Regional Anesthesia for Ambulatory Surgery: Updates in Head-to-Toe Applications (International Anesthesiology Clinics 50, Number 1, Winter 2012). Edited by John J. Laur, M.D., M.S., and Brian A. Williams, M.D., M.B.A. Hagerstown, Maryland, Lippincott Williams & Wilkins, 2012. Pages: 162. Price: $176.00

With outpatient surgery continuing to grow and expand, more anesthesiologists will care for patients in the ambulatory setting. Although reasons for this are multifactorial, the practice of regional anesthesia has certainly played an invaluable role in this process. Indeed, regional anesthesia, including both single-injection and continuous peripheral nerve block techniques, are essential to the successful practice of ambulatory anesthesia.

In 2005, International Anesthesia Clinics published an unmatched text entitled Regional Anesthesia in Ambulatory Surgery. The updated text for 2011–2012 comprised three separate books: Volume 49, Numbers 3 and 4 and Volume 50, Number 1. The latter, to be reviewed, is entitled Regional Anesthesia for Ambulatory Surgery: Updates in Head-to-Toe Applications. (Volume 49, Numbers 3 and 4 have been reviewed in Anesthesiology 2012; 117:446–447.)

The first thing readers will like about this book is its small size. Readers unfamiliar with the 2005 edition will be impressed by how a book of this size can provide a thorough update of both the current and future state of regional anesthesia in ambulatory surgery. For both the beginner and advanced regional anesthesiologist, Regional Anesthesia for Ambulatory Surgery: Updates in Head-to-Toe Applications is a welcome and necessary addition to one’s library. As opposed to the countless atlases and ultrasound texts that readers have undoubtedly purchased, this book provides a comprehensive, yet concise, review of the ambulatory regional anesthesia literature from head to toe. Literally, from peripheral nerve blocks of the head and neck to ankle blocks, each chapter provides an organized synopsis of the literature to date and its clinical application. There are detailed chapters discussing truncal block techniques, including paravertebral, transversus abdominis plane, ilioinguinal-iliohypogastric, and rectus sheath blocks. These chapters educate the reader on the background, indications, techniques, complications, and other key essentials for understanding and performing these blocks. Additional chapters address current controversial issues in the practice and management of intrathecal anesthesia for ambulatory surgery, continuous peripheral nerve blocks and outpatient arthroplasty, and the future of peripheral analgesia as the next patient-centered advancement.

The authors’ unique insight into these topics will provide a fresh perspective for the reader’s current and future practice. Readers will use this book as an essential resource in their practice and/or teaching. They will appreciate the succinct manner in which this informative, quick read provides a detailed update of the past and current practice of regional anesthesia for ambulatory surgery and a novel look into its future.

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Advances in pharmacologic and invasive techniques have vastly transformed the general practice of cardiology into one with very focused subspecialties. Anesthesiologists must adapt to these advances, as our patients present to us with treatment modalities that are ever changing. Cardiology for Anesthesiologists explores several advances and describes their corresponding anesthetic considerations.

In the tradition of International Anesthesia Clinics, Cardiology for Anesthesiologists is not a comprehensive conglomerate of all things cardiology. Rather, it is an assortment of independent topics, each written by its own group of authors. The reader should not expect to learn how to interpret an electrocardiogram or how to treat new onset atrial fibrillation. The preface explains this by describing this text as one that stays off the “beaten path” and attempts to introduce fresher topics.

The book succeeds in this goal by presenting several topics that are not commonly covered in current anesthesiology texts, such as “When Cardiac Patients Need ECT” and “Inflammatory Diseases and the Heart.” “Perioperative Hypertensive Crisis: Newer Concepts” describes current literature and pharmacologic treatments and emphasizes the importance of evaluating pulse pressure rather than just suggesting a threshold for treating systolic or diastolic hypertension. In “Robotic-Assisted Cardiac Surgery,” the text leaves its strict cardiology theme. It presents a history of robotic surgery and current cardiothoracic techniques. The chapter

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“Congenital Heart Disease in the Adult” includes an eight-page table that briefly describes the anatomy and perioperative considerations for caring for these patients. It is a solid review, but it is not likely to be enough of a resource to help practitioners who seldom anesthetize this population formulate an anesthetic plan.

A thorough discussion of modern monitoring techniques is presented in the chapter entitled “Monitoring Hemodynamic Risk in Remote Locations.” This chapter is disguised as an overview of treating ill patients outside the operating room, but is actually a review of modern invasive and noninvasive monitors, including the physics behind them. The chapter provides good descriptions of the technologies, but the devices would be better introduced in the operating room until a comfort level is achieved to allow their employment in remote locations. “Severe Heart Failure and Mechanical Circulatory Support” presents current data on the efficacy of commonly used monitors, such as pulmonary artery catheters, and describes newer treatments, including percutaneously placed ventricular assist devices.

“Cardiac Electrophysiology Procedures in Clinical Practice” should not be considered to be a review of how to care for a patient with a pacemaker or automatic implantable cardiac defibrillator. The reader will not find an answer to the question, “To magnet or not to magnet?” Instead, the chapter presents an excellent review of the anatomy and physiology of arrhythmias, the electrophysiology procedures used to treat them, and suggestions for corresponding anesthetic plans.

While the topic of anticoagulation therapy in the patient with a recent history of primary coronary intervention is widely available for review, there is no discussion in the text contrasting the algorithm for withholding anticoagulants perioperatively in patients with bare metal versus drug-eluding stents. When selecting a text entitled Cardiology for Anesthesiologists, the audience would likely expect a discussion of this topic. However, because these algorithms change regularly, as they have recently, they quickly become outdated and are not included here.

In summary, Cardiology for Anesthesiologists is a text that will be of greatest interest to the anesthesiologist who wishes to learn about several focused topics in cardiology without having to read through well-covered themes, such as treatments for coronary artery disease and chronic hypertension. It is not written as a reference book for all cardiology topics. Instead, it introduces new topics and covers some less-discussed pathologies that are still of importance, including a great discussion of the treatment of patients with cardiac tamponade. I would highly recommend this book as an adjunct to traditional anesthesiology texts.

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