing the differences between various contrast agents and depot steroids are detailed yet succinct, and the tables outlining the key points in both chapters are exceptional.

Sections 2 and 3 cover the major spinal injection techniques and sympathetic nerve blocks, respectively. What we found most engaging in these sections were the figures demonstrating the ideal position of the fluoroscopy beam for each block and the geometric drawings showing the best angles for needle placement. The axial diagrams were appropriately detailed and easy to understand, as were the digital subtraction images in the selective nerve root block section. One of

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our favorite chapters in these sections was the one on celiac plexus block and neurolysis. In this chapter, the distinctions between the various approaches to the celiac axis are laid out elegantly, with the wide array of drawings and fluoroscopic and computed tomography images providing an excellent adjunct. Section 4 covers implantable drug delivery systems and spinal cord stimulation. Although brief, this section covers all the essential points as well as many clinical pearls that will greatly benefit interventional pain practitioners interested in neuromodulation.

Whereas one of the most appealing qualities of this book is its conciseness, the flip side of this is that certain aspects must be shortened or omitted. Foremost, although the title contains the words *regional anesthesia*, the only commonly performed regional anesthesia technique covered was intercostal nerve block. We also thought the indication sections for some of the nerve block chapters could have been more detailed, and that some key complications were left out (e.g., pneumothorax for thoracic facet blocks). The decision to include a rarely performed procedure such as intraarticular thoracic facet

block but exclude cervical discography, which some surgeons request before every cervical fusion, is something we hope will be addressed in future editions of this book.

If pain management books were cars, *Atlas of Image-Guided Intervention in Regional Anesthesia and Pain Medicine* would be the Chevrolet Corvette Z06: a well-designed, lightweight, performance-driven learning tool that's easy to operate and turbocharged with hidden gold mines that can only be imparted by someone with extensive experience performing interventional pain management procedures. Overall, we think *Atlas of Image-Guided Intervention in Regional Anesthesia and Pain Medicine* is an outstanding book that will become a "must buy" for every pain management fellow and resident interested in pain medicine. In fact, we have already bought a copy for our own pain clinic.

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