

BOOK REVIEW

Anesthesiology Critical Care Board Review

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The backbone of any examination today is multiple choice questions (MCQ's). The books of MCQ's are written and published to guide the examinees about the current examination trends. 'Anesthesiology Critical Care - Board Review' is a new addition in the list of MCQ's books available in the market. Examinees find these MCQ books useful as these provide a comprehensive review of the diverse topics being currently examined for in any fellowship examination. The book under consideration is a powerful and most welcome statement about the place of examination trending in the evolving and ever-growing subject of critical care. Critical care medicine is an evolving specialty in which the amount of available information is growing rapidly and is spread across a myriad of books, journals and websites. It is an excellent help to physicians in training and practicing health professionals to master concepts crucial for success on the anesthesia and critical care boards.

This book consists of 16 chapters including topics such as central nervous system, hematology and oncology, critical care review of burns, sedation, pain management and pharmacology, statistics, ethics and management, obstetric critical care, gastroenterology, trauma and disaster management, endocrinology, immunology and infectious diseases, renal acid base, nutrition and procedures, cardiovascular physiology, management, mechanical support and resuscitation, related to the field of anesthesiology and critical care, and is followed by variable number of questions. The question difficulty ranges from basic, entry level concepts to more advanced and challenging problems.

Each chapter is written by an author who is currently actively managing patientcare in the domain of the chapter. Each question consists of a stem, which is a detailed narrative of the patient condition and is followed by four options. One of these option is to be selected as the best answer for that question.

One of the key features of this book is a detailed explanation of the correct answers given at the end of each chapter. This explanation is given in such a way that it increases the depth of the knowledge of the reader. All the answers are supported by references so that the reader can consult them for any clarification if needed.

As expected, American drug names, units of measurement, etc. are used in this book which can cause problem for those readers who are not familiar with these terminologies but this is not considered as a disadvantage.

An index is included at the end of the book. It is troublesome for the reader to use this index for search as it does not refer to a particular question but refers to a page number on which the answer related to the question can be found.

There is an Ebook version available for this book, and it can be viewed online at [Oxford Medicine Online](#), which may be more useful for those who are used to read books online.

Anesthesiology critical care board review is recommended by editors to be used for candidates preparing for American board of anesthesiology critical care certification examination; however, this book is a perfect collection of MCQ'S that can be used by any candidate sitting in any anesthesiology, emergency medicine and critical care examination around the world. In addition it is also a useful resource for educating critical care physicians, anesthesiology practitioners, and advanced practice providers with the most relevant, up-to-date, state of the art considerations in critical care medicine. I can also recommend this book for the candidates appearing in FCPS Anesthesiology and FCPS Critical Care examinations in Pakistan.

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Preoperative optimization of the chronic pain patient: enhanced recovery before surgery

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Soft Copy available on Amazon/Kindle

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This book is a combination of pain medicine and psychology. It targets optimising the chronic pain before surgery to prevent the development of chronic post-surgical pain and to prevent the flair of acute on chronic pain episodes.

The book has 11 chapters.

First chapter describes the scope of the problem, the economic burden and related complications. There is an overview of consequences of pain chronification and opioid use. Multiple papers are cited with detailed results on pre-op and post-op problems of opioids with effects on length of stay and success rates of surgery

2nd chapter talks about the rationale and the process of optimization. It introduces the 'preoperative optimization programme', which the authors have developed for the patient struggling with chronic pain. The rest of the book unpacks that in greater detail. There is an introduction and history of Transitional Pain Services, Prehabilitation and 10 week programme. The 10 week time frame focuses on habit changing and optimising opioid doses.

Then the book begins to form a pragmatic and therapeutic perspective with a brief overview of what is commonly called motivational interviewing and its role in facilitating the life style/behavioural changes. It describes the transtheoretical model of behavioural changes described by Prochaska and DiClemente. There is a description of Miller and Rollnick's strategic level orchestration of motivational interviewing. Multiple articles are cited along with

Cochrane review in support of this.

"Why doesn't pain serve as the ultimate motivator for more people?"

Motivation, and its different types are given in detail along with its relationship to neurobiology. It explores the interpersonal variability elements and also categorises it ethically/morally and religiously.

The critical role of habits in directing behaviour with understanding of tension and cooperation between reflective and reflexive process is important for preoperative optimization. Factors ruling habit psychology are also important in designing a pre-op optimization programme for a particular patient.

There is a full evidence based chapter on catastrophizing, fear and anxiety scales and their effects on surgical outcome, and CBT as a suggested treatment. However, inclusion of scores, scale calculation and parameters would have been more interesting for the readers. Clinical toolkit for enhancing self-regulation in perioperative context in a tabulated form is added by the author.

There is an interesting chapter on sleep optimization. This chapter has familiar things like biological clock and circadian rhythm, but there is description of a term used Zeitgebers which means things that help reset circadian rhythm.

A detailed account of the effect of physical activity and nutrition on outcome of surgery and chronic pain has also been given. Tobacco consumption and cessation related consequences on chronic pain are also part of this mind game of optimization.

Opioid biology, pharmacology and addictionology perspectives are discussed with recommendations from literature. A short summary of naltrexone, methadone and buprenorphine is mentioned.

The last page is the summary of the book

In summary, it is a valuable book for clinicians running Pain Management Programmes (PMP). It will be a good resource for someone looking for evidence based foundations to build a new transitional pain clinic and PMP. Read the book only if you want to explore the psychological side of pain and mindfulness basics.

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