

equally well to ambulatory anesthesia practices throughout the world.

In summary, this paperback handbook is both a clinically useful and extremely well written text that would be a valuable addition to the library of every anesthesia provider who cares for patients undergoing ambulatory procedures.

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Morbid Obesity: Perioperative Management, Second Edition

Alvarez A, Brodsky JB, Lemmens HJM, Morton JM (eds).
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pages, \$95.00.

In the preface to the second edition of *Morbid Obesity: Perioperative Management*, the editors stated that their goal was to update the information in the first edition, consolidate many chapters, and provide guidance for bariatric surgery. The editors also added new chapters on the pathophysiologic effects of pneumoperitoneum and rhabdomyolysis. This edition has been downsized from 8 to 5 sections, covering pathophysiology, preparation and preoperative evaluation/management, intraoperative management, postoperative conditions, and special topics. The new format broadens the scope of the discussion of preoperative issues, and allows for a more intuitive flow of information regarding important considerations for the morbidly obese patient.

In the first edition, there were 3 chapters on cardiac pathophysiology, which have been consolidated into 1 chapter in the second edition. This new chapter presents a streamlined, more “in-depth” review of the basic cardiovascular pathophysiology of the morbidly obese patient. The next 2 chapters provide an overview of the latest information on the common problems facing morbidly obese patients, including rarely considered hepatic and endocrine issues. The references are up to date and relevant to the subject matter.

The discussion of general preoperative considerations is very thorough but appears to be written for the nonanesthesia provider. The chapter on informed consent is overly lengthy, but does have a good summary table at the end regarding the requirements of different official entities. Chapter 7 is about preoperative surgical management and is very useful to anesthesiologists because it provides a good summary of the typical preoperative risks, as well as the various risk stratification tools. This chapter, as is the case with most of the book, is geared specifically toward the bariatric surgery patient rather than a more general consideration of the morbidly obese patient undergoing nonbariatric surgery.

The intraoperative management section is more obviously geared toward the anesthesiologist. The first chapter in this section thoroughly covers patient positioning, as

well as considerations for physiologic monitoring. Chapter 11 examines the effects of obesity on anesthetics and has an adequate description of dosing formulas using tables and figures. However, the chapter does not provide a “quick reference” guide for dosing of specific anesthetic, forcing the reader to search for each one individually among the text. Chapter 12 on airway management provides an excellent description of many different strategies, tools, and devices for managing obese patients with difficult airways and makes good use of figures and references. Chapter 13 provides a thorough description of different intraoperative ventilatory strategies and alveolar recruitment maneuvers. One can criticize the use of older literature to support the authors’ recommendations regarding acute respiratory distress syndrome protective strategies. Chapter 14 on regional anesthesia discusses the benefits and complications associated with both neuraxial and peripheral blocks in obese patients. The authors utilize the obese parturient as the main subject and extrapolate to all other obese surgical populations because of the paucity of available evidence outside this area.

Section 4, titled “Post-operative Conditions,” is very well written and provides an in-depth consideration of frequently encountered causes of morbidity and mortality in the obese surgical patient, including both prevention and treatment strategies. Chapter 15 discusses postoperative analgesia, including a thorough discussion of the available analgesic techniques, as well as the risks and benefits of each modality (e.g., patient-controlled opioid therapy, epidural analgesia, multimodal analgesic techniques, and role of continuous infusions). Special attention is given to a discussion of the benefits of thoracic epidural analgesia for upper abdominal procedures in morbidly obese patients.

As with most multiauthored books, there is some repetitiveness in Chapters 16, 17, and 18, which cover the postanesthesia care unit, intensive care unit management, and rhabdomyolysis. These 3 chapters cover the gamut of postoperative issues and management strategies. The new chapter on rhabdomyolysis is highly informative and discusses the risks, causes, diagnosis, prevention, and treatment with the benefit of excellent figures and graphs. This section ends with a chapter on nursing considerations and long-term complications.

The last section of the book covers a few special topics, including anesthetic considerations for patients who have previously undergone bariatric surgery, bariatric surgical outcomes, organizing a bariatric surgery team, consideration of adolescent bariatric surgery, and management of the obese parturient.

In summary, these authors have succeeded in their attempt to make the second edition of this book useful to a wider variety of healthcare providers. Therefore, much of the material in the new edition of the book is not necessarily pertinent to anesthesiologists, but rather is geared more toward internal medicine physicians, bariatric surgeons, and ancillary bariatric surgery personnel (e.g., nutritionists, psychologists, and postanesthesia care unit nurses). The most pertinent information for the practicing anesthesiologist is found in the sections on intraoperative management and postoperative conditions, as well as in the special topics section.

This textbook is ideally suited for anesthesiologists and surgeons working as part of the perioperative care team at facilities that perform a high volume of bariatric surgery. It is also an excellent resource for reviewing the important perioperative considerations in the management of morbidly obese surgical patients. The text material and references are current and from diverse sources (including nutrition, psychology, and surgery journals). This updated information, as well as the thorough consideration of the important perioperative issues involving the morbidly obese surgical population, make this book an excellent addition to the anesthesiologist's library.

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Nigerian Regional Anesthesia Course

Nigeria's first course in Regional Anaesthesia was held at the University College Hospital (UCH), Ibadan, November 22–26, 2010. This course was organized to address the lack of use of peripheral nerve block techniques in Nigeria. Rukewe and Fatiregun¹ reported that although 93% of the anesthesiologists surveyed regularly used spinal anesthesia, only 3% performed peripheral nerve blocks (47% had never performed a nerve block and only 31% had used a nerve stimulator technique).

The 5-day course was declared open by Dr. Adeniyi Adenipekun, the UCH Director of Clinical Services and Training. He expressed satisfaction that UCH is the "birthplace" of efforts to expand the use of regional anesthetic techniques in Nigeria. He proposed that the course be organized on an annual basis, and will be held in the UCH center for the first 4 years, and thereafter in other teaching hospitals in Nigeria.

The opening ceremony had in attendance Professor S.D. Amanor-Boadu (Head, Anesthesia Department, UCH, Ibadan), Professor Temitope Alonge (Professor of Orthopedics & Trauma, UCH, Ibadan), and Dr. Patience Sotunmbi (Deputy Chairman, Medical Advisory Committee). Professor Alonge commented that elderly patients he operated on in Europe with comorbidities such as hypertension, diabetes mellitus, and cardiac dysrhythmias underwent regional anesthetic techniques with less hemodynamic disruption. This course was designed to improve knowledge and increase the potential utilization of nerve/plexus blocks for Nigerian patients in the future.

Twenty-nine participants attended the course, including 8 consultants, 15 senior registrars, 5 registrars, and 1 medical officer from university teaching hospitals, specialist hospitals, Federal Medical Centre, and Police Hospital (Table 1). The institutions represented cover the traditional Northern, Southern, Eastern, and Western regions of Nigeria. There were 3 female and 26 male participants. The majority of the participants (81%) had never attended a

Table 1. Demographic Characteristics and Test Results

Characteristics	Numbers and/or percentages
Median age (and range) (y)	37 (32–55)
Male/female (n)	26/3
Mean/median anesthesia practice experience (range) (y)	5.2/5 (2–15)
Participants who completed pre- and posttest forms	21/29 (72%)
Mean/median pretest scores (ranges)	45/40 (20–100)
Participants who failed the pretest [n (%)]	14 (67%)
Mean/median posttest scores (ranges)	78/80 (40–100)
Participants who failed the posttest [n (%)]	1 (5%)
Participants who failed the pretest but passed the posttest (n)	14
Participants who passed the pretest but failed the posttest (n)	1
Paired increase in scores between pretest and posttest values [mean (standard deviation)]	33 (6)*

Data are numbers (n) and mean values (standard deviation). Passing test score was ≥50, with lowest possible score = 0 and highest possible score = 100.

* P value <0.05 pretest versus posttest.

course/workshop on regional anesthesia. This course admitted only physicians, and nurse anesthesiologists who made inquiries were assured that a future program will be developed for their training.

In the Introduction, it was highlighted that the underutilization of regional anesthesia in Nigerian hospitals was attributable to inadequate knowledge of the techniques, as well as the lack of necessary training and equipment to perform the blocks. The course objective was to impart the knowledge and skill for using regional anesthetic techniques for surgical anesthesia and pain medicine. The facilitators were young anesthesiologists using techniques of regional anesthesia for general surgery, obstetrics, pediatrics, and pain control.

The first lecture was delivered by Olusola Idowu, MBBS, FWACS (Reddington Hospital, Lagos) titled "Regional Anesthesia: History, Scope and Application." This was followed by "The Physiology of Pain" by Rotimi Olonisakin, MBBS, FWACS (UCH, Ibadan). Dr. Idowu's second and third lectures were "Pain Assessment and Multimodal Analgesia" and "The Use of Sedation in Regional Anesthesia." The addition of IV sedation with sedative-hypnotics and opioid analgesia is important for making regional anesthesia and peripheral nerve blocks more acceptable for patients, anesthesiologists, and surgeons. Ambrose Rukewe, MSc, FMCA (UCH, Ibadan) closed the first day with a discussion of "How to Localize Target Nerves/Plexuses" in which clinical techniques such as eliciting paresthesia and use of a nerve stimulator and echo-guidance (i.e., ultrasound) were demonstrated.

On day 2, Rotimi Olonisakin, MBBS, FWACS (UCH, Ibadan) discussed the "Pharmacology of Local Anesthetic Agents, Newer Agents and Adjuvants." Akin Fatiregun, MSc, FWACP (UCH, Ibadan) taught "Research Methods in