

would make it more functional, and providing the North-American measurement units along with *Système International* units would make it useful to more people. However, accepting its limitations as a handbook, it would be a convenient and helpful resource for medical students or residents on a pulmonary rotation or consult service.

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**Management of the Difficult and Failed Airway.** Orlando R Hung MD and Michael F Murphy MD. New York: McGraw Hill. 2008. Hard cover, illustrated, 510 pages, includes DVD of airway techniques videos, \$129.

Why yet another book on airway management? The authors of this book partly address that question in the preface. The book provides exceptional coverage of the issues with non-standard, difficult, and failed airways. Supporting the patent's airway is the greatest concern for all airway practitioners, especially in an emergency setting. To succeed in a difficult airway situation one has to have clear strategies and tactics in the approach to airway management. This book presents a thorough overview of the essentials of airway management, and the authors took up the challenge of creating an organized, logical systematization of all possible difficult-airway situations.

The book is an imposing 28 × 22 × 2.5 cm volume, bound in a shiny hard cover and printed on glossy, acid-free paper. The contents are organized into 4 large sections, which describe, in a logical sequence, airway evaluation and airway management planning, airway devices, airway manipulation techniques, and examples of difficult airways, with case-specific management.

Section 1 provides an excellent in-depth description of the airway evaluation, which is essential for prediction of a difficult airway. The difficult and failed airways are defined and described. This section also presents an overview of various airway-management algorithms. The authors, who are

eminent international experts, discuss the strengths and weaknesses of the American Society of Anesthesiologists difficult-airway algorithm and emphasize the importance of the timely shift to the surgical airway when the necessity arises. The recommendation to create a surgical airway in a critical situation, and allow no unnecessary delay, is a red thread that runs throughout the book.

In addition, the first section contains chapters on airway anatomy, comprehensive review of airway preparation for awake intubation, drugs useful in airway manipulation, and aspiration prevention.

Section 2 contains a full survey of various airway equipment and techniques. Each topic in the equipment section starts with a brief historical overview, introduces a specific device, and clearly presents the device's techniques, advantages, and drawbacks. Novice laryngoscopists such as anesthesia residents will find here plentiful information regarding laryngoscope blades, introducers, and extraglottic devices. The introductory discussion of direct laryngoscopy is followed, logically, by an overview of Macintosh and Miller blades and their indications and techniques. These topics are covered in great detail that will be very helpful for the trainee. The blind intubation techniques, including rarely discussed digital intubation, are well laid out, along with the fiberoptic and video-assisted techniques. Intubation techniques, use of extraglottic devices, and the surgical airway are presented in a sound and orderly mode. The chapter on creating a surgical airway is a must for all practitioners who might encounter a difficult airway situation.

Clear, illustrated, step-by-step guidance is provided for open cricothyrotomy, Seldinger cricothyrotomy technique, and retrograde intubation. Percutaneous dilational tracheotomy is discussed, but not recommended for inexperienced operators.

A criticism of this section is that some discussion of oxygen sources and oxygen-delivery devices would have been useful. They are mentioned throughout the text, but there is no separate discussion of them. Jet ventilation is discussed mainly in the surgical airway chapter and is presented as a transtracheal option.

Section 3 presents an outstanding collection of clinical pearls. Each chapter includes

a brief clinical scenario, followed by short, problem-based discussion and review of the relevant anatomic and physiologic changes. The appropriate actions and techniques are outlined, and the tips and insights provided will be useful to beginners and experienced practitioners. The selection of pediatric cases is excellent. Trauma cases, obstetric cases, a few scenarios of airway edema of various origins, and much more are found here. The majority of the cases are built in accordance with the algorithms in section one, which is helpful in committing these to memory.

Finally, Section 4 describes the not-very-exciting but nevertheless important issue of building the difficult airway cart. There is a list of equipment supplier contact information, and a section on documenting the difficult airway.

Overall the book is an enjoyable and often an absorbing read. It is cleverly designed; the beginnings of chapters and topics are clearly marked by a blue font. Nice figures, color illustrations, and photographs are plentiful. Many chapters contain useful mnemonics. The algorithms are easy to follow. Each chapter is followed by self-evaluation questions, the answers to which are near the end of the book. The book's accompanying CD-ROM comes in a paper cover and provides excellent learning material for mastering the techniques of direct laryngoscopy, extraglottic devices such as the laryngeal mask airway, and fiberoptic intubation. This is an excellent reference for anesthesia residents, anesthesia practitioners, and all physicians who need airway-management skills in the emergency department or intensive care unit. However, the abundance of learning material and details may be a little overwhelming for medical students.

To summarize, the authors succeeded in composing a well-written and well-organized textbook that undoubtedly accomplishes the goals stated in the preface, to provide a clear and up-to-date text on identification and management of difficult and failed airways.

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