In Chapter 1, the editors declare that ‘medicine is medicine, whether a patient has just undergone or, is about to undergo, a surgery’ revealing the book’s roots in a North American concept of healthcare. Eighteen contributors are listed, of whom only two are anaesthesiologists. All save two work at the University of Washington Medical Centre, Seattle. In the model described, internists (physicians) provide advice to surgeons on preoperative medical optimization and risk assessment of surgical patients. The advice stops at the door of theatres and picks up again when the patient is back on the ward—for the UK this represents an unfamiliar and fragmented model. The majority of the book follows a systems-based approach to perioperative care, divided into preoperative and postoperative phases, with a big void in the middle which in the UK would be occupied by an anaesthetist providing continuous care.

There is nothing anywhere about ‘shared decision making’, save for a chapter on assessing patients’ incapacity to participate in informed consent. In contrast, the US approach is rather surgeon centred: despite much balanced discussion in the text, many important decisions, such as what to do about perioperative antiplatelet therapy, are ultimately devolved to the surgeon’s preference. In this book, anaesthesiologists appear to know little about perioperative medicine and are there primarily to place monitoring and give drugs. ‘Anesthesia Pearls’, one of the very few chapters written by an anaesthetist contains a section entitled ‘Anaesthesia terminology to be familiar with’ that verges on the comedic, consisting solely of ASA and Mallampati scores. Similarly, a plea to her physician colleagues not to commit to paper such gems as ‘avoid hypoxemia and hypotension’ in medical consults betrays an exasperation that the author presumably regularly feels.

Problems translating this book from US to UK practice abound. Our benchmark—the complex topic of cardiovascular risk stratification—comprises 10 short pages and was based on the American Heart Association/American College of Cardiologists (AHA/ACC) 2007 guidelines. It is reassuring to see the familiar Lee’s Revised Cardiac Risk Index prominently displayed. The European Society of Cardiology guidelines (2009) are mentioned, and briefly contrasted to their American counterpart. However, perioperative cardiac risk assessment in Washington appears to be primarily based on specialist cardiology investigations and opinions. There are a few lines on dobutamine stress echocardiography and myocardial perfusion imaging, but dynamic testing of functional capacity such as cardiopulmonary exercise testing, now widely practiced in the UK, is not mentioned.

The book is not entirely without merit. In general, the text is very readable, and is enhanced by excellent tables. The single illustration (of surgical options for weight-reduction surgery) is of good quality although unnecessary. There are plenty of informative moments scattered within the 280 pages. Chapters on diverse topics such as Parkinson’s disease, haemostasis, cerebrovascular disease, rheumatoid arthritis, atrial fibrillation, and perioperative beta blockade are succinct reviews of relevant and current literature and provide a useful source of references.

However, it is consistently difficult to look through the smokescreen of the US model of healthcare delivery to find these nuggets. Crucially, inconsistency of layout, structure, and scope detracts from the book’s suitability as a quick reference text. Some sections suffer from overindulgent editing and there is plenty of duplication [e.g. bridging therapy is covered in detail in three different chapters (under atrial fibrillation, anticoagulation, and venous thromboembolism)].

There were many low points. ‘Postoperative evaluation’, written by two physicians, is particularly poor—notes on physical examination are limited to temperature and arterial pressure, and the five lines of text advising postoperative management of arterial pressure problems incredibly make no mention of hypotension. There was practically no discussion anywhere of analgésic techniques and related problems and in fact neither ‘Pain’ nor ‘Analgesia’ (let alone ‘epidural’) merit inclusion in the index. For us, however, the final chapter entitled ‘Surgical procedures overview’ was the nadir: skeletalized sketches of postoperative courses of various operations followed by a few ‘tips’ for physicians, but devoid of the substance required to be truly informative.

Who would benefit from this book? It is certainly not a ‘how to’ guide for inexperienced junior doctors or anaesthetists in admissions ward or a preoperative clinic. For the most part, the chapters are more like conversations with experts around a topic rather than a reference text: they are interesting if you know a lot already but would not help you to cope if you did not. Ironically, the target market in the UK might therefore be for those anaesthetists who already see themselves as perioperative physicians.

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Overall I like this book; would I recommend it?
I have had the book for just over 5 weeks and it has more than 1100 pages. Have I read it all? No. Will I be going back to it? I certainly will.

So, the question remains—should you read it? If you are an airway expert/enthusiast then definitely yes you should. If you do not consider yourself an airway enthusiast, one of the key messages from the book is that you probably should consider yourself so! Anaesthetists are universally recognized as the airway experts of the medical profession and we are all encouraged at various points in the book to make advanced airway management part of our career long learning.
Skipping to the last line of this review: for the airway expert, it provides an excellent challenge to your current thinking. For every anaesthetist, it is a comprehensive resource that you should be able to access in your local library.

The first section of the book is one of the highlights, an excellent reference resource covering the anatomy of the airway, followed by a chapter on radiological airway imaging including an easy to understand explanation of computed tomography (CT) and magnetic resonance imaging (MRI) (I now understand what T2-weighted imaging means and why head and neck surgeons tend to choose this modality pre-surgery) and then there is a comprehensive look forward to the future of bedside ultrasound (US) airway imaging which I suspect will be seen as routine for the majority of anaesthetists in 5–10 yr time. There are also useful up-to-date refresher chapters for anyone who teaches the physics or physiology of the airway.

The book inevitably has a North American feel (although there are a reasonable number of European chapter authors) and this is apparent in the Definitions and Algorithms chapters in Section 2. The bulk of the text covers specific Airway Techniques (Section 4) and Difficult Airway Situations (Section 5) throughout which there are detailed discussions about nearly every technique available (which is great for the airway expert) but without clear direction as to which are ‘good’ and which are ‘not so good’ (which is perhaps not so great for the non-expert looking for definitive guidance). Each chapter finishes with ‘Conclusions’ and ‘Clinical Pearls’ which is a good system giving the reader a high-level ready reference.

A really good final section is ‘Societal Considerations’ which highlights our responsibilities for teaching airway management, for ensuring that information regarding patients with difficult airways is readily available to the profession and drawing lessons from the ongoing US closed claims analysis.

One specific downside of the book for me was that not all references are detailed in the hard copy version, so when I read things that I felt needed challenging the particulars of the references often were not available; however, for anyone who buys the book, the whole text is available online (I managed to register for this in ~2 min) giving access to all the references along with ‘single click’ access to the relevant abstracts. This online version, for those comfortable with reading on lightweight laptops and tablets, is fabulous with the added feature of a simple but comprehensive text search facility. There are also several video links which could have been a brilliant addition to the book but do not really give enough detail to be of value for the occasional airway anaesthetist and are not comprehensive enough to give added value to the expert.

It is easy to critique a book and point out where it could have been improved. It is by no means as easy to write an excellent reference work, which is exactly what this is. I do not believe that there is a better book covering all aspects of airway management.

So to recap, for the airway expert this book provides an excellent challenge to your current thinking. For every anaesthetist, it is a comprehensive resource that you should be able to access in your local library.

**Declaration of interest**

None declared.

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