

BOOKS AND MULTIMEDIA OF INTEREST



Pediatric Cardiac Anesthesia. 4th edition, edited by Carol L. Lake, MD, MBA, MPH, and Peter D. Booker, MB, BS, MD, FRCA. 808 pages. \$129, New York, NY: Lippincott Williams & Wilkins, 2005. ISBN: 0-7817-5175-6.

Carol Lake and Peter Booker have completely revised this fourth edition of *Pediatric Cardiac Anesthesia*, with international writers from the United States, United Kingdom, Ireland, Canada, and Australia.

The textbook is newly organized into 7 sections: introduction, developmental issues, preoperative evaluation, principles of perioperative management, anesthesia for cardiac surgical procedures, postoperative care, and practice management. Comprehensive sections on postnatal development of cardiac intracellular organization, postnatal development of the cardiomyocyte, and neurohumoral influences on perinatal cardiac function are now included. Several new chapters have been added to the textbook discussing such topics as treatment of management postbypass myocardial dysfunction and postbypass pulmonary hypertension and respiratory dysfunction, as well as homeostasis, coagulation, and transfusion in the pediatric cardiac patient. In the section titled “anesthesia for cardiac surgical procedures,” several new additions are present. As seen in the prior edition, there are reinforced popular shadow boxes displaying summaries of perioperative management, which is separated from textual material. Postoperative

care is further explained in renal, gastrointestinal, hepatic, and neurological dysfunction. Innovative topics, such as pediatric heart disease in the developing world, quality in pediatric anesthesia, teaching pediatric cardiac anesthesiology, and anesthesia for cardiac minimally invasive surgery, are now included.

Color plates at the beginning of the textbook are especially noteworthy for their simplicity and clarity. Appendices that retain syndromes associated with cardiac defects and endocarditis prophylaxis recommendations have been expanded, which now include summary tables for the pediatric and the adult patient with congenital heart disease.

The authors have delivered a well-organized, comprehensive educational source of cardiac pediatric anesthesia covering all topics for patients undergoing cardiac surgery or noncardiac surgery as children or as adults. This textbook deserves a great compliment as the gold standard in the realm of pediatric cardiac anesthesia. Pediatric anesthesia providers should consider this textbook a must for their bookshelf.

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Laryngeal Mask Anesthesia: Principles and Practice, 2nd edition, by Joseph R. Brimacombe, MB, ChB, FRCA, MD. 699 pages, 387 illus-

trations, \$110, Philadelphia, Pa: WB Saunders, 2005. ISBN: 0-7020-2700-6.

There are few healthcare professions that will intentionally induce unconsciousness and apnea in a patient, followed by the rapid reestablishment of a patent airway. Yet this delicate balancing act is precisely what nurse anesthetists do every day. Whether caring for patients in the operating room or assisting colleagues in other departments, we understand how vitally important it is to be consummate experts in airway management. The anesthetist must be exceptionally knowledgeable and skilled in a wide range of airway management techniques. To this end, author Joseph R. Brimacombe has written a brilliant extraglottic airway management text for all anesthesia providers.

Laryngeal Mask Anesthesia is far more than just a book about laryngeal mask airways (LMAs). It is an extremely comprehensive clinical reference for the laryngeal mask airway and many other extraglottic airway devices. It is intended not only for anesthesia providers but also for other healthcare professionals in critical care and resuscitation settings. Each chapter of the text is composed of both literature analysis and practical guidelines for the anesthetist. The author makes a distinction on specific points by using the term “suggest” if backed by 2 studies, or “show” if supported by 3 studies and/or with a *P* value with meta-analytical testing. When greater than 5 studies

are used, the information is presented in a table format.

The 22 chapters of the text cover a vast array of extraglottic airway topics and clinical considerations in a clear and concise fashion. A discussion of the history and development of extraglottic airways sets the stage for a fascinating look at the many varied applications and clinical considerations for the LMA. Topics covered in the text include airway anatomy, LMA and phases of anesthesia, intensive care and resuscitation use, difficult airways, pediatrics, coexisting disease, surgery, variations in the LMA, trouble shooting problems with the LMA, and finally a look at other types of extraglottic airway

devices. Each informative chapter of the text has a wealth of colorful diagrams and detailed clinical photographs that greatly enhance the learning experience of the reader.

As I read the text, it became evident that the author was keenly aware of the many questions and controversies surrounding the use of LMAs. Anesthetists in the clinical setting often discuss and debate LMA issues such as which LMA insertion technique is superior, use of ventilators with LMAs, use of LMAs in the prone patient and with obese patients, laparoscopic procedures under LMA anesthesia, and removing the LMA with the patient “deep” versus awake. The author directly addresses these

controversial topics and also many unusual applications of LMAs, citing specific research studies and pertinent clinical considerations. The discussion and photos regarding the nasal placement of LMAs was particularly interesting.

Laryngeal Mask Anesthesia will enable all anesthetists to more effectively use LMAs as part of their overall research-based clinical practice. It is truly an enjoyable text to read and an invaluable reference for all anesthesia providers.

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Author's Clarification

Keene B. Pickard, CRNA, MSNA, author of the February 2006 article, “Converting from an endotracheal tube to tracheostomy: Description of a proposed alternative approach” (*AANA J.* 2006;74:35-38), would like to credit Elizabeth B. Salim, as the medical illustrator for Figures 1, 2 and 3.