
Since 2004, the Requisites in Anesthesiology series has been expanding to include the various divisions and subspecialties that encompass the clinical practice of anesthesiology. Each volume aims to provide a focused, organized, and quickly assimilated review of a particular aspect of anesthesiology. The newest volume to join the series is Dr. Scott Springman’s Ambulatory Anesthesia. In this installment, Dr. Springman not only manages to achieve the aims of the Requisites in Anesthesiology series admirably, but expands on them considerably.

For residents and fellows preparing to enter the workforce as well as seasoned anesthesia veterans facing ever-changing clinical practice, the information in Dr. Springman’s text is invaluable. Indeed, with the rapid expansion of ambulatory surgery and office-based anesthesia in the past 10–15 yr, knowledge in the area encompassed herein is certainly “requisite.” This text is organized much like a clinical practice setting is itself organized. Beginning with the selection of patients for outpatient surgery and preoperative evaluation, and moving to selection and administration of an appropriate anesthetic plan, followed by postoperative complication management (including one of the most concise and enlightening chapters on postoperative nausea I’ve read) and discharge criteria, the text mirrors a patient’s journey through our surgical centers. The material is complete in that most anything one would need to know regarding the outpatient clinical setting is covered, but not in the detail that a larger, more comprehensive textbook would offer. This difference is entirely intentional, because this is a review text meant to be easily covered by the reader in a matter of a week or two. The text includes highlighted “key points” and “controversies” as well as case studies to help the reader assimilate material into a practice setting. I did not find the controversy segments to be particularly useful (because I’m old and set in my ways already), but I can easily see how someone facing the daunting task of taking American Board of Anesthesiologists oral boards might benefit from the pros and cons given in those segments. The value of this section lies in the logic and reasoning to support each course of action that is presented, which is invaluable in the oral board setting.

Previous Requisite texts have been focused on subspecialties, types of surgery, or unique patient populations. This text is quite different in that it infolds into the ambulatory surgical environment elements of all previous topics covered by this series. The scope of ambulatory anesthesia, as a separate clinical entity in and of itself, is broad because it is not just a subspecialty or division, but often a freestanding center and business as well. To address these differences, Dr. Springman ends his text with chapters regarding facility design, accreditation, and management. He furthermore includes appendices with the American Society of Anesthesiologists guidelines for establishing an ambulatory care center. His inclusion of these latter topics is not surprising given his appointment at the University of Wisconsin School of Business and his leadership of the Administrative Medicine Curriculum at the University of Wisconsin.

The scope and practice of ambulatory anesthesia has changed drastically since the development of the first freestanding surgery center in the 1960s. The pace of change in outpatient surgery, driven by economic and social factors, has been so brisk that one might think Dr. Springman should advise Ambulatory Anesthesia yearly (or even more frequently)!. But this text achieves a remarkable feat: It includes all of the specific information needed in the outpatient setting, while remaining general enough that its scope should stand the test of time. Ambulatory Anesthesia is a valuable addition to the studies of the anesthesia resident preparing for the American Board of Anesthesiologists written and oral boards as well as a valuable resource for every anesthesiologist practicing ambulatory anesthesia.


Symptomatic treatment is important to patients with cancer, where treatment of pain can become as high a priority for the patient as treatment of the cancer itself. Multiple specialists often contribute to the care of a cancer patient, and their investigations into clinical care can lead to a diverse literature with respect to symptomatic management. It is to this end that the authors have sought to introduce a text where the diverse experience of multiple specialists is collected into one resource dedicated to the relief of suffering secondary to cancer pain.

Chapters are focused on specific topics relevant to the treatment of cancer pain, with appropriate supporting references. The target audience is oncology specialists, but the editors note the benefit of the text for nononcology physicians and allied health professionals. The chapters are organized with appropriate titles and subtitles. Numerous figures and tables contribute to a clear, effective presentation. I appreciated the inclusion of chapters such as ethics in cancer pain management as well as skin pain and wound management.

The book’s sections include general principles of cancer pain management, management of specific cancer pain syndromes, special issues in cancer pain management, and interventional techniques and other specialized approaches. Appendices address practical clinical subjects. Some chapters are brief and somewhat underdeveloped for most specialists who are engaged in the care of cancer pain patients. But overall, each chapter is well referenced, and when brief, the reader is able to identify a resource for a more in-depth review of the subject.

Basic pharmacology is addressed in the first section, with a succinct but useful review of opioids and other analgesics such as nonsteroidal antiinflammatory agents. Tables provide general medical dosing guidelines. Studies addressing cardiovascular morbidity and cyclooxygenase-2-specific inhibitors are presented as well. A dedicated chapter addressing prevention and treatment of opioid side effects is helpful given the frequency of unwanted symptoms with opioid therapy. A chapter dedicated to the basic neurobiology of cancer pain is also included.

The section on management of specific cancer pain syndromes includes chapters dedicated to bone pain, neuropathic pain, and wound management. These chapters provide a blend of basic science and clinical information. They are succinct, but well referenced. The chapter dedicated to the management of wounds is clinically beneficial, because this is a common serious complaint for patients. Special issues in cancer pain management are addressed in eight chapters, including a diverse mix of subjects from ethics to complementary and alternative medicine in oncology. A chapter dedicated to pediatric palliative care is included in this section, covering a broad number of topics, from pain assessment to treatment, including pharmacology and interventional techniques.

I would have liked more detail included in the interventional technique chapters, specifically dealing with neuraxial infusions and neurolytic nerve blockade. These chapters are best described as an overview of interventional treatment options for cancer patients. As someone who has not trained in radiation oncology, I found the chapter on palliative radiation therapy techniques helpful.

After noting the complexity of developing healthcare guidelines in the absence of a mature clinical literature, the editors have included appendices describing guidelines used in cancer care at the M. D.
Anderson Cancer Center. These appendices offer practical suggestions in how to approach the application of procedural pain techniques in cancer patients as well as methadone dosing.

Overall, this textbook is a good orientation to cancer pain management, which will be valuable to medical students and residents as well as fellows starting advanced training in pain medicine. It will also serve well the nonpain specialist looking to increase knowledge of cancer pain management. For the mature pain specialist, much of the information presented will likely be a review. I will look forward to future editions, which will likely be of increasing value to practicing pain specialists.

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CORRECTION

The conflict of interest information that was published in the article appearing in the November 2006 issue of Anesthesiology, pages 892–7, was incomplete. In addition to serving as a member of the Scientific Advisory Board to Masimo Inc., Dr. Steven Barker was also a member of the Masimo Board of Directors during the time the study was conducted and the manuscript reviewed and published.