**BOOKS, ETC.**


Dr Bryson is to be congratulated on his clear, concise, and easily comprehended text addressing the incidence, impact, dynamics, genetics, and neuroscience of chemical dependency among healthcare professionals. This is a remarkable feat considering the persistent taboos, biases, and denial that surround an honest exploration of these issues. The text covers epidemiology, identification, intervention, co-occurring morbidities, treatment, monitoring, and reentry to clinical practice.

There are many well-articulated clinical scenarios that highlight the impact of this brain disease on the affected clinicians, their families, their clinical practice, and most importantly their patients. The text demonstrates an excellent balance between our need to have a compassionate understanding of the science of chemical dependency and our obligation to proactively address the public safety implications of the chemically dependent healthcare professional before and after treatment. Dr Bryson clearly reviews the basic science concepts that underpin addictions in easily comprehended language that effectively complements the numerous case examples.

This text is a most valuable addition to our library of critical resources for healthcare education in general and, I believe, should be required reading for anesthesia trainees, faculty, and seasoned clinicians. The easy-to-read style of basic scientific explanation in lay language, enlightened with narrative illustration, makes it understandable for the nonhealthcare professional audience as well. I am hopeful that this inexpensive and eminently readable text will save lives as we move forward with defining the standards for fitness for duty.

*Art Zwerling, CRNA, DNP*

Chief Certified Registered Nurse Anesthetist
Department of Anesthesiology
Fox Chase Cancer Center
Philadelphia, Pennsylvania


“Fentanyl/Lidocaine/Propofol/Muscle Relaxant … ventilate … turn some gas on … ventilate … turn gas off … set mask down … intubate … leaving high flows of oxygen on throughout.”

The authors of this text suggest that turning the gas flow (but not the vaporizer) off during intubation is a good practice. They write: “This maintains postintubation concentrations close to preintubation levels and decreases operating room pollution” (page 201). It makes good sense when you think about it, and yet it is not common practice.

*A Practical Approach to Anesthesia Equipment* provides many such pearls for both novice and expert practitioners. Although the book is described by the authors as being geared toward trainees, it offers insight to the experienced provider as well in that it challenges the efficacy of many “routine” practices. This text is brought to us by the authors of *Understanding Anesthesia Equipment,* of which the fifth edition was published in 2008. The new outline format makes referencing specific topics fast and easy. Both color and black-and-white images supplement the text, contributing nicely to the readers’ understanding of the equipment described. The eye is naturally drawn to the “clinical moments,” which are highlighted boxes embedded in the text describing clinical situations related to equipment. If you are short on time, these are your “take-home” points.

In addition to the wealth of knowledge on equipment, there is a nice chapter on latex allergy. The authors provide insight to the age-old question of whether those darn rubber stoppers should be removed from medication vials before drawing up drugs for latex-allergic patients. Other welcome topics include ultrasonic equipment; operating room fires; and cleaning, disinfection, and sterilization. The authors address the question, Do all opened disposable endotracheal tubes need to be tossed? They state that “studies indicate that tracheal tubes can be used for up to 28 days after being opened but not lubricated or removed from the package.”

For those who cling to the smell of a “real” book and savor the feel of the pages on their fingertips, the printed text can be purchased on
Amazon for approximately $67. (The book is slightly smaller than Morgan and Mikhail.) For approximately $63, you can purchase the Kindle ebook and simply download it to your tablet. Perhaps in the future, anesthesia students will look at both hardcover textbooks and metal laryngoscope blades with the same question in mind: How did you ever use those? In the meantime, I would recommend this text as a nice addition to the anesthetist’s collection and certainly a must-have in the library of any teaching institution.

Marli Kern, CRNA, MSNA
Staff Nurse Anesthetist
Virginia Commonwealth University Medical Center
Richmond, Virginia
Clinical Instructor
Department of Nurse Anesthesia
Virginia Commonwealth University
Richmond, Virginia