Book Reviews

The Complete Recovery Room Book, Third Edition

Anthea Hatfield, Michael Tronson. Oxford University Press, 2001. 586 pages. \$86.50 (CAN). ISBN 0 19 263218 3 (Pbk)

Started as a manual to help recovery room staff of isolated hospitals, this third edition of "The Complete Recovery Room Book" attempts to be a comprehensive compendium about patients' conditions and complications in the immediate postoperative period. Chapters include setting-up/running a recovery room, monitoring, day surgery, operations, major complications, special problems and crisis management. There are eight appendices, some 'international' (e.g., arrhythmias), others less so (e.g., common abbreviations).

Although the authors suggest using the book like an encyclopedia, this requires comprehensive indexing, which this is not. For example, "saturation" is only included under "oxygen", and then linked with "extubation".

The book is clearly written, with good use of point form. Some information is sensibly repeated, with cross-referencing in the text. Helpful aphorisms are scattered throughout the book:

"The confused, restless, agitated patient is hypoxic until proven otherwise".

"Treat the patient, not the monitor".

While certain statements may seem simplistic, they address problems that continue to lead to catastrophes, both in recovery and on the ward. However, another aphorism - the devil is in the details - best indicates where we had difficulties.

First, we disagreed with some details. In this hospital's recovery room, few anesthesiologists and probably none of the nurses would manage laryngospasm by routinely inspecting the patient's airway with a laryngoscope before giving 100% oxygen. A similar step is included with how to extubate a patient's trachea in the recovery room.

Second, in some parts the book was too detailed and in others, not enough. Statements are given about universal precautions, including glove disposal after a single use and how to deal with body fluid "spillage". Yet, these instructions are not related to the recovery room, nor is there mention of waterless hand sanitizing agents.

Some of our concerns reflect our inability to determine the book's intended audience. Is it the solo nurse in an isolated hospital or one of many nurses in the 30-bed unit of a university hospital? If the former, then the book might provide necessary detail; if the latter, then the book will be less useful. Some parts might be helpful for recovery room nursing students and nurses on surgical wards. In addition, medical students and junior anesthetic and surgical residents might benefit from other sections as an introduction to recovery at the start of their rotations.

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Heal the Pain, Comfort the Spirit

Dorene O'Hara. University of Pennsylvania Press, 2002. 237 pages. ISBN 0-8122-1795-0

Since the author is an anesthesiologist with particular interest in chronic pain management, one might expect special emphasis on anesthesia techniques. Only a page and one-quarter is devoted to local anesthetic/nerve blocks, however. Placebo treatments are given as much space. The main thrust of the book is devoted to alternative or complementary therapies. There is a strong emphasis on psychology, stress and psychosocial mechanisms, although the author repeatedly states that patients who have difficulty to understand pain are not "crazy". Instead such pain is to be found in the "bodymind". She believes that early life sexual abuse is one of the many causes of chronic pain.¹ The author does include some of the data on the neurobiology of persistent pain, but she is clearly not particularly interested. She has marked opiophobia and recommends MS Contin for cancer pain only.

Patients with moderate to severe chronic pain would find the main messages confusing and upsetting: since they basically state "eat right, lose weight, exercise, and get off narcotics". This works only for individuals with mild to moderate pain.

This book is recommended for individuals who are really short of reading material, particularly if they enjoy complementary medicine and a fair amount of philosophy, a smattering of data from antiquity through the 1800's up to modern popular psychology

writers. It is not recommended for individuals who are interested in the fascinating new data on the neurobiology of persistent pain, such as genetics, neurophysiology, immunology, and the treatment possibilities that flow from this information. The book contains extensive source material about acupuncture through aromatherapy to ayurveda. A list of pain societies is included. The author's name is not listed in the membership directories of any of the main pain organizations: APS, IASP, AAPM.

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Reference

- 1 *Raphael KG, Widom CS, Lange G.* Childhood victimization and pain in adulthood: a prospective investigation. *Pain* 2001; 92: 283–93.

Handbook for Anesthesia and Co-Existing Disease, 2nd Ed.

Robert K. Stoelting, Stephen F. Dierdorf. Churchill Livingstone, 2002. 598 pages. \$65.95 (CAN). ISBN 0-443- 06605-1

Anesthesia texts have continued to dilate over the past few editions.¹ To fill the gap between dedicated anesthesia texts and the ever-expanding world of internal medicine, Stoelting and Dierdorf are now into the fourth edition of *Anesthesia and Co-Existing Disease*. The handbook reviewed is a “companion” to the hardcover text.

Compared to the previous edition, the handbook has grown by over 150 pages. Some of the changes stem from changes to formatting (particularly the tables) to enhance readability. By changing the paper stock, it has retained the identical dimensions of the first edition. As one might imagine, the section concerning AIDS has grown to include tables of retroviral medication as well as postexposure prophylaxis. Other chapters that have seen substantial growth include the chapter discussing abnormalities in cardiac conduction and rhythm. It is interesting however that bretylium continues to receive mention and amiodarone's prominence is equal to that of lidocaine despite the most recent ACLS guidelines.

In the setting of necessary efficiency inherent in a handbook some chapters are quite lightweight. The pulmonary hypertension chapter gives no mention to pulmonary vasodilators such as nitric oxide or prostacyclin. Chapter ten deals with aneurysms of the aorta and makes no mention of spinal cord monitoring or protection. The chapter discussing pulmonary thromboembolism includes a diagnostic flowchart that is out

of date. Current prevention and treatment modalities are also lacking.

The book may serve as a useful memory aid to the junior level anesthesia resident on call. The consultant would likely see the sacrifices of detail and currency too great to consider this handbook for their library.

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Reference

- 1 *Reimer E.* Anesthesia, 5th ed. Vol 1 & 2 (Book review). *Can J Anesth* 2000; 47: 480–1.

Textbook of Regional Anesthesia

P. Prithvi Raj (Ed.). Churchill Livingstone, 2001. 1083 pages. \$326.00 (CAN). ISBN 0-443-06569-1

The *Textbook of Regional Anesthesia* by Raj is a textbook in the same category as *Neural Blockade in Clinical Anesthesia and Management of Pain* by Cousins and Bridenbaugh. Dr. Raj is the Editor-in-chief and there are ten co-editors who supervised eight sections. The textbook contains 54 chapters authored by specialists from around the world.

Section I, on the development, III on basic and clinical researches, VI on complications and VIII on future trends in regional anesthesia are the shorter sections with a total of seven chapters. Chapters on pain mechanisms, research and future trends are particularly interesting.

Section II concerns the general considerations for regional anesthesia, especially organization of acute, chronic and palliative pain services.

Section IV has 18 chapters on the clinical practice of regional anesthesia, including local anesthetics, localization of nerves, peripheral blocks, spinal and epidural blocks, obstetrical analgesia, blocks in chronic pain. This is the more conventional part of the textbook.

Section V has 15 chapters on relatively new techniques including radiographic and echographic imaging, spinal decompression neuroplasty and vertebroplasty.

Finally, section VII is on outcome studies in regional anesthesia and contains eight chapters. This is also a relatively new aspect of regional anesthesia.

The *Textbook of Regional Anesthesia* certainly has a modern design where pain and regional anesthesia are integrated. Many topics concern new trends in regional anesthesia and the textbook deserves to be consulted particularly for that reason.

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