

Essentials of Airway Management. Sylva Dolenska MD, Priti Dalal MD, Andrew Taylor BSc MB BS. London: Greenwich Medical Media Ltd/Cambridge University Press. 2004. Soft cover, illustrated, 145 pages, \$29.99.

This pocket-sized (13×18.5×0.8 cm) paperback is thoughtfully designed to fit in the pocket of a hospital scrub suit or a lab coat, or to be conveniently toted in some other carry-all. The book's emphasis (as the title suggests) is on basic airway issues, including assessment, instrumentation, and considerations in both routine and not-so-routine settings.

The book's target audience is those new to airway management, though I also envision an audience of clinical teachers searching for a simple and readily accessible compilation of airway management information. Clinicians experienced in airway instrumentation will find the book unsatisfying, as will those seeking information on more advanced airway management issues.

The book has the classic United Kingdom perspective. While I enjoy that perspective and find it inviting, some readers may be disarmed by its use of distinctively United Kingdom terminology, such as "lignocaine" (for "lidocaine", page 24), and phrases, such as "trauma mask" (page 53) and "the tracheal tube can then be stuck in place" (page 97). There is also reference to "senior house officers," "consultant anesthetists," and "specialist anesthetic registrars," which may prove a bit daunting to the American reader used to terms such as medical student, intern, resident, and attending physician. But those are minor nuances and certainly do not detract from the quality of the fundamental information presented.

The book is conveniently and logically divided into 12 chapters by the 3 United Kingdom architects of the book, Drs Dolenska, Dalal, and Taylor, with Dolenska also assuming the role of editor. A reasoned, experienced, and practical writing emerges.

Chapters 1, 2, and 3, as expected, deal with the fundamentals of assessing the airway, review the relevant anatomy and physiology, and walk the reader through the "routine" considerations and technique of placing an endotracheal tube *in situ*. The information presented is hardly exhaustive, yet suf-

ficient to capture the meaningful and relevant knowledge for the reader at this level. The referencing is refreshingly sparse, given that much of what is presented is widely accepted knowledge. The information presented is clearly directed toward the anesthesia provider. Readers outside that domain (eg, respiratory therapists, emergency medical technicians, nonanesthesiologist physicians, intensive-care nurses) would benefit from the book, but the focus on a specific care group should be kept in mind.

Chapters 4, 5, and 6 provide domain-specific considerations (abdominal surgery, trauma/burns, pediatrics), and while I was generally impressed by what was presented, I found some of the discussion a bit problematic. For example, the authors note in Chapter 4 that managing the patient who presents for surgery for gastrointestinal bleeding, "usually requires the efforts of 2 anesthetists and many assistants." American anesthesia departments may rarely be able to assemble the cast of personnel suggested, and I am concerned that they may be calling for a standard that is not only difficult to achieve but unnecessary. On the other hand, I was impressed by the brief notation of the associated risks with achalasia, a dangerous condition often overlooked in more comprehensive texts.

The authors write in a consistently elegant yet simple manner that conveys their messages with an economy of words. Their discussion (page 54) of how a simple pneumothorax might be easily converted into a tension pneumothorax by the application of positive-pressure ventilation is an excellent example. Useful illustrations abound in the book.

Chapter 7, on airway management without intubation, seems quite out of place to me. This valuable chapter reviews some of the alternative airway manipulations, describing, for example, use of the face mask, applications of the laryngeal mask airway, insertion of the Combitube, and various other devices and approaches. The information in this chapter is essential, but I am not sure why it is sandwiched among chapters that detail the airway management of patients having surgery and other procedures. It would seem better located just after Chapter 3.

Chapters 8, 9, and 10 discuss considerations in obstetrics, prone positioning, and surgery of the head, neck, and nervous system. There are numerous clinical pearls for those new to the domain of airway management. For example, in the case of the patient with a pony-tail or bulk hair tied back behind the head, the author advises (page 88) the reader to "loosen the hair band so that it does not preclude head positioning" when preparing to intubate. I have personally observed novices attempting to intubate a patient without doing that and having great difficulty as the head volleys left and right over the fulcrum of a pony-tail!

Likewise, the discussion about the patient who is intubated supine and then turned prone for a procedure is replete with the admonition of making sure that the head and neck remain in alignment with the rest of the body as the patient is turned. That little caveat is too often neglected in larger, more comprehensive texts. My one criticism here is that the related figure (Fig. 9.4, page 99) does not show anyone attending the head as the patient is about to be turned!

This is the first text in which I have seen the term "coroner's clot," which is essentially a blood clot that can collect behind the soft palate during oral or pharyngeal surgery and can then be sucked into the airway, causing complete airway obstruction. Having seen this potentially lethal complication once myself, I was buoyed to observe the authors' timely admonition.

Chapter 11 offers a brief overview of the "difficult" airway, spending the bulk of the discussion on what might create such a situation and how it can be overcome. Appropriate attention is directed toward the American Society of Anesthesiologists' difficult airway algorithm.

Chapter 12 is a superbly written look at a subject too often neglected, even in comprehensive texts: extubation and postoperative airway management. The information in this chapter should be mandatory reading for even seasoned practitioners, serving as a reminder of the many safety and clinical issues in determining if and when a patient can be extubated and how to manage the patient in the immediate aftermath.

Each chapter has a short list of summary points that reviews the chapter's essential

themes. Not only does this reinforce important material, it provides the teacher with an excellent opportunity to prompt discussion or further reading.

I would like to have seen included a discussion of the various anatomical axes of the head and neck (oral, pharyngeal, tracheal) and the importance of aligning these when positioning the patient for intubation. There also should have been a discussion of epiglottitis (a common pediatric airway emergency) and Ludwig's angina (an adult affliction), neither of which are mentioned. But such criticism is minor, for overall the book manages to distill the essence of airway management across a wide spectrum of circumstances, which is a formidable task in a very small book.

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Clinical Respiratory Medicine, 2nd edition. Richard K Albert MD, Stephen G Spiro BSc MD, James R Jett MD. Philadelphia: Mosby/Elsevier. 2004. Hard cover, illustrated, 889 pages (with CD ROM), \$149.

When choosing a textbook, I look first of all for clarity and efficiency. How quickly can I understand what the author is saying? Better yet, how quickly and how well can I integrate the material into what I already know about the subject? Second, how good is this material and how does it stand up to other sources? Third, do I enjoy the process? Yes, some texts are actually enjoyable to read if they provide new insights or elegant presentation. I think the 2nd edition of **Clinical Respiratory Medicine** scores high on all these measures. It works well as a text to be read page by page. It also works well as a reference for help in diagnosis or treatment.

The authors announce 3 guiding principles in the preface. I paraphrase: (1) to draw on the world community of experts, (2) to use excellent computer graphics to emphasize the visual aspects of learning, and (3) to combine details of lung structure and physiology with the clinical material. In keeping with the first principle, the list of 115 contributors reads like the speaker's panel assembled each year at the annual meeting of the American Lung Association or American Thoracic Society, with representatives from at least 8 European countries, plus Australia, Canada, and the United

States. Pulmonary medicine has seen huge research contributions in the last 2 decades, from all over the world, and it's very refreshing to get these perspectives. The advantage here: accents don't show up on paper.

This is a complete A-to-Z textbook of respiratory disease medicine. Its 74 chapters cover anatomy, physiology, diagnostic and treatment procedures, respiratory care, and the full range of pulmonary diseases and their treatments. Anatomy is taught through a complete review of chest imaging methods. Normal and pathologic structures are viewed by standard chest radiograph, teaching clinical anatomy while reviewing technical aspects and limitations of plain radiographs. Clear axial and coronal computed tomograms and magnetic resonance images elegantly display mediastinal anatomy, the frequent location and appearance of tumors, and the shape and location of focal areas of atelectasis. Simple diagrams accompany some of the radiographs and computed tomograms to clarify the content. The images chosen and the reproduction quality are excellent. When combined with the written content and diagrams, this is a stunning chapter.

In the physiology chapter the diagrams are excellent. A combination of classic and newer figures is used to illustrate lung mechanics, pulmonary circulation, and gas exchange. Together they clearly demonstrate this book's intention to teach visually. The figures are often in blue-gray tones, which are kind to the eye and easy to read. Clear titles, axis labels, and notes bring the reader quickly up to speed. Important clinical topics are discussed as well, including the physiology of Swan-Ganz catheters, pulmonary edema formation, and the effects of positive-pressure ventilation.

The chapter on invasive mechanical ventilation is a centerpiece for therapists and physicians. One of its valiant efforts is to define and explain the many ventilator modes currently on the market. Unavoidably, this produces a soup of acronyms, some standard (SIMV for synchronized intermittent mandatory ventilation) and some new or unique to a particular ventilator brand (PRVC for pressure-regulated volume-control).

The basics are well presented, with graphs of time versus pressure, volume, and flow that look like the computer screens we see everyday on our ventilators. Practical guidelines are also given in table form to assist

the practitioner in choosing the appropriate mode, tidal volume, fraction of inspired oxygen, and positive end-expiratory pressure (PEEP), depending on the clinical situation. I particularly liked the "Protocol for a Systematic PEEP Trial," which summarizes a practical approach synthesized from data in the literature and years of hands-on experience shared among experts.

I do wish the chapter included more specifics on ventilator strategies for severe asthma. The text notes the importance of avoiding dynamic hyperinflation, but doesn't provide the specific frequency and minute ventilation recommendations found elsewhere. With status asthmaticus (and chronic obstructive pulmonary disease) ventilators can kill as well as save patients. Specific ventilator-setting recommendations in the literature since the early 1990s (tidal volume < 8 mL/kg, respiratory rate < 15 breaths/min, minute volume < 115 mL/kg) help practitioners avoid disastrous outcomes and should be written in boldface type.

The chapter on invasive mechanical ventilation, like many in the book, concludes with a section on "Pitfalls and Controversies." These sections discuss issues for which there is insufficient evidence to guide decision making. The author-expert summarizes rationale, pros and cons, and then gives a seasoned opinion, providing the reader with some guidance in care strategy. In this case the subjects are oxygen toxicity, sedation/paralysis, and muscle rest versus exercise. The issues are briefly but thoughtfully explored, and then specific recommendations are given. All in all I find this chapter approachable and clinically quite useful. The following chapters on noninvasive mechanical ventilation and airway management are similarly straightforward and practical.

Subsequent chapters on evaluation and treatment of specific respiratory symptoms, pulmonary infections, and airways disease are succinct but fairly complete. They all use clear illustrations, tables, and graphs to good purpose, and these invite the reader to the page by breaking up the text. I'll admit, though, that evaluation or treatment flowcharts just don't speak to me; other readers may find them helpful.

The section on diffuse lung diseases also takes particular advantage of diagrams, charts, and computed tomograms. It provides a clear overview and practical advice on diagnosis with high-resolution computed tomography, and when and when not to biopsy. Though even these best efforts don't