
Patient safety has nearly become its own field of study with the growing attention it has received during the past decade. It can be argued that perioperative patient’s safety has improved largely due to advances in anesthesiology; the American Society of Anesthesiologists was the first medical organization to create a foundation to focus on this topic, the Anesthesia Patient Safety Foundation, founded in 1985. Patient Safety in Plastic Surgery is an attempt to view perioperative patient safety from the vantage points of both anesthesiology and plastic surgery. The editor, Dr. V. Leroy Young, makes a good point that cosmetic surgery has a higher visibility than most specialties because it is often completely elective and in the “public spotlight.” Patients are now more fully engaged in their own health care and rightfully want the best quality available—especially because the procedures are elective and generally not covered by insurance plans.

Previous reports on the topic of patient safety in plastic surgery have either overwhelmed the general plastic surgeon with unnecessary detail or made cursory recommendations borrowed from other specialties. Written and edited by a learned group of experts, and even incorporating contributions from an attorney, this book has accomplished its goal without unnecessary detail or superficiality.

The organization of the text is logical, and it transitions smoothly between topics. Throughout the book there are several up-to-date links that are useful for the reader who wishes to obtain more detailed information about this broad topic. Within each chapter, clinical pearls are highlighted and a case scenario is summarized at the end. The book consists of five parts. The first part, “Basic Considerations,” has chapters about patient safety origins and legal ramifications. This first chapter includes concepts of errors, adverse events, and human performance as well as an updated list of Web sites that contain extensive details about implementing safe and reliable medical care safeguards. This section is the only part of the book that is slightly redundant, although it does provide an excellent analysis.

The second part describes medical safety issues, including entire chapters on cardiovascular risks, obstructive sleep apnea, smoking, diabetes, and neurologic considerations. Of these, the chapter on cardiovascular risk is the most inclusive, discussing the 2007 American College of Cardiology/American Heart Association guidelines while explaining the evidence-based debate on perioperative coronary revascularization and the use of preoperative β-blockers. The chapters dedicated to pulmonary management focus on how specific plastic surgery procedures and general anesthesia relate to morbidity and mortality in high-risk patients. The chapter concerning smoking was particularly good, illustrating the increased risk of wound infections and pulmonary morbidity in smokers and establishing a comprehensive approach to smoking cessation. Despite the informative chapters regarding the above medical topics, these chapters do not give treatment paradigms for the pathologies, but instead intend to help plastic surgeons recognize these medial problems so they can request consultations and input from the appropriate specialists.

The third section is about surgical safety issues, many of which we, as anesthesiologists, also consider important (e.g., postoperative hypothermia). This section is of particular interest to the plastic surgeon and anesthesiologist because this is when the patient is most vulnerable to an adverse event. Interestingly, the first chapter in this surgical section is about psychological evaluation of cosmetic surgery patients and their preoperative motivations and postoperative expectations. The second chapter of this section provides a rather standard review of venous thromboembolism and bleeding. The third surgically related chapter gives an excellent evidence-based approach in preventing surgical wound infections, and it discusses everything from hand hygiene and skin marking pens to instrument sterilization. One of the best chapters in this section describes minimally invasive therapies, such as botulinum toxin (Botox; Allergan, Inc., Irvine, CA) injections and fillers, not only in the United States but also throughout other countries. This chapter also includes excellent figures illustrating complications associated with such therapy.

The fourth section encompasses anesthetic safety issues related to cosmetic surgery. In fact, the airway management chapter by Dr. Richard Botney, the coeditor of the book, is better than those in several primary anesthetic texts because of its depiction of current airway instruments and a thorough explanation of their use, but may be a little too specific for most practicing plastic surgeons. This section also contains specific chapters on malignant hyperthermia, postoperative nausea and vomiting, and patient positioning. A teen death related to malignant hyperthermia at a North American outpatient surgery center made headlines recently. This chapter stresses the importance of having the appropriate kind and amount of medications (such as dantrolene) to treat such an

Mark A. Warner, M.D., served as Handling Editor for this book review.

Michael J. Avram, Ph.D., Editor
event at an outpatient surgical facility, and it gives detailed
guides about what is needed in a malignant hyperthermia
cart. The chapter on patient positioning gives a review of
physiologic changes during surgical positioning, in addition
to invaluable pictures of potential pitfalls.

Part five is a summary chapter that succinctly ties together
many of the preceding ideas from medical, surgical, and an-
esthetic points of view.

With its beautifully refined leather binding and hardy
construction, it is not surprising that *Patient Safety in Plastic
Surgery was edited by a cosmetic surgeon. The intended au-
dience of this book is practicing plastic surgeons, as stated in
the preface. This book is an excellent resource for practicing
physicians involved in the care of patients undergoing plastic
surgery, and it emphasizes the current commitment to safety
as a top-level priority in all areas of medicine.

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**Multiple Choice Questions in Intensive Care
Medicine.** By Steve Benington, M.B. Ch.B.,
M.R.C.P., F.R.C.A., Peter Nightingale, F.R.C.A.,
F.R.C.P., and Maire Shelly, M.B. Ch.B., F.R.C.A.
Shrewsbury, United Kingdom, TFMPublishing

Of all my years in training, my critical care fellowship year
was the most challenging in terms of learning a vast amount
of material, recovering from sleepless nights on call, and
managing multiple strong personalities. When that grueling
and rewarding year was completed, I was similarly challenged
trying to find a multiple-choice question book to prepare me
for the certification examination. Critical care has been prac-
ticed for decades, and board certification examinations in
this specialty have been announced in the United States
since the late 1980s. It is surprising that in the ensuing 2
decades, there have been fewer than five books dedicated
to the preparation of critical care examination. Multiple
Choice Questions in Intensive Care Medicine stands alone as
one of the very few critical care review books dedicated to
multiple-choice questions.

I am not sure whether the lead author, Steve Benington,
M.D., had the same challenges I faced during my training,
but his preface suggests that he could not find an adequate
source that focused on multiple-choice questions in critical
care. This inspired him to create a book of 300 questions, di-
vided into three examinations. His questions cover a variety
of topics, including trauma, fluid management, toxicology, obstet-
rical emergencies, ethics, and applied pharmacology. A few
questions have images, such as electrocardiograms, ventilator
waveforms, and intracranial pressure tracings. At the end of
each examination, detailed explanations follow each answer.
Each explanation is accompanied by one or more recent ref-
erences to guide further reading.

Each examination contains 50 “type A” questions (for
which the examinee chooses the single best answer) and 50
“type K” questions (which consist of a statement followed by
four stems, each requiring a true or false answer). The ques-
tions are designed to mirror the format of the European
Diploma of Intensive Care Medicine. I went online to the
official website of European Diploma of Intensive Care
Medicine and found a recommendation for this book under
the section “How to Prepare Yourself for Your Examination.”

A significant number of questions use negative words, such as
NOT and EXCEPT, requiring the potential examinee to take
an extra cognitive step when formulating an answer.

In an attempt to present questions in the format of the
European Diploma of Intensive Care Medicine, they are not
arranged by topic. Unfortunately, there is no subject index
for this book to guide the student who wants to focus on one
particular area. Although the variety of questions in this book
provides a framework for the breadth of topics covered in
United States board examinations, the American trainee may
be frustrated by the format of questions because we do not
answer K type questions for our certification examinations.
This collection of questions is more likely to appeal to the
critical care fellow in training than it is to the resident pre-
paring for the anesthesiology, internal medicine, and surgery
board examinations. The level of difficulty may be too high
for a junior resident, but seems appropriate for fellows and
practicing intensivists. For the European trainee searching
for a format that follows the European Diploma of Intensive
Care Medicine, I would recommend purchasing this edition.
For the United States trainee looking to assess his/her knowl-
derge base and identify deficiencies in it, Multiple Choice
Questions in Intensive Care Medicine is a welcome study guide.

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