
Although it is difficult to prove, most anesthesiologists agree that the practice of anesthesiology has become safer over the past three decades. We continue to have better drugs, better equipment, and better monitoring. The leaders of our profession are dedicated to continuously improving patient safety. Testaments to this include the Anesthesia Patient Safety Foundation, the Closed Claims Project, and the American Society of Anesthesiologists practice guidelines and advisories. Because complications have become less frequent, however, it has become more difficult for learners to gain experience and understand how to prevent and manage such situations. Complications in Anesthesiology is a great resource for anesthesia caregivers who would rather learn about complications from their colleagues’ experiences than from their own experiences.

This 1,008-page hardcover third edition with 69 chapters is divided into six sections: General and Medicolegal Considerations, Perioperative Clinical Considerations, Equipment, Anesthetic Techniques, Pharmacology, and Risks to the Anesthesiologist. There are 70 contributors, many of whom are recognized leaders in their field and practice at well-respected institutions throughout the United States. The most frequently represented institution is the University of Florida College of Medicine in Gainesville, the practice institution of the three editors.

Although the text is a single color, it is extremely easy to read. Each chapter starts with a case summary and incorporates the problem-based learning approach. The cases are intimately explained. Some cases may give the reader chills as an unfortunate sequence of events is painfully described. Most chapters include one case, though occasionally, such as in chapter 54, the entire chapter consists of case discussions. The flow of each chapter is aided by important questions posed by the authors in bold print. Like most texts of its size, there are many graphs and figures. At the end of each chapter are key points, and each chapter is extensively referenced.

The first section, General and Medicolegal Considerations, includes chapters on perioperative mortality and predictors of adverse outcomes, risk assessment and risk management, quality assurance, and the law. Although the discussions are generally balanced, unbiased, and evidence based, limitations of print media become evident. For example, the discussion of perioperative β-blockers does not include the negative trials published since 2006. Furthermore, the most recent American College of Cardiology–American Heart Association Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery published in October 2007 are understandably but unfortunately not included in the text. Such is the limitation of publishing textbooks in this age of continuously updated electronic media.

The second section, Perioperative Clinical Considerations, is the longest section and contains 47 chapters on the major organ systems, including respiratory, cardiovascular, neurologic, renal, hematologic and hemostatic, gastrointestinal, endocrine, thermoregulation, obstetric, and immunologic issues. The third section, Equipment, contains chapters on invasive monitoring, cardiopulmonary bypass, fires and explosions, shock and electrocution, and anesthesia machine malfunctions. The fourth section, Anesthetic Techniques, contains chapters on positioning, regional anesthesia, and monitored anesthesia care. The fifth section, Pharmacology, contains chapters on adverse drug reactions, herbal remedies, and over-the-counter drugs. The last section, Risks to the Anesthesiologist, contains chapters on bioterrorism, sleep and fatigue, chemical agents and radiation exposure, and substance abuse and addiction.

Overall, this is an outstanding text. Its relevance is undeniable. As an author points out on page 3, “because surgical anesthetic care is facilitative rather than therapeutic, a good outcome is measured in terms of the absence of complications.” The text includes topics that have recently gained increasing attention, such as early coronary stent thrombosis after discontinuation of dual antiplatelet therapy, posterior ischemic optic neuropathy, postoperative cognitive dysfunction, awareness during general anesthesia, and bioterrorism. It is easy to read, concise, and useful. I highly recommend this text for all practicing anesthesiologists, anesthesiology residents, and other anesthesia caregivers.

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What do the following have in common? Boezaart, Hadzic, Brown, Benzon, Mulroy, Jankovic, Finucan, Rathmell, Castro, Raj, Reynolds, Peetrell, Wildsmith, Adriani, Moore, and Labat. They were all original first authors of at least 15 regional anesthesia text books published since 2000. With the advent of ultrasound technology for peripheral nerve blocks, I expect that more such texts will be written.

This atlas is a supplement to Dr. Boezaart’s educational text, The Primer of Regional Anesthesia Anatomy. The primer and its DVD were intended to be visual guides to the static and dynamic functional anatomy of individual nerves, respectively. Through the use of illustrations, photographs, and nerve mapping via transcutaneous nerve stimulation and its corresponding motor response, the primer textbook was an excellent aid to the performance of peripheral nerve blocks. It was very well received, and the author was encouraged to expand on it. We now have this wonderful atlas as a supplement.

Dr. Boezaart is the sole author, with Mary K. Bryson, M.F.A., M.A.M.S., C.M.I. (Bryson Biomedical Illustrations, Inc., Langhorne, Pennsylvania) as the medical illustrator and Susan McClellen (Medical Photographer, Creative Media Group, The University of Iowa, Iowa City, Iowa) contributing to the photographs. The book predominantly addresses the major and common nerve blocks used in orthopedic procedures. There are a total of 19 chapters. The first 10 chapters address the brachial plexus with its associated nerves and peripheral blocks pertaining to the upper extremity. The next 3 chapters involve the lumbar plexus, followed by 1 on the sacral plexus, 1 on sciatic, 2 on the ankle, and 1 for thoracic paravertebral block. The final chapter describes the pitfalls in regional anesthesia and how to avoid them.

Each chapter on a major anatomical region begins with applied anatomy of the plexus and its underlying nerves and surrounding structures. The involved area is well illustrated with defined dermato- and osteotome artwork, photographs of anatomical dissections accurately annotated with arrows for specific location of relevant structures, and some beautifully painted surface anatomy portraits of nerves and muscles imposed on photos of the human body. The text is clear and succinct. For hands-on teaching, there are many excellent photographs of step-by-step procedural events such as needle or catheter insertion, tunneling, and securement. Occasionally, there are corresponding ultrasound images for the accurate identification of the nerves and plexus.