Regional Anesthesia for Ambulatory Surgery: Updates in Head-to-Toe Applications (International Anesthesiology Clinics 50, Number 1, Winter 2012). Edited by John J. Laur, M.D., M.S., and Brian A. Williams, M.D., M.B.A. Hagerstown, Maryland, Lippincott Williams & Wilkins, 2012. Pages: 162. Price: $176.00

With outpatient surgery continuing to grow and expand, more anesthesiologists will care for patients in the ambulatory setting. Although reasons for this are multifactorial, the practice of regional anesthesia has certainly played an invaluable role in this process. Indeed, regional anesthesia, including both single-injection and continuous peripheral nerve block techniques, are essential to the successful practice of ambulatory anesthesia.

In 2005, International Anesthesiology Clinics published an unmatched text entitled Regional Anesthesia in Ambulatory Surgery. The updated text for 2011–2012 comprised three separate books: Volume 49, Numbers 3 and 4 and Volume 50, Number 1. The latter, to be reviewed, is entitled Regional Anesthesia for Ambulatory Surgery: Updates in Head-to-Toe Applications. (Volume 49, Numbers 3 and 4 have been reviewed in Anesthesiology 2012; 117:446–447.)

The first thing readers will like about this book is its small size. Readers unfamiliar with the 2005 edition will be impressed by how a book of this size can provide a thorough update of both the current and future state of regional anesthesia in ambulatory surgery. For both the beginner and advanced regional anesthesiologist, Regional Anesthesia for Ambulatory Surgery: Updates in Head-to-Toe Applications is a welcome and necessary addition to one’s library. As opposed to the countless atlases and ultrasound texts that readers have undoubtedly purchased, this book provides a comprehensive, yet concise, review of the ambulatory regional anesthesia literature from head to toe. Literally, from peripheral nerve blocks of the head and neck to ankle blocks, each chapter provides an organized synopsis of the literature to date and its clinical application. There are detailed chapters discussing truncal block techniques, including paravertebral, transversus abdomis plane, ilioinguinal–iliohypogastric, and rectus sheath blocks. These chapters educate the reader on the background, indications, techniques, complications, and other key essentials for understanding and performing these blocks. Additional chapters address current controversial issues in the practice and management of intrathecal anesthesia for ambulatory surgery, continuous peripheral nerve blocks and outpatient arthroplasty, and the future of peripheral analgesia as the next patient-centered advancement.

The authors’ unique insight into these topics will provide a fresh perspective for the reader’s current and future practice. Readers will use this book as an essential resource in their practice and/or teaching. They will appreciate the succinct manner in which this informative, quick read provides a detailed update of the past and current practice of regional anesthesia for ambulatory surgery and a novel look into its future.

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Advances in pharmacologic and invasive techniques have vastly transformed the general practice of cardiology into one with very focused subspecialties. Anesthesiologists must adapt to these advances, as our patients present to us with treatment modalities that are ever changing. Cardiology for Anesthesiologists explores several advances and describes their corresponding anesthetic considerations.

In the tradition of International Anesthesiology Clinics, Cardiology for Anesthesiologists is not a comprehensive conglomerate of all things cardiology. Rather, it is an assortment of independent topics, each written by its own group of authors. The reader should not expect to learn how to interpret an electrocardiogram or how to treat new onset atrial fibrillation. The preface explains this by describing this text as one that stays off the “beaten path” and attempts to introduce fresher topics.

The book succeeds in this goal by presenting several topics that are not commonly covered in current anesthesiology texts, such as “When Cardiac Patients Need ECT” and “Inflammatory Diseases and the Heart.” “Perioperative Hypertensive Crisis: Newer Concepts” describes current literature and pharmacologic treatments and emphasizes the importance of evaluating pulse pressure rather than just suggesting a threshold for treating systolic or diastolic hypertension. In “Robotic-Assisted Cardiac Surgery,” the text leaves its strict cardiology theme. It presents a history of robotic surgery and current cardiothoracic techniques. The chapter
Regional anesthesia procedures for shoulder and upper arm surgery: upper extremity update--2005 to present.

Ramprasad Sripada, Clifford Bowens.

International anesthesiology clinics. 2012, 50(1), 26-46. DOI: 10.1097/AIA.0b013e31821a0284.

This review of the literature since 2005 assesses developments of RA techniques commonly used for shoulder surgery, and their effectiveness for postoperative analgesia. Advantages of