
This clinician-friendly handbook is the third edition of the *Manual of Obstetric Anesthesia*, originally published in 1984 by the late Gerard Ostheimer, MD. David J. Birnbach, MD (editor), has assembled 19 authors, all of whom trained under Ostheimer, for this work. Of note is his inclusion of clinicians as well as academicians. The *Manual* reflects the approach to clinical obstetric anesthesiology care developed and practiced at the Brigham and Women’s Hospital, Harvard Medical School, Boston, Mass, and incorporates numerous changes in the field of obstetric anesthesiology that have occurred since the second edition was published in 1992. All chapters have been rewritten to include current practice guidelines. Evolving techniques, such as combined spinal-epidural anesthesia and the newest local anesthetic ropivacaine, have been included (I-bupivacaine was introduced after the publication date).

In addition to the expected topics of anatomy, physiology, techniques, and complications, the book’s 18 chapters include discussions of legal and ethical issues and American Society of Anesthesiologists’ and American College of Obstetricians and Gynecologists’ overall guidelines for obstetrical anesthesia care.

As expected in any work with multiple authors, there is some duplication of material. However, this is not distracting and does allow the reader to stay on task without flipping to other chapters for reference.

The student need only follow the “Academic Goals for an Obstetric Anesthesia Rotation” (objectives) at the beginning of the *Manual* to ensure a complete review of pertinent material. This list is even printed with “check-off boxes” to guide the reader. In addition, each chapter is replete with highlighted “key points” that, as the title implies, underscore the principal concept of the preceding text.

While this clear and concise book is geared ostensibly toward trainees, all clinicians involved in obstetric care will benefit. Fortunately, the *Manual* has returned to its previous convenient, pocket-sized format. Its moderate cost ($45) makes it a “must have” for students rotating through labor and delivery as part of their generic training, as well as a quick reference for all practitioners and nurses working in labor and delivery suites.

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For the first time, a comprehensive book has been published that examines the different aspects of awareness and memory formation of the surgical patient during the intraoperative period.

Anesthesia providers comprise the target audience for the book, but with the inclusion as authors of internationally known clinical and laboratory researchers from many disciplines, this book has implications for many professions. Some professionals who may use this resource to gain insight into their practice or program of research are dentists, psychologists, and neurologists, as well as laboratory researchers who may be striving to understand the complex mechanisms of memory formation. In addition, the book’s simple but comprehensive explanations would enlighten the novice researcher who is beginning a laboratory or clinical program of research in the area of memory formation.

The book strives to address 3 major areas: the conceptual underpinnings of awareness and memory formation, the implementation of various types of clinical instruments that may objectively examine this phenomenon, and consequences of intraoperative memory formation for the surgical patient and healthcare team. The significance of each area will be briefly described here.

The conceptual underpinnings of awareness and memory formation are addressed in the first 2 chapters of the book. The authors provide a concise definition of explicit and implicit memory formation. In addition, the terms “awareness” and “recall” are differentiated. An understanding of these terms is crucial, as the
authors build upon these definitions in describing the conceptual linkages that lead to a precise methodological approach to examining this phenomenon in the clinical or laboratory setting. In addition to providing a conceptual understanding of this phenomenon, the authors specifically address the anesthesia audience by providing the historical perspectives of this phenomenon, the incidence of explicit and implicit memory formation during the intraoperative period, and 10 suggestions that may prevent recall during the intraoperative period. In providing these 10 suggestions, the authors address the potential issue of intraoperative recall or awareness during the emergence phase of anesthesia due to the new anesthetic agents that promote a rapid emergence from the unconscious state.

After an extensive discussion of the conceptual underpinnings of memory formation, the book explains how these concepts could be measured in the clinical setting. Instruments that examine this phenomenon, including the bispectral index monitor (Aspect Medical Systems, Inc, Natick, Mass), auditory evoked potentials, and the isolated forearm technique, are presented in an insightful manner by researchers who are experts in the use of these instruments in the clinical setting. The authors clearly describe each instrument and its clinical implications and summarize recent research studies that evaluated the instrument during the intraoperative period. The only instrument not discussed that deserves further attention is the FACE monitor (Patient Comfort LLC, Chatham, NJ), an instrument that is currently being examined in evaluating the patient's depth of anesthesia.

In a discussion of how the clinical instruments may measure the occurrence of intraoperative memory formation, the third aspect of this book explored the potential consequences of having a surgical patient express or demonstrate intraoperative memory formation during the postoperative period. The issues of post-traumatic stress syndrome and medical/legal litigation are discussed, and the book provides case reports and approaches to use in avoiding these complications. In addition, the author who discussed the medical/legal implications of intraoperative memory formation discussed findings from the United Kingdom and United States. These discussions were important because practices are different in various parts of the world, and the generalization of these findings to all areas of the world may be inappropriate.

In summary, the book is presented in a logical order with many illustrations and tables to support the text. The theoretical components are presented before the discussion of approaches to evaluate this phenomenon. Rationales and directions for treating the complications of intraoperative memory formation also are discussed. In future editions, additional discussions on the FACE monitor would be advantageous, but with the current transitioning of technology to evaluate this phenomenon, discussions on new instruments also will likely surface. Each chapter is extensively referenced, and the editor was insightful in including experts from various fields. Because of this approach, this book applies to many practitioners and researchers outside of the profession of anesthesia and should be incorporated in one's reference library.

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Correction
Joyce W. Kelly, CRNA, EdD, one of the authors of the Education News column in the June 2001 AANA Journal, was incorrectly noted as having a PhD. The column titled "The case for teaching history to student nurse anesthetists," began on page 179. We apologize for the error.