

James C. Eisenach, M.D., Editor

Second Opinion: The Columbia Presbyterian Guide to Surgery. By Eric A. Rose. St. Martin's Press, New York, 2000. Pages: 350. Price: \$27.95.

Vignette: You are completing a preanesthetic evaluation on a patient who is scheduled for a laparoscopic tubal ligation. When you ask if she has further questions, she begins with a litany of queries generally addressed by the patient's surgeon, including what the surgery entails and what her options are. You realize this patient truly does not understand what the surgery means. How could this patient have obtained more information?

Dr. Eric A. Rose, Surgeon-in-Chief, Columbia Presbyterian Center, has written a patient-focused, clearly worded, no-nonsense guide designed to empower the patient to be an active participant in his or her surgical treatment planning. Dr. Rose believes no patient should have surgery without first understanding the medical problem at hand and how the operation is going to help that problem. He maintains that if the patient is unsure of either issue, he or she should seek a second opinion. The book describes (1) the mechanism of obtaining a second opinion and (2) actually what could be obtained in a second opinion for 45 separate surgeries.

Second Opinion is divided into three parts. Part 1, "Do I Need Surgery?" gives practical guidelines designed to help enable the patient in becoming an active and enlightened health care consumer. The first chapter, "Understanding Your Medical Problem, and its Surgical Solution," assists in formulating questions that should be asked for the patient to understand the risks, benefits, and complications of any proposed procedure. Dr. Rose encourages the reader-patient to be proactively involved in the decision-making process, including assuming the responsibility to "choose medical professionals who are caring and knowledgeable." He gives advice on ways to better understand the medical condition, how the surgical procedure will help correct the condition, and how to assess risks. The remaining chapters in part one deal with the mechanism of obtaining a second surgical opinion, evaluating the alternatives to surgery, and finally, choosing the right surgeon. The last chapter discusses what to look for in a surgeon and how to evaluate his or her experience, education, certification, and credentials.

In part 2, the chapter "Before, During, and After: Optimizing Your Hospital Stay" contains recommendations regarding prehospital arrangements together with information on advance directives, living wills, and "do-not-resuscitate" orders. "Using Special Services" explains auxiliary hospital services, including that for autologous blood donations. "Planning Your Hospitalization" contains a section on anesthesia evaluation in which the author advises the patient-reader to insist on a visit with the anesthesiologist in advance of the operation and reviews the role the anesthesiologist will have in the presurgical process. "What to Expect in Recovery" deals with the postanesthesia and intensive care units as well as the ward. The section of this chapter devoted to pain mentions the importance intraoperative anesthesia care has on pain management and introduces regional anesthesia and patient-controlled analgesia.

The chapter of most interest to the anesthesiologist and to many patients is "What You Need to Know About Anesthesia." Drs. Ellise Delphin and Andrew Feit, anesthesiologists acknowledged by the author in the first page of the book, obviously contributed significantly to this chapter. The critical importance of the anesthesiologist in patient care is highlighted throughout, a refreshing articulation from a surgeon-author.

The bulk of the book is in part three, "What's Going to Happen to Me," in which 45 different surgical procedures are described. Each separate section follows a similar format discussing: the part of the body subject to the operation, reasons for having the operation, what

could happen if one doesn't have the surgery, factors that increase risk, possible complications, probable preoperative tests, basic steps of the operation (including anesthesia), and what to expect postoperatively. Illustrations complement nicely the clear and concise description of each procedure. The most common types of elective breast, skin, cardiothoracic, endocrine, gastrointestinal, urologic, orthopedic, reproductive, transplantation, and vascular surgery are described, however, notable exceptions of common surgeries such as tonsillectomy, myringotomy, Caesarian sections, dilation-curettage, and open reduction-internal fixation are not mentioned.

The author has succeeded in educating patients on what to expect in regard to anesthesia and surgery and empowers them to be educated, informed, and assertive collaborators in their health care decisions. This will be an easy book for you to recommend to family, friends, and patients who may have questions about their planned laparoscopic surgery.

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Acute Pain Management: A Practical Guide. By Pamela E. Macintyre, L. Brian Ready. Harcourt Health Sciences, 2001. Pages: 258. Cost: \$36.00.

"Location, location, location" is the common advice when shopping for housing and "audience, audience, audience" could be considered the corollary when shopping for a textbook. The authors of *Acute Pain Management* rightly state in their preface that their target audience is nurses, medical students, and junior residents. This audience will find the book useful and full of information, whereas senior residents, fellows, and pain medicine physicians may be disappointed.

The introduction does a succinct job of discussing rationale for treatment of acute pain and measurements of pain, although a brief summary of evidence for beneficial effects of acute pain management on costs and outcomes would have been welcome. The chapters on pharmacology of opioids and local anesthetics do a nice job of summarizing analgesic effects, side effects, and treatment of side effects. Chapters on delivery of opioids, including patient controlled analgesia, are well written and provide very nice examples of order forms and protocols used by the authors' institutions. The chapter on epidural analgesia is a bit weaker. Epidural opioids and continuous epidural infusions are well covered. However, the section on trouble shooting epidural analgesia fails to discuss common clinical management strategies such as changing ratios of local anesthetic to opioid to address component specific side effects (e.g., decreasing amount of opioid to reduce risk of pruritus) or use of "multi-modal" analgesia to treat inadequate analgesia (e.g., nonsteroidal anti-inflammatory drugs, PRN intravenous opioids). More recently investigated agents such as clonidine and epinephrine and more recent delivery techniques such as patient controlled epidural analgesia are barely mentioned, as are spinal opioids. Again, nice examples of continuous epidural infusion order forms from the authors' institution are provided. The sections on other techniques and agents for acute pain management are quite superficial and do not begin to cover continuous peripheral nerve techniques, transcutaneous electrical stimulation, acupuncture, or nonsteroidal anti-inflammatory drugs. The section on the opioid-dependent patient will be very important for the designed audience but

primarily covers systemic opioids. Epidural analgesia in this population is barely addressed. The section on acute neuropathic pain could probably be eliminated, as this area begins to crossover into chronic pain, and the space would be better devoted to the previously mentioned bare spots. Overall, this will be a helpful guide for the target audience in addressing management of conventional delivery (systemic, continuous epidural infusion) of conventional agents (opioids

and local anesthetics) for acute pain. This guide would also be useful for the pain medicine practitioner looking to start an acute pain service and needing to in-service staff and design order forms and protocols.

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