

**Clinical Fluid Therapy in the Perioperative**

**Setting.** Edited by Robert G. Hahn. London, United Kingdom, Cambridge University Press, 2011. Pages: 218. Price: \$49.00.

Few issues in the perioperative period are more complex than fluid management. Although several articles have been published over the years debating the approaches to appropriate fluid administration during surgery, there has been a paucity of comprehensive texts on the subject. That is why *Clinical Fluid Therapy in the Perioperative Setting*, edited by Robert G. Hahn, is a welcome addition to the discussion of perioperative fluid management. This short paperback is an ambitious collection of 21 chapters designed to serve as the authoritative reference pertaining to fluid management for anesthesiologists. Each chapter is written by an expert and draws from a broad international crowd.

The book begins by reviewing the types of fluids available for administration and evidence-based general recommendations with varying clinical scenarios (*e.g.*, intraabdominal surgery, spinal anesthesia). This is both a good starting point for the anesthesia resident and a good review for the practicing anesthesiologist. The authors of this text do an excellent job of reviewing the literature and developing recommendations, although at times the evidence may be weak and the recommendations may seem a bit too rigid to some. For the most part, however, this text is characterized by a robust review of the evidence. This is evident in discussions such as

those pertaining to restricted, liberal, and goal-directed fluid management and important long- and short-term outcomes.

The middle chapters expand the discussion to hemodynamic monitoring techniques and guiding goal-directed fluid therapy, making this text especially useful. The available hemodynamic monitoring techniques, both invasive and noninvasive, were reviewed with discussed endpoints and goals of fluid therapy. An entire chapter was also dedicated to normovolemic hemodilution.

The last portion of this book dedicates individual chapters to various conditions, including adverse reactions, sepsis, hypovolemic shock, and hemorrhage. These topics help make this book a complete reference for rational fluid resuscitation in all perioperative patients. The hypovolemic shock and uncontrolled hemorrhage chapters nicely complemented one another.

Although there is some redundancy in materials between chapters, each chapter can be read independently and reviewed quickly. Overall, this is a well-written and well-referenced text focusing on key elements of perioperative fluid management. This book succeeds as a great reference and would be a nice library addition for readers of all levels.

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