Book Reviews

Anesthesia and Transplantation

Michael D. Sharpe, Adrian W. Gelb (Eds.).
 Butterworth Heinmann Ltd, 1999. 512 pages.
 \$125.00 (US). ISBN 0-7506-9664-8

The editors have attracted 61 international authors to contribute to this authoritative text covering all aspects of the care of the transplant patient that are of concern to anesthesiologists. Although the majority of contributors are anesthesiologists and transplant surgeons from North America, they have also included intensivists, immunologists, psychiatrists, pathologists, infectious disease physicians and transplantation co-ordinators in providing a global view of transplantation.

The anesthesia aspects of all the major transplant organs (heart, lung, liver, kidney, small bowel, pancreas, cornea) are described by recognized experts. Inevitably, other experts will dispute the details of management, but the views expressed are well supported, current and applicable to most environments. However, what differentiates this text from others with similar objectives is the space devoted to the other aspects of transplant care. Management of the organ donor is described in detail and hematological, infectious, nutritional and immunological considerations are well integrated into the text.

For this reviewer, highlights included a very well argued overview of the past, present and future of solid organ transplantation by Professor Sir Roy Calne (Cambridge, England) which discusses the difficult ethical issues of organ harvesting. These are further elaborated by Calvin Stiller and Cate Abbott (London, Ontario) in which the problems of xenotransplantation, use of organs from anencephalic infants and fetus are presented clearly. Most readers would be better to skip the confusing and disappointing introductory chapter "History of Organ Transplantation via the Two-way Paradigm" by Thomas Starzl.

The best and unique feature of the book is the sociological comparison of organ resources from Canadian, American and European perspectives. This should be compulsory reading for all those involved in Health Care Organization - no matter where we come from the result is the same: too few organs are available for transplantation.

This is an excellent text, representing the current state of the art in transplantation, that should be present in all anesthesia and transplant libraries.

David Bevan
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The Effective Management of Post-Operative Nausea and Vomiting

Leo Strunin, David Rowbotham, Andrew Miles (Eds.). Aesculapius Medical Press, 1999. 142 pages.
 \$39.99 (US). ISBN 1-903044-01-4

This book is one of a series in the UK Key Advances in Clinical Practice. In 135 pages the book is divided into three parts and nine chapters. The trio of editors are two anesthesiologists, Strunin and Rowbotham, in collaboration with a health services researcher, Miles. There are twelve contributing authors: eight anesthesiologists, two pharmacists, one physiologist, and one nurse. All collaborators are from the United Kingdom. The Preface acknowledges the contribution of GlaxoWellcome UK for an educational grant that sponsored a symposium at which a synopsis of this book was presented.

The book is divided into three parts: Part 1 Assessment, Part 2 Evidence and treatment, Part 3 Multi-disciplinary approaches and strategies.

In Part 1 Assessment, the epidemiology and etiology of PONV is discussed from a physiological perspective. The multi-factorial nature of PONV is emphasized and the concept of multi-modal or combined therapy is introduced. In Part 2 Evidence and treatment, the pharmacological interventions in PONV are analyzed according to medical evidence of therapeutic efficacy and a review of side effect profiles. There is an interesting chapter on non-pharmacological intervention such as gastric emptying, psychological techniques, including suggestion or hypnosis, acupuncture, and the use of plant derivatives. An additional chapter is devoted to failure of anti-emetic therapy and rescue protocols. A further chapter details the pharmaceutical considerations in the preparation and administration of anti-emetic drugs. Most anti-emetic agents have a very good safety profile, but the fact that

over 50% of all surgical patients receive anti-emetic therapy suggests that, by sheer numbers alone, adverse events will occur.

In Part 3, multi-disciplinary approaches and strategies are discussed. The first chapter outlines the poor clinical outcome from management of PONV and the need for comprehensive perioperative management and monitoring of patient care. The next chapter outlines methods to improve clinical outcome developing a multi-disciplinary team, including the anesthesiologist, pharmacist, and nurses. The final chapter describes strategies for future research in both the prevention and treatment of PONV.

This is a very clear and concise, yet comprehensive review of the current state of the art regarding post-operative nausea and vomiting. The book is well organized with many tables, figures, and charts. The references accompanying each chapter are recent, relevant and numerous. In summary, this is a very well-written book which would serve as a useful reference to all anesthesiologists and a welcome addition to the anesthesia library.

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Critical Care Therapeutics

Rachel Elliott (Ed.). Pharmaceutical Press, 1999. 360 pages. £33.00. ISBN 0-85369-394-3

This 340 page, soft cover book was written primarily by pharmacists with expertise in critical care, as well as contributions by one clinical nurse specialist and five physicians. As such, its content is primarily directed to pharmacists and allied health care workers involved in the therapeutic management of critically ill patients.

It is composed of four parts. Part 1 is a review of the dysfunction and management of the organ systems which also includes eight examples of acute medical crises. Part 2 discusses in brief detail, management of specific patient populations including surgical intensive care, cardiac care, head injury, trauma, drowning, burns, electrical and acute toxic injury, pediatric and neonatal intensive care. Part 3 discusses the pharmaceutical aspects of *iv* drug administration such as drug interaction with infusion containers and plastic administration systems. Part 4 discusses the role of the pharmacist in the intensive care unit.

This book is a very bold attempt at an overview of the complex and multiorgan nature of the critically ill patient. Although the major contribution of this text is from pharmacists with an extensive experience in the ICU, I was disappointed in the lack of pharmaceutical

content. There is minimal discussion regarding side effects of drugs, drug interactions or the effects of multiorgan dysfunction on pharmacokinetics and pharmacodynamics. I was most disappointed in Part 4 of this text which attempted to highlight the role of the pharmacist in the ICU. A major portion of this rather short chapter was spent discussing the scoring system of critically ill patients rather than outlining the important and potentially considerable contribution of the pharmacist in the management of the critically ill patient.

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QBase Anesthesia: 3. MCQs in Medicine for the FRCA

E. Hammond, A. McIndoe (Eds.). Oxford University Press Canada, 1999. 306 pages. \$65.50. ISBN 1-900151-58-8

The authors, two British anesthetists, designed this review to help anesthesia trainees prepare for their final Royal College examination in the United Kingdom. The small, soft-cover book offers its readers 555 well categorized, multiple choice questions with expanded and referenced answers on all major subspecialties in adult Internal Medicine. The book is sold with "QBase" – a CD-ROM with interactive, easy to install and use software that contains all of the questions, answers and matching references printed in the text. Using "QBase", the reader can select from six, 25-question long exams or compose numerous combinations of questions into time-limited test formats. Any unfinished exam can be saved to be completed in the future. "Qbase" provides the total exam score, identifies subject area/s with low score/s and gives feedback on guessing strategy, based on the trainee's opinion of his/her confidence in the answers. Since the book is priced at \$65.50 and covers only Internal Medicine, it might seem of limited value to some of its intended readers. In the opinion of this reviewer, the complementary software makes improving exam testmanship using "Qbase Anesthesia 3" more interesting and efficient.

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