



BOOKS, ETC.

Current Therapy in Pain, edited by Howard S. Smith, MD. 674 pages, \$134. Philadelphia, PA: Saunders Elsevier, 2009. ISBN: 978-1-4160-4836-7.

This book is an excellent resource if you are looking for in-depth information for the diagnosis and treatment of chronic pain conditions. Thirty-three of the chapters describe various chronic conditions and offer treatment options from conservative to surgically invasive. The book is well organized overall, and the section on interventional approaches to pain management is a good reference for those practicing in this arena.

The chapters on the assessment of pain in the special populations are excellent, particularly the chapter on the nonverbal geriatric and pediatric populations. Discussion of the multidisciplinary management of the chronic pain patient is refreshing. The acute pain management section is not as extensive as the chronic pain section, and I found the description of regional anesthesia techniques to be lacking. The description of the blocks is very limited, and there is no discussion of the use of ultrasound guidance for placement of the blocks or peripheral nerve catheters.

The chapter on “Perioperative Use of COX-2 Agents” was written by Scott Reuben, MD, and, unfortunately, he references his research that has since been retracted because of scientific misconduct. Although the chapter is extensively referenced, it is wise to read this chapter with the knowledge that the author may be presenting the

research with a biased opinion.

The book is an Expert Consult title and therefore it is possible to access the entire textbook online. Is it a good textbook for students? No. The topics in this book are for the advanced practitioner who is practicing interventional pain techniques. It covers the different types of chronic pain, pharmacological options, and interventions. It is not a good reference if you are primarily interested in acute pain or regional techniques.

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Rapid Sequence Intubation and Rapid Sequence Airway, 2nd edition, by Darren Braude, MD, EMT-P. 192 pages, \$50. Albuquerque, New Mexico: University of New Mexico School of Medicine, 2009. ISBN: 978-0-578-00903-2.

The second edition of *Rapid Sequence Intubation* is a good read with scattered worthwhile pearls. It is well organized with about 190 pages, although the actual text would fill perhaps 20 to 25 pages of a standard paperback novel because of (1) numerous pictures and tables, most of which are helpful, though others are redundant and designed to reinforce material in the text such as the identical Lidocaine table on page 34 and 35; and (2) the format with very broad margins used for pictures, brief points of emphasis, and a peculiar system of small icons labeled “Caution”, “EBM” (evidence-based medicine), and the symbol of a key in the margin. I did not look at these or use them although a student

might appreciate the designations.

The book’s primary audience is intended to be broad but mentioned that the skills taught should only be performed by a licensed physician or Certified Registered Nurse Anesthetist or in the context of prehospital emergency medical services (EMS). The writing is informal using slang suggesting an EMS focus.

Certain avant-garde concepts were interesting. One was “RSA” or rapid sequence airway—giving the induction and paralytic drugs followed by an “EAD” (extraglottic airway device), such as a laryngeal mask airway. Also, the concept of “3 strikes and you’re out” emphasizes that complications dramatically increase beyond 3 laryngoscopies. The book emphasizes RSI (vs conscious intubation) as a primary airway management.

References are provided for each chapter rather than footnoting. The author uses a number of mnemonics that provide tools for students and practitioners. In several instances, tables for drugs with different doses for various indications are found without clear labeling. This could cause confusion. In the description of the Mallampati scoring system we *are not reminded* that the patient *should not say* “ahh.”

With use of the bougie, Baude recommends rotating the endotracheal tube if initial passage fails. Our experience is that passage is more likely to be successful if the tube is backed out a centimeter or two, turned, and then reintroduced. Another technical point not mentioned is that the patient can be Ambu-ventilated with the bougie in place by moving it to

the corner of the mouth. In the discussion of intubating through an EAD, the suggestion of passing an endotracheal tube is made. We believe the tube should be inserted reversed 180 degrees from the device to give an appropriate angle of exit to facilitate passage. Discussion of the controversy of the Sellick maneuver is excellent and timely. The last chapters on legal issues and documentation, along with questions and answers, are concise and helpful.

The illustrations and organization make this an excellent text for flight crews and other prehospital airway managers. Anesthesia trainees, emergency medicine residents, physicians, and experienced anesthesiologists may find the book useful.

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Handbook for Stoelting's Anesthesia and Co-Existing Disease, 3rd edition. Roberta L. Hines, MD; Katherine E. Marschall, MD; eds. 510 pages, \$54.95.

Philadelphia, PA: Saunders, 2009.
ISBN: 978-1-4160-3997-6.

Anesthesia providers count on specific information when using books as a reference. Most of our patients, if not all of them, have some sort of co-existing disease processes occurring at the time of surgery. It is of the essence that we as providers thoroughly understand the disease, pathophysiology, and management of the patient under anesthesia.

Handbook for Stoelting's Anesthesia and Co-Existing Disease leads us through a condensed, yet precise, explanation of the disease processes and how to manage the disease.

This handbook offers anesthesiologists, nurse anesthetists, and nurse anesthesia students a summary on specific medical conditions. It starts off by explaining the disease process, so that we have a concise understanding of the disease. By including updated information of the clinical signs, pathophysiology, and treatment, we are able to obtain the information we need in a relatively short time.

The chapter titled "Respiratory Diseases" was written very well. The pathology of asthma, chronic obstructive pulmonary disease, and

restrictive lung disease are nicely described. The text discusses the diagnosis of each disease and utilizes such things as pulmonary function tests, which are described succinctly and precisely. It also covers flow volume loops with each disease process using easy-to-read figures, which are critical to understanding the disease. In addition, the text summarizes pharmacologic agents and treatment of the diseases such as asthma with corticosteroids, β -adrenergic agonists, anticholinergics, and methylxanthines.

Each chapter offers succinct tables with information that will guide the anesthesia provider through preoperative, intraoperative, and postoperative management. The tables are user friendly and easy to follow. There are also illustrations that describe the anatomy and serve as a quick reference. The handbook is highly recommended for all anesthesia providers.

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