The Perioperative Medicine Consult Handbook

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The Perioperative Medicine Consult Handbook comprises a concise overview of issues in the perioperative management of the medical problems of patients. For the most part, the editors accomplish what is expected of a handbook. They provide a quick reference of steps to take in given situations with relatively light discussion of the evidence or rationale behind the action. As such, the book seems to be aimed at a junior trainee level and would fall short of the needs of a consultant anesthesiologist or senior resident.

The book is written largely from the perspective of an internist, and the major focus is on the preoperative assessment and optimization of patients. Within that context, it performs reasonably well with a few caveats. There is fairly consistent reference to formal guidelines when available and generally solid advice in areas without formal guidelines. Some of the recommendations seem to be more statements of personal practice, but in those cases, they are generally clarified and not regarded as evidence-based recommendations. There is some inconsistency, however, in identifying controversial areas. For example, preoperative beta blockade is thoroughly discussed, as is the management of antiplatelet agents for patients with stents. On the other hand, the reader is left with little impression of a concern about withholding acetylsalicylic acid used for secondary prevention. Similarly, the recommendation to withhold nonsteroidal anti-inflammatory drugs (NSAIDs) for 4–5 half-lives is somewhat one-dimensional, particularly considering the common practice of intentional administration of NSAIDs as a preoperative co-analgesic for many types of surgery. Although the scope of discussion

is necessarily limited in a handbook, in my view, it would be appropriate to highlight areas where there is debate or evolution of current practice in order to guide readers where to direct their learning.

In the first two chapters, there is some discussion on the varying roles of the medical consultant in perioperative care, and the hospitalist role is described. Nevertheless, the section on postoperative care approaches the topic more from a consultant perspective. The book lacks discussion of more global issues that would be relevant for the management of overall care of patients, such as nutrition, rehabilitation, and facilitated recovery. This section is not very beneficial for readers seeking to play a major role in directing postoperative care, either individually or as a part of an interdisciplinary team. Approaches to perioperative care vary widely contingent on who is involved and in what capacity, but even those with a limited role should at least understand the issues.

Finally, since the book is written from an American internist's perspective, a few features differ from Canadian anesthesiology practice. Most obviously, measurements in the handbook are not in SI units, and a conversion table is not provided, forcing the reader to seek out a second reference to interpret some information. More subtle and less problematic is the different relationship experienced by the practitioner represented in this book and the rest of the care team or system compared with that experienced by a Canadian anesthesiologist. This is no more than an interesting discordance at times, as overall there are few references to dialogue with the anesthesiologist. When references are made, they rarely elaborate on details of the discussion, rather, they are limited to identifying what the reader would tell the anesthesiologist. Readers get the impression that the practitioner in this book practices in parallel with the anesthesiology team rather than as

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partners. Perhaps that reflects a difference in systems and is more political than clinical, but from a purely clinical perspective, the result is an absence of discussion of intraoperative management or physiology. Rather than treating the perioperative experience as one interconnected continuum, the operating room seems to be viewed as a brief interlude in the medical course of the patient. For contemporary perioperative care, this truncated model misses a great deal of potential to improve care.

In summary, this handbook would serve as a reasonable quick reference for a junior trainee seeking to function in a perioperative consultative service. It falls short of the needs of someone trying to coordinate perioperative care or seeking to understand the processes at play and the subsequent decision-making.

Conflicts of interest None declared.