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Morbid Obesity: Peri-operative Management, Second Edition. Edited by Adrian Alvarez, M.D., Jay B. Brodsky, M.D., Hendrikus J. M. Lemmens, M.D., Ph.D., and John M. Morton, M.D. Cambridge, UK, Cambridge University Press, 2010. Pages: 262. Price: \$95.00.

Obesity is indeed a worsening epidemic, as Dr. Brodsky describes in the preface to the first edition of *Morbid Obesity: Peri-operative Management*. The problem is truly extensive—reaching across both ethnic/racial and socioeconomic backgrounds. Rare indeed is the perioperative medical team member who does not encounter a patient living with this health problem. The second edition of this book is very much needed to inform practitioners of recent updates in medical knowledge of the disease and how best to care for morbidly obese patients who undergo surgical procedures. The second edition is also more concise, with brief, focused chapters written by experts on the topics discussed. The chapters are very logically ordered into five sections discussing the pathophysiology, preoperative evaluation, intraoperative care, and postoperative care of this complex patient population. The fifth section deals with special topics, such as organizing a bariatric team and the care of the obese pediatric and obstetric patient. Although this book does an excellent job of highlighting the perioperative concerns for patients undergoing bariatric surgery, the breadth of this text extends much further, with the goal of preparing the anesthesia care provider to manage obese patients regardless of the type of procedure being performed.

Each chapter is designed to be short and to the point, while at the same time delivering key points that are often very clinically oriented. Very little information is repeated across chapters and, when information is repeated, the content emphasizes a different aspect of the information given. For instance, the chapter on pathophysiology of the pneumoperitoneum highlights how patient positioning and ventilatory changes are affected by carbon dioxide insufflation of the abdomen. These effects are also outlined as a subset of more comprehensive chapters on patient positioning and ventilatory strategies during anesthesia. As a practicing academic anesthesiologist and critical care physician, I especially enjoyed the detailed explanation of the way to measure plateau pressures and the importance of the transpulmonary pressure gradient in the evolution of mechanical pulmonary pathology in the ventilator strategy chapter.

The layout of the book is well conceived, with the first few chapters providing a detailed review of the physiology and basic science of the cardiovascular, pulmonary, and meta-

bolic effects of obesity. Later chapters delve into more clinical subjects, such as detailed explanations of various weight loss procedures, airway management of obese patients, and methods of monitoring vital signs in obese individuals. The chapter on regional anesthesia appropriately weighs the potential advantages of regional anesthesia against some of the very real technical considerations, such as having needles of sufficient length and the use of ultrasound for peripheral nerve blocks. In addition, the chapter outlining the proper choice of anesthetic agents clarifies the position that propofol dosing should be based on total body weight, whereas remifentanyl dosages should consider an individual's lean body weight. Clinicians will also find that the book provides excellent discussion of postoperative care and intensive care concerns such as rhabdomyolysis, deep venous thrombosis prophylaxis, and nursing care. Complications after bariatric surgery are also outlined, including an exceptional review of the nutritional effect of bariatric surgery such as vitamin B₁₂ deficiency, inadequate protein intake, and considerations for patients undergoing anesthesia after bariatric procedures.

Overall, this book should be on the shelf of any provider who regularly cares for obese patients. The book's easy-to-read chapters and efficiently indexed information make it a very useful tool for quick reference in the operating room or preoperative assessment setting. The text is filled with easy-to-read figures and tables, which only enhances its usefulness in clinical practice. The editors even provide a list of abbreviations in the front of the book. The editors have clearly achieved their goal of providing a comprehensive yet very accessible manual for the care of the morbidly obese patient.

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Perioperative Anesthetic Care of the Obese Patient. Edited by Vilma E. Ortiz, M.D., and Jeanine Wiener-Kronish, M.D. New York, Informa Healthcare USA, Inc., 2010. Pages: 234. Price: \$300.00.

Obesity affects all aspects of perioperative care in all age groups. Obese patients undergoing bariatric surgery typically have thorough preoperative evaluations and preconditioning preparations, making their anesthetic management routine. The clinical anesthesia challenge is that most morbidly obese patients having surgery do not undergo bariatric procedures. As a result, anesthesia providers are faced with both technical and clinical challenges in managing morbidly obese patients for procedures not involving weight loss, often without sufficient experience or insight into mitigating risk beyond those related to airway management.