

Book & New Media Reviews



Pediatric Critical Care 3rd Edition

Bradley P. Fuhrman, Jerry J. Zimmerman (Editors.)
Elsevier Mosby (Philadelphia, PA, 2006). 1,871 pages.
CDN \$280. ISBN 10: 0-323-01808-4

The current edition of this textbook is advertised as the “text that has become the standard in most pediatric intensive care units.” This latest edition certainly aspires to this billing as its 119 chapters in 1,871 pages combine a thorough overview of the medical specialty with a comprehensive organ systems approach to basic science, physiology and clinical medicine. Text, figures and illustrations are presented in black and white (with ten preliminary pages of 35 colour plates). Typical multi-authored chapters start with several summary statements (“pearls”), while grey shaded tables stand out from the text for ease of reference. The text acknowledges many leading centres in pediatric critical care through its inclusion of over 230 American, Canadian and international authors.

Part one of the text, titled “The Discipline,” focuses on important aspects of current critical care practice beyond standard medical information. Chapters include a history of the specialty, ethical issues in invasive treatment and end-of-life care, family-centred care, transplantation and organ donation, care issues in developing countries, and the roles of nurses and sub-specialists in providing critical care. The text acknowledges the highly academic nature of pediatric critical care with chapters on evidence based medicine (with a useful table of internet resources), outcome prediction, safety and quality assessment, research (including funding and the grant application process). While the chapter on information technology includes a table of relevant pediatric critical care websites, the information on computer security and internet applications seems tangential. A better acknowledgement of present-day internet facilitated medical practice might be an on-line version of the text itself, such as the current on-line version of Miller’s Anesthesia, 6th Edition (Elsevier, Churchill, Livingstone).

The core of the text includes 81 chapters in “Organ System Function and Failure.” Intensivists will note that many chapters on subjects such as asthma, ventilator-induced lung injury, transfusion medicine, and pharmacology are relevant for patients of all ages.

Within these chapters, the authors are often challenged to provide a focus of materials and references that are specific to the pediatric critical care population. Chapters on more pediatric-specific topics (such as inborn errors of metabolism, cardiopulmonary bypass for repair of congenital heart disease, congenital malformations of the brain and spinal cord) are inevitably more exclusively relevant. The text finishes with five smaller sections (comprising 22 chapters) on environmental hazards, trauma, basic pharmacology, anesthesia and analgesia, and cardiopulmonary resuscitation.

Overall, this reference textbook provides a solid and complete overview of pediatric intensive care practice. While non-pediatric intensivists and pediatric anesthesiologists may appreciate many chapters that are up to date in their areas of expertise, they are likely to find very similar reference chapters in other sources more specific to their respective medical specialties. Nonetheless, this current edition of Pediatric Critical Care will certainly become a standard ‘one-stop’ reference text for consultants, fellows, and residents in pediatric critical care.

Gregory Bosey MD
University of Ottawa, Ottawa, Canada

Obstetric Anesthesia Handbook, Fourth Edition

Datta Sanjay. Springer, NY, USA. 2006, 409 pages.
\$49.95 US. ISBN 978-0387-26075-4

This fourth edition of the well known Obstetric Anesthesia Handbook is well updated and easy to read. The 17 chapters of the previous edition are retained. Of particular interest in the Fourth Edition, is the manner in which the physiology and pathophysiology of pregnancy and childbirth are reviewed. The topics of maternal physiological changes during pregnancy, labour and the postpartum period, as well as the physiology of labour and delivery are lucidly presented. Review of these considerations progresses to a thoroughly updated review of the approaches to analgesia and anesthesia for relief of labour pain; for Cesarean delivery; for high-risk pregnancy; and anesthesia for surgery during pregnancy. Also included in this latest Edition are trends in neonatal resuscitation

practice patterns and maternal mortality and morbidity data from the United States. Pathologies such as coagulopathy in obstetrics are presented in light of current information. Acute hemodilution, cell saver techniques, and selective arterial embolization to control obstetrical hemorrhages are all covered adequately.

With regard to peripartum pharmacology, the chapters on drug interactions and obstetrics; spinal opioids in obstetrics, and the effect of maternally administered anesthetics and analgesics on neonates and neurobehavioural testing offer practical information. Considerations for new drugs, new indications, and new pathologies are introduced. For example, the obstetrical applications of remifentanyl, sevoflurane, desflurane and spinal opioids are reviewed, while current approaches to continuous spinal anesthesia in the event of dural tap is discussed.

Readers will appreciate the many practical illustrations and tables indicating drug doses, and comparing techniques. A synthesis of current approaches to many specific obstetrical situations is supported by the inclusion of current ASA guidelines for regional anesthesia in obstetrics, practice guidelines for obstetrical anesthesia from the ASA task force on obstetrical anesthesia, and the ASA optimal goals for anesthesia care in obstetrics. These additional materials provide the reader with a single reference source to check very easily on the evidence and appropriateness of specific anesthetic plans.

In summary, fundamental principles, and most of the new considerations in obstetrical anesthesia are considered in this handbook, and every chapter provides a comprehensive bibliography. Single authorship provides a distinct advantage of avoiding duplication of information or overlap between chapters, so commonly seen with multi-authored medical textbooks. The *Obstetric Anesthesia Handbook; Fourth Edition*, is well updated and provides expert opinion on many clinical aspects of anesthesia for obstetrics which will be very useful for residents in anesthesiology and anesthesiologists involved in obstetrics, when the clinical situation does not allow time to consult more extensive references.

Martine Pirlet MD
Centre hospitalier universitaire de Sherbrooke,
Sherbrooke, Canada

ERRATA

In the editorial entitled: “The role of combined spinal epidural analgesia for labour: is there still a question?” published in the January 2007 issue, *Can J Anesth* 2007; 54: 9–14, the fourth line of the second paragraph should read: fentanyl 15 µg instead of sufentanil 2.5 µg.

In the manuscript entitled: “Intrathecal plain *vs* hyperbaric bupivacaine for labour analgesia: efficacy and side effects” published in the January 2007 issue, *Can J Anesth* 2007; 54: 15–20, on page 18, Table IV, the number of patients in the hyperbaric group should read: $n = 30$ instead of $n = 26$.

In the Letter to the Editor entitled: “Airway Scope®: initial clinical experience with novice personnel” published in the February 2007 issue, *Can J Anesth* 2007; 54: 160, although the figure appears correctly online at www.cja-jca.org, the lower panels did not completely reproduce in the printed version of the Journal. The complete version of the figure and its accompanying legend are shown below. The publisher apologizes for these errors.

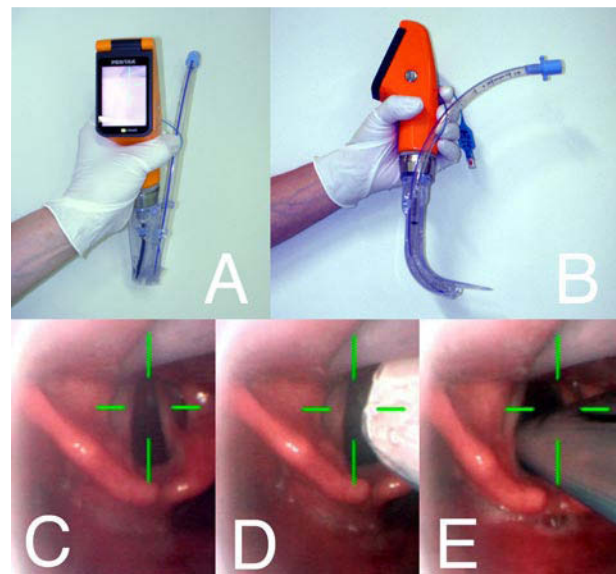


FIGURE 1 Photograph of the Airway Scope® with a tracheal tube in place in the side channel. A) Front view. B) Lateral view. The device is held in the left hand and passed into the mouth over the tongue, and the tip is placed under the epiglottis. C) View of the glottis of a 33-yr-old female, which was obtained during tracheal intubation using the Airway Scope®. The target signal shown on the monitor is aligned with the glottic opening. D) A cuffed tube is passed from its position in the channel through the vocal cords. E) The position of the tracheal tube is confirmed at the level of the cords.