Book & New Media Reviews

Manual of Office-Based Anesthesia Procedures

Fred E. Shapiro (Editor). Lippincott Williams & Wilkins, 1st edition, Philadelphia PA, 2007. \$44.95 US. 200 pages ISBN-13: 978-0-7817-6908-2; ISBN-10: 0-7817-6908-6

This manual is, according to the preface, “the first step-by-step guide to office-based-anesthesia (OBA)” which is written in large part, by residents and fellows from Harvard Medical School. Office-based procedures are part of a growing trend in ambulatory surgery. They are usually performed in small medical facilities, as opposed to massive ambulatory surgical centres, and frequently there is only one anesthesiologist involved in a particular centre working in solo practice. The evolution of ambulatory care worldwide will facilitate the rapid development of this area of anesthesia.

The manual comprises 17 chapters in 200 pages and several appendices. The content addresses a wide variety of topics including how to plan an OBA practice, special anesthetic requirements for various ambulatory surgical procedures, the ASA guidelines for ambulatory anesthesia, and procedural pain management issues. Chapters 1–5 address administrative and practical issues related to the establishment of an office-based ambulatory practice. The first chapter considers not only how to make the patient’s OBA experience safe, but also pleasant and comfortable. Chapters 6–14 address clinical matters, while the latter chapters 15–17 deal with post-anesthetic care and pain-related issues. Chapter 8 provides a brief and interesting approach to medical simulation in the context of OBA, and is intended to help prepare the office-based ambulatory care team for uncommon crises. Many of the chapters discuss administrative regulations pertinent only to physicians practicing in the United States.

The manual contains several inconsistencies in regards to drug dosages, and certain drugs and their recommended doses may be inappropriate for OBA (as cited in chapter 11, table 11.1 and others). For examples, lidocaine doses between 35–55 mg·kg⁻¹ with epinephrine (up to 50 ug·kg⁻¹) are recommended as being safe for liposuction procedures. These doses translate to about 0.1 ug·mL⁻¹ blood concentration

per 1 mg·kg⁻¹ injected subcutaneously. An important consideration not mentioned in the text is that some peak drug levels are attained up to 12 hr after administration, when the patient is likely to be at home in a non-monitored setting.

Several possibly relevant topics are conspicuously absent. For example, there is no mention of paravertebral blocks for breast procedures, sciatic nerve blocks for podiatric surgery, and the anesthetic considerations for ocular rupture repair are not addressed. However, the chapter on alternative pain control using massage, acupuncture, music therapy and hypnosis is excellent. Overall, this is a manual for practitioners who envision a career in OBA and need a primer, adjunct to specialized supervised training in OBA. The text provides a global well-rounded view of the practice in OBA with some occasional inconsistencies related to any multi-authored text.

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Central Neuropathic Pain: Focus on Post-stroke Pain

James L. Henry, Akbar Panju, Kiran Yashpal. IASP Press, 2007. \$80.00 US. ISBN 978-0931092-66-4

This is an exciting time for the neurosciences and pain-related research. As a clinician struggling to keep up with the literature, clinical neuroscience increasingly resembles particle physics, where each new discovery complicates, rather than simplifies, my universe.

This book arises from an IASP research symposium, “Central Neuropathic Pain: Centenary of Post-stroke Pain” held in Toronto in 2006. We can be proud of the fact that three Canadians edited this book, and that a significant proportion of the authors are also Canadian. The organizers and the authors deserve credit for tackling one of the less common, but more frustrating, classes of neuropathic pain (NP).

Unfortunately, it is a book which, to use a cliché, asks more questions than provides answers. The authors present very little, specific research on central

post-stroke pain (CPSP), and the clinical experience is fragmented. These factors are reflected in many of the chapters, which attempt to translate research on other forms of NP into CPSP. In addition, the authors have included a summary of research, several pages in length, which seems more closely related to osteoarthritis than to post-stroke pain. Also, a chapter on “Best Practice Guidelines for Treatment”, in the absence of specific evidence-based treatments of CPSP, is merely a rehash of the treatments for NP available elsewhere.

The book could use some editing. Many of the long, repetitive, chapter introductions could have been condensed. There are two chapters on deep brain stimulation (one for CPSP, one for NP), even though the evidence and experience for this modality is quite insignificant.

On the other hand, some of the chapters are extremely well-written. I found Dr. Barry Sessle’s chapter on “Pain Pathways” to be an excellent review of this topic (if not necessarily specific to CPSP). Likewise, Drs. Craig’s and Dostrovsky’s chapters on the thalamus helped shed some light on this perplexing structure (although the chapters could have been combined).

While I found parts of the book to be interesting and informative, I doubt its usefulness to the working, chronic pain specialist. However, it may serve a role as a reference book in a larger program. The purpose of such meetings and publications is to share information and to facilitate future research and collaboration. In this sense, the IASP research symposium successfully accomplished its objective, and I look forward to perusing the next such publication five years or so hence.

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