

Book Reviews

Clinical Anesthesia in Neurosurgery, Second Edition

Elizabeth A. M. Frost (Ed.). Butterworth-Heinemann, Boston, 1991. pp 593. \$98.00 U.S. ISBN 0-409-90171-7.

The second edition of this book is one of a series of textbooks recently published on neuroanaesthesia. This sudden plethora of related textbooks places the interested clinician and resident in a dilemma as to which text is best suited for their use. This book offers interesting and extensive chapters on the history of neuroanaesthesia, intraoperative neurophysiological monitoring, paediatric neuroanaesthesia, neurosurgical management of chronic pain, and neuro-intensive care. These particular chapters are very well referenced. The book, however, suffers badly due to poor reproduction of figures and photographs. This problem is especially evident in Chapter 8: The Management of Cerebrovascular Disease, where most photographs are underexposed. In many chapters, use of strip chart recordings, to reinforce discussion of altered haemodynamics with various interventions, are not very helpful and reproduce badly. For example Figure 5.2 (to demonstrate stable autoregulation with 1% isoflurane) fails to confirm this point convincingly due to considerable offset of the ICP trace between time periods. Interestingly, there is no discussion of how to position right atrial catheters properly using ECG guidance in patients undergoing sitting procedures. This reviewer feels that this textbook is best reserved for dedicated subspecialist neuroanaesthetists or those specifically interested in the contents of those chapters which are particularly extensive in their scope as discussed above. For clinicians with less interest in this field, or for residents-in-training, more focused and shorter manuals of neuroanaesthesia are available.

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Anesthesia for Ambulatory Surgery Second Edition

Bernard V. Wetchler (Ed.). J.B. Lippincott Company, Philadelphia, 1991. pp 720. \$69.50 U.S. ISBN 0-397-51038-1.

The first edition of this book has for the past five years been a standard text for day-care anaesthesia. As if to emphasize the growth of the discipline, this new edition is

two hundred pages longer with almost every chapter being expanded. Further, the new typeface removes the one serious criticism of the first edition, that of difficulty in reading the work.

This is the best kind of companion to the practice of anaesthesia, adopting a practical approach supported by a wealth of theoretical and reference material. The chapters on patient selection, postoperative problem-solving and complications deal with questions which must be addressed by any day-care unit. The sections dealing with the anaesthetic management of the paediatric patient, the adult and geriatric patient, and of the use of local and regional anaesthesia constitute not only an excellent review of out-patient anaesthesia but of these aspects of anaesthesia in any setting. In certain areas the difference between the U.S. and Canadian systems comes to the fore, with chapters on marketing a facility and legal implications for free-standing units. However, even here there are lessons to be learned in the organization of an efficient program, which treats patients in a safe, non-threatening manner. As ambulatory anaesthesia comes to play a greater part in anaesthetic practice, this book can be recommended as invaluable reading for all anaesthetists.

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Management of Intensive Care: Guidelines for Better Use of Resources

D. Reis Miranda, A. Williams, Ph. Loirat (Eds.). Kluwer Academic Publishers, Dordrecht, 1990. pp 245. 165.00 Dfl/\$98.00 U.S./61.00 U.K. ISBN 0-7923-0754-2.

This book is an edited report of the deliberations of a task force of the European Society for Intensive Care Medicine set up to evaluate the development of Intensive Care Medicine in several European countries in an effort to achieve standardized, efficient and effective care. The meat of the book comes in six chapters which cover patient classification, facilities, organisation at national and regional levels, ICU management, education and evaluation. Each chapter has addenda outlining the definitions, criteria and scoring systems described in the text. These facilitate comparison and indeed, any Canadian intensivist struggling with administration at hospital or government level may find the thoughts and proposals of

these frugal Europeans more helpful than descriptions of intensive care practices in USA. The book is not well edited. The multi-author text has some interesting disparities in style, viz. p 71 (f) "For deceased patients a special room 10 square metres should be reserved outside the ICU." However, there is a good index and each chapter is well referenced. Hospital libraries should have a copy. Whether anaesthetists not specifically interested in the economical delivery of intensive care should buy it depends on the price.

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Opioids in Anesthesia II

Fawzy G. Estafanous (Ed.). Butterworth-Heinemann, Boston, 1991. pp 331. \$45.00 U.S. ISBN 0-409-90230-6.

This volume contains information presented at the second conference on opioid anaesthesia held at the Cleveland Clinic in late 1989. Not only does it act as an update to the first volume, *Opioids in Anesthesia*, but also demonstrates the vast advances that have been made in this field since 1984. With 50 contributing authors plus comments from both discussants and participants, this book contains the most up to date opinions and information concerning all aspects of opioid anaesthesia.

Following the format of the conference, the book is divided into four sections. After a short introduction by P.A.J. Janssen on the historical development of the opioid analgesics, Part 1 covers in depth the scientific basis of the opioids and their receptor sites. Part 2 examines the current clinical use of opioids in anaesthetic practice for a wide variety of surgical procedures including cardiac, obstetrical analgesia, neurosurgical, peripheral vascular, paediatric, and out-patient surgery. This section also looks at the role of opioids away from the OR setting, such as during monitored anaesthesia care and in the palliative care unit. Part 3 contains an excellent update on current delivery methods of the opioids which include continuous infusions, transmucosal and transdermal uptake and patient-controlled analgesia. This section describes some exciting new routes of administration which further increase the range of uses of these drugs. The final section, Part 4, although by far the shortest, contains the most important but probably least emphasized information regarding opioids in anaesthesia, that of addiction and its management by the anaesthetist. The final chapter looks at the legal implications of opioid anaesthesia, and suggests methods if not how to avoid a lawsuit at least how best to minimize the outcome.

This book makes an excellent reference text for any

question arising on the use of opioids in anaesthesia and should be available in all anaesthesia departmental libraries.

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Cerebral Monitoring in the Operating Room and the Intensive Care Unit

Enno Freye. Kluwer Academic Publishers, Dordrecht, 1990. pp 196. 160.00 Dfl/\$85.00 U.S. £56.00 U.K. ISBN 0-7923-0439-X.

The complexities of electrophysiological monitoring of the central nervous system have been simplified by recent developments in computer-assisted equipment, greatly increasing its clinical application. The purpose of this book is to guide the clinician in the use of electroencephalographic (EEG) and evoked potential (EP) monitoring in the operating room (OR) and intensive care unit (ICU). It is intended for the anaesthetist as well as any other personnel interested in the monitoring of patients. This book is an introduction to the applications and limitations of monitoring as well as reviewing how to interpret the data and how to obtain adequate recordings in the environments of the OR and ICU.

This small, practical book contains 196 pages of well-organized, easy-to-read information. The book is divided into two sections: the first eight chapters deal with EEG monitoring, and the next ten chapters with EP monitoring. The chapters on computerized EEG monitoring are excellent in their description of the details of electrode application, the recording procedure, computerized analysis and its interpretation. The effects of anaesthetic agents on the EEG are briefly but well described with many illustrations. The discussion on the detection of ischaemic changes and the differentiation of this from anaesthetic effects is useful for clinical application. The practical examples of the use of EEG in the OR are limited to monitoring during cardiopulmonary bypass and carotid endarterectomy. Chapter seven on trouble-shooting is valuable as a quick reference for difficulties that may be encountered. The review of the commercially available units for processed EEG monitoring provides helpful information for anyone planning to venture into the field of cerebral monitoring. Not all the monitors described will be available in Canada, as some are made by European companies.

The chapters on sensory-evoked potential monitoring describe in a simplified and useful manner the principles, the techniques and the interpretation of EP monitoring. Chapter 13, describing the effect of drugs on EP is the

weakest part of this book, offering scant detail regarding effects of specific agents. Since this book is aimed for OR and ICU monitoring, this chapter should provide more information to guide the anaesthetist or the person interpreting the tracings. The discussion on the application of EPs in clinical situations is inadequate. The illustrative cases only describe the effect of drugs and stimulation on the intermediate and long latency EP peaks. Most OR monitoring uses short latency peaks as they are least affected by drugs. There is no discussion on the most common uses of intraoperative EP, for example, during spinal cord surgery. The chapter on brainstem auditory evoked potentials is very brief. The techniques are described well but the uses of intraoperative EP, such as during posterior fossa surgery, are not discussed. Again, there is a useful chapter discussing the different available EP machines. There is a brief review of new areas of cerebral monitoring such as topographic mapping. The appendix adds more useful information on some of the technical and practical aspects of monitoring.

This book accomplishes its intended purpose. It provides an introduction that is thorough, easy to read with excellent illustrations and practical indicators to help those who are starting with the technical aspects or in the interpretation of cerebral monitoring in the OR or ICU. This book is recommended for anyone interested in learning to understand or to apply the principles of EEG and EP monitoring.

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