

issues regarding cost containment, anesthetic mishaps, and malpractice.

The authors commendably organize a particular clinical problem into a meritoriously systematic and logical method of presentation. Because of the tactical method of problem solving, this book is particularly valuable to anesthesia providers in training, especially those expected to emulate this methodology of analytical thinking when verbalizing problem-solving abilities in daily practice or on oral examinations. Additionally, it would be well served as a reference book on complications encountered by the general anesthesia provider. In this regard, when a complication occurs and a quick reference is needed, the authors expertly speak to us from the book's pages. It is therefore recommended that this book be best used in an accessible manner, perhaps in close proximity to the operating rooms.

Margaret Aranda, M.D.  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania

---

Accepted for publication November 4, 1999.

### **Pain Management and Regional Anesthesia in Trauma**

ISBN: 0-7020-2285-3

Andrew D. Rosenberg, Christopher M. Grande, Ralph L. Bernstein, Eds.

W.B. Saunders, Philadelphia, 2000, 436 pp., \$59.95

A casual glance at this book title correctly portrays images of a text which focuses on pain management in patients with trauma, an important subset of patients about which little is written. The additional component of "regional anesthesia" is a curiosity of sorts, and reflects the editors' stated importance of these techniques in this setting. Presented on behalf of the International Trauma Anesthesia and Critical Care Society (ITACCS), the book first provides an interesting walk through a general introduction of trauma, including the history of trauma anesthesia. This includes excerpts on trauma therapy from such sources as the Egyptian Ebers Papyrus (circa 1500 BC), the Bible, and *The Iliad* (circa 900 BC). Additional descriptions from some of the first recorded medical books include tortoise-shell writings from the Shang Dynasty (approximately 1500 BC). From bloodletting after the Roman Empire fell, through

the relative contributions of the First and Second World Wars, to the current role of the trauma anesthesiologist and the critical care specialist, the book then details the epidemiology of trauma both nationwide and internationally. Discussions of the basic components of pain pathways, the pharmacologic treatment of acute and chronic pain, and regional anesthesia and analgesia follow.

The second section comprehensively follows the trauma patient through injury in the field to the emergency room, operating room (OR), intensive care unit (ICU), and then rehabilitation. In the third section, specifics for providing regional anesthesia (i.e., PCA, epidural and spinal techniques, continuous blocks) are discussed, complete with a special chapter devoted to nonpharmacologic techniques for pain management. This is notable for short discussions of tense-release and mobilization techniques, hypnosis and imagery, psychotherapy, acupuncture, and therapeutic heat and cold.

The fourth section discusses patient profile, focusing on the pain management of specific problems associated with trauma (e.g., burn, pregnancy, thoracic, neurologic, abdominal, orthopedic injury). While the previous chapters lay the foundation for this section, it can also be read piecemeal to assist in the particular management of specific injuries. As a result of the text format, particular issues (e.g., thoracic epidurals) may be comprehensively discussed in multiple sections.

This text is appropriate for the general anesthesiologist (especially in the solo care of emergent trauma patients coming to the OR) providing a template for care of the trauma patient who requires ICU or rehabilitation care. This book is particularly suggested for those specializing in trauma anesthesia or trauma intensive care, and for those in pain management who are likely to interact with inpatients on a trauma service. It makes not only for fine reading, but may serve as a catalyst for closer interaction between those physicians specializing in pain medicine, trauma anesthesia, trauma critical care, and trauma surgery.

Margaret Aranda, MD  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania

---

Accepted for publication January 12, 2000.