

Mark A. Warner, M.D., Editor

**Management of the Difficult and Failed Airway.** Edited by Orlando R. Hung, M.D., and Michael F. Murphy, M.D., F.R.C.P.C. New York, McGraw-Hill, 2008. Pages: 510. Price: \$129.00.

Few scenarios in the practice of medicine stoke the fires of immediate concern quite like encountering a difficult and failed airway. Unfortunately, adequate prediction of potentially challenging anatomy remains far from a perfect science despite having been the cornerstone of modern anesthetic practice for decades. The ever present possibility for disaster fuels continuing discourse not only throughout anesthesia but also across many other disciplines over methods and techniques with which to approach such problematic cases. The magnitude of this problem is reflected in the seemingly endless supply of novel and innovative airway devices and the sheer quantity of ongoing research ventures aimed at improved understanding of the complex interplay between anatomy, pharmacology, and airway manipulation. Indeed, the absolute increases in the volume of both our knowledge and technology are exceeded only by the rate at which they are escalating.

Whether the discipline is anesthesiology, emergency medicine, intensive care, or first response, securing the difficult and challenging airway in virtually any situation is the focus of this extremely useful book. Edited by two of Canada's well-regarded airway management experts, the text offers a number of additions to existing difficult airway manuals in both its content and its formulation of the difficult airway approach.

Starting with a well-written and informative introduction to emergency airway algorithms and their similarities to and discrepancies from the American Society of Anesthesiologists Difficult Airway Algorithm, the book delves into a thoroughly informative discussion on how the editors' Canadian twist on established practice results in improvements to airway management that can be applied to virtually any emergent situation. The text continues with a comprehensive background discussion of devices and techniques for the difficult airway that serve as the basis of the aforementioned algorithmic progressions. These initial chapters build the foundation for the true value of this text.

The book includes topics that vary from airway management in the intensive care unit setting to the management of a motorcyclist with a full face helmet. Each chapter tackles a new airway management dilemma with an informal question and discussion style that permits both straightforward reading and rapid browsing and referral. Through analysis of the pitfalls and caveats associated with unique situations encountered at every step in the process of securing the airway, the authors manage not only to elucidate the fundamental principles inherent to emergent airway control but also to foster an objective approach to the control of the airway in any potential scenario. Each chapter even concludes with a small set of self-evaluation questions that are certainly beneficial to readers, especially those still in training.

It is difficult to edit the perfect text, and this book is no exception. It is not as comprehensive as some of the other available references on the market, and a subset of readers may not embrace the novel approaches inherent to the presented algorithms. In addition, it is surprising to note that the discussion on "the best way to confirm placement of an endotracheal tube in the trachea," included in the chapter entitled "Airway Devices and Techniques," is too casual and possesses a reference list that ignores a number of rather important citations. The same complaints could be carried over to the discussions on "how do prehospital providers confirm and maintain intratracheal placement of the ETT" in chapter 13 and the chapter on "Aspiration: Risks and Prevention." Both sections certainly lack depth and, yet again, an appropriate selection of references.

These criticisms, however, should not overshadow the text's value to both junior trainees and veteran anesthesiologists alike. Well writ-

ten, functionally organized, and implementing algorithms that may be complementary to the established knowledge base of the majority of readers, *Management of the Difficult and Failed Airway* receives our highest recommendation for any practitioner interested in improving his or her knowledge of airway management.

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**Interactive TEE Review: Self-Assessment Examination (DVD).** By Robert M. Savage, M.D., Solomon Aronson, M.D., and Stanton K. Shernan, M.D. Philadelphia, Lippincott Williams & Wilkins, 2008. Price: \$229.00.

The expanding interest of anesthesiologists in perioperative transesophageal echocardiography (TEE) has significantly changed the practice of anesthesia. Once an expensive toy for academic medical institutions, TEE now has achieved "standard of care" status for many cardiothoracic procedures. The Society of Cardiovascular Anesthesiologists initiated formal testing in perioperative TEE in 1998. Ten years later, nearly 3,000 physicians have successfully passed the examination.

Parallel to this rise in interest has been the publishing of a large number of textbooks, atlases, and DVDs on perioperative TEE marketed to cardiovascular anesthesiologists. This year alone, three review books on the perioperative TEE examination have been introduced. Despite a large amount of competition, *Interactive TEE Review: Self-Assessment Examination* is the first of its kind.

Most review books are "old school" paper and ink with static TEE images. Other DVDs have been designed as video atlases with a limited number of test questions. This DVD is the first interactive text that allows for extensive test review using "live" TEE loops and referenced answers. The timing of the new text is excellent. For the first time, the Perioperative TEE Exam will be completed at computer testing centers across the country in November 2009. This DVD format allows for an excellent simulation of the real test environment.

*Interactive TEE Review* is composed of 420 test questions organized into 32 chapters. More than 600 videos and images are used in the text. The program interface allows the student to personalize the program by selecting the desired subject matter, the number of questions, and how the questions are answered, one by one or as a group.

I found that the program was stable and ran quickly on my laptop. The video images have adequate resolution and can be expanded for closer inspection. I found most of the videos and image diagrams to have excellent quality and help clarify the explanations in the text.

The subject matter is well organized and extensive. The subject chapters progress in complexity and question difficulty. Each group of 10 chapters roughly correlates with novice, intermediate, and advanced levels of expertise. The subject matter and format are well suited to the goal of testing TEE knowledge in preparation for the National Board of Echocardiography Perioperative TEE Exam.

Unfortunately, I found this DVD text to have a few significant problems. Throughout several of the chapters, I encountered a large number of errors in the text and the video links for the questions. A few of the questions were confusing, and I struggled with the appropriate answer. Most of the explanations were excellent, but I noticed a small number of errors in the text of the answers (e.g., speed of ultrasound in soft tissue was misquoted as 1,740 m/s). One answer merely stated "See Textbook." A couple of the tables used were very complex and difficult to read.

Some of the links seemed to be crossed with other videos in the same questions, which I found to be frustrating. Although most video loops were excellent, I found a small number of the video loops to be nonfunctional or to have poor resolution.

Several of the advanced questions required a large number of images to complete the answer. One complex question had greater than 20 videos and images referenced in the question. I found my interest waning about halfway through the images, and I had to force myself to push on in the name of journalistic integrity.

Overall, my impression is: Great idea! Great format! Great organization! But the questions and text need editing and proofreading. I was disappointed by the number of errors and would have been more disappointed if I were using the text to prepare for the Perioperative TEE Exam.

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**Anesthesiology.** By David E. Longnecker, M.D., David L. Brown, M.D., Mark Newman, M.D., and Warren Zapol, M.D. New York, McGraw-Hill, 2008. Pages: 2,278. Price: \$249.00.

There is a new kid on the block in the neighborhood of comprehensive anesthesia textbooks, *Anesthesiology* by David Longnecker *et al.* It is a daunting task to create a new comprehensive anesthesia textbook when established books already exist. It is impossible to avoid being compared to *Miller's Anesthesia*<sup>1</sup> and *Clinical Anesthesia* by Barash.<sup>2</sup> In this regard, *Anesthesiology* proves to be a reasonable alternative to these other texts.

The text is a single-volume book with an accompanying CD. The large size of the single volume requires a sturdy surface for reading, but it prevents the annoying task of indexing two volumes for a specific topic. The CD is primarily an image bank that is very user-friendly and allows the easy import of images into presentations.

The content is organized into nine parts that are identified by color-coded page edges that makes it easy to quickly find the section of interest. There are key points highlighted at the beginning of each chapter as well as extensive charts and tables to summarize important concepts. Part 1 is the expected history overview and the future of our specialty. Part 2 is a 20-chapter in-depth exploration of the challenges specific patient populations present in the preoperative evaluation. This is a welcome departure from the more limited overview of preoperative period some texts provide.

Part 3 addresses safety and risk reduction, including issues such as positioning and electrical safety. Part 4 comprises the majority of the text and covers the management of anesthesia. It includes chapters on monitoring, airway, pharmacology, regional anesthesia, and specialty

areas of anesthesia. This part could have been broken down into smaller parts to make the color-coded page index more useful. Part 5 discusses the postoperative arena.

Part 6 addresses critically ill patients and has chapters that look at the many roles that anesthesiologists perform in the care of this difficult patient population. It includes pathophysiology, ventilation, and overall care of trauma, burn, and other critically ill patients. There is even a chapter dedicated to the transport of critically ill patients, which has become a frequent activity of many practitioners. Part 7 is labeled *Special Considerations* and reviews the broad topics of blood therapy, cognitive dysfunction, central nervous system protection, anaphylaxis, malignant hyperthermia, and thermoregulation.

Part 8 elucidates the nuances and challenges of caring for patients with chronic pain. In addition to medical management of chronic pain, interventional procedures are covered. Finally, part 9 discusses practice related issues such as legal, economic, and substance abuse.

Echocardiography is an essential tool in cardiac anesthesia, and its usefulness in noncardiac patients continues to expand. Recognition of echocardiography's broad utility has emphasized the power of this clinical tool. This text provides a good introduction to transesophageal echocardiography, but primarily limits the discussion to cardiac anesthesia.

Whereas most current texts discuss the pharmacology of intravenous agents, this text is unique in its dedication of entire chapter (chapter 42) to total intravenous anesthesia. This is a refreshing recognition of the utility and potential advantages of total intravenous anesthesia. This chapter discusses techniques and drug combinations in addition to total intravenous anesthesia-specific concerns such as drug interactions, context sensitivity, and target-controlled infusion.

This text is a good compromise between the vastness of *Miller's Anesthesia*<sup>1</sup> and the clinical focus of Barash's *Clinical Anesthesia*.<sup>2</sup> *Anesthesiology* does an excellent job of covering all the pertinent topics in an organized manner. Like the other comprehensive texts, it is unlikely to be read cover to cover, but provides a superb clinical reference for residents and practicing anesthesiologists.

Any new textbook in field with well-established texts faces an uphill battle, but with its unique organization and clinical focus, *Anesthesiology* will create many satisfied customers.

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## References

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2. Barash PG, Cullen BF, Stoelting RK, editors. *Clinical Anesthesia*, 5th edition. Philadelphia, Lippincott Williams & Wilkins, 2005

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