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Regional Anesthesia for Ambulatory Surgery: Patient Centered Outcomes and Health Economics (International Anesthesiology Clinics 49, Number 3, Summer 2011). Edited by John J. Laur, M.D., M.S., and Brian A. Williams, M.D., M.B.A. Hagerstown, Maryland, Lippincott Williams & Wilkins, 2011. Pages: 123. Price: \$176.00.

Since the *International Anesthesiology Clinics* publication of a symposium issue on regional anesthesia for ambulatory surgery in summer 2005 (Volume 43, Number 3), the field of ambulatory regional anesthesia has continued to expand and is constantly breaking new ground. Naturally, this fast-paced expansion brings new challenges for the regional anesthesiologists' day-to-day practice. An update of the 2005 publication would be valuable and this book, *Regional Anesthesia for Ambulatory Surgery: Patient Centered Outcomes and Health Economics (International Anesthesiology Clinics Volume 49, Number 3)*, accomplishes that and serves as an easy reference point for the "on-the-move" regional anesthesiologist. To cover the large range of relevant topics submitted, chapters were broken down into separate issues. This issue is the first of three.

The first of two categories covered in this edition is patient-centered measurements of success. The concise and relevant information given in this compilation of chapters is wonderful. It starts by asking how you define "success" in regional anesthesia and who has a stake in our success. There is a nice, clearly written summary of possible desirable outcomes for a "successful" block from the perspective of the three stakeholders: the patient; the anesthesiologist; and the surgeon.

The next patient-centered outcome specifically looks at the armed forces. This excellent chapter (one of very few of its kind in the literature) provides us with the unique opportunity to become familiar with the rationale and approaches the military is currently using for the treatment of acute pain. With the abundant amount of information coming from the wars in Iraq and Afghanistan in all areas of medicine, this book gives insight into how regional anesthesia is playing an increasingly relevant role in patients with acute and chronic injuries on the battlefield. The armed forces are adopting the philosophy of acute pain medicine services and emphasize its importance at each one of its levels of combat care. Although there are still flaws in the organization of the acute pain services within the military medical services, it is very exciting to see the dramatic speed of change in the past 10 yr. It will be interesting to see this continued development and its effect on civilian acute/chronic pain.

In keeping with the patient-focused section of this book, there are valuable, very informative chapters dedicated to new criteria of same-day discharge when the postanesthesia care unit is bypassed. A relevant summary of regional anesthesia lessons is taken from review of the American Society of Anesthesiologists Closed Claims Project. Another great aspect of this section helps give insight for the ambulatory regional anesthesiologist when confronting the problem of a patient postblock neural dysfunction. It highlights the importance of establishing a regional anesthesia follow-up clinic, which could be beneficial in providing care for these patients and facilitate communication with referring physicians.

The second section of this book is aimed at the ever-present issue of economics in regional anesthesia. We found this group of chapters to be a comprehensive, thorough, and practical review of very pertinent issues affecting the ambulatory regional anesthesiologist in the current billing climate. There is a detailed listing of different models for projecting costs and revenue. The reader could easily use these models to show hospital administration the potential for future earnings. Current issues with billing for regional anesthesia are addressed and recommendations, such as having separate regional anesthesia procedure notes, are highlighted. The examples of savings incurred by specific supply usage given in this book were astounding. It shows clearly that the only way to practice regional anesthesia at the present time is being mindful of cost.

Science, technology, cost, and current patient care demands have contributed significantly in the transition of the regional anesthesia field to the one of perioperative pain medicine. The rationale and significance of this progress are analyzed in an expert manner in the last chapter of the book.

Regional Anesthesia for Ambulatory Surgery: Patient Centered Outcomes and Health Economics is a great update for the practicing regional anesthesiologist. The editors, most of them experts in their field, have done a great job in placing the broad and ever-expanding topics in similar sections. This issue serves as a reference point for the most recent patient outcomes and the current changes in regional anesthesia economics. We strongly recommend this book for anyone who wishes to not only remain up to date but also be enlightened about future directions of the field of ambulatory regional anesthesia.

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