Books, etc.


The familiar dictum “First do no harm” (erroneously thought to be in the Hippocratic Oath) has been a guiding principle for anesthesia providers since the advent of anesthesia. Yet, despite provider vigilance and advances in patient safety, anesthetic complications remain a fact of life. Complications in Anesthesiology addresses this difficult dimension of modern-day anesthesia practice.

The text is organized under 6 broad sections: general and medicolegal considerations, perioperative clinical considerations, equipment, anesthetic techniques, pharmacologic techniques, and risks to the anesthesia provider. Written by 124 different authors, the book is consistently clear and readable.

Each chapter begins with a case vignette followed by a discussion of relevant anesthetic issues. Critical questions such as “What is transfusion-related acute lung injury?” are posed and answered in detail. Specific topics are easy to locate; tables, figures, and illustrations reinforce the content of the text; “key points” summarize important information; and clearly cited references appear at the end of each chapter.

One chapter titled “Anesthesia, Perioperative Mortality, and Predictors of Adverse Outcomes” was quite informative and thorough. Significant attention was given to anesthetic deaths, comparing risks to predicting outcomes, and reviewing major risk categories. Not included in the text, however, were related studies such as the 2003 Pine et al study and the 2007 Washington State University obstetrical anesthesiology study, which found no significant difference in patient morbidity and mortality when anesthesia is provided solely by a nurse anesthetist or anesthesiologist.

Readers seeking to fully understand the complexities of anesthesia patient safety would benefit from the inclusion of these important studies.

There has been a need for an authoritative reference that addresses the avoidance, recognition, and treatment of anesthetic complications. Complications in Anesthesiology effectively meets that need. It is highly recommended for all anesthesia providers.

References


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