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This is a book written by office surgery–based anesthesiologists for office-

based anesthesiologists. It is generally approachable, however, and there are some pearls in here for dermatologists using anything other than only local anesthesia.

The goal of the book is laudable, safer methods of anesthesia for cosmetic procedures. With use of methods described in this book, it is possible to perform almost any cosmetic procedure without the use of general anesthesia, although a chapter on general anesthesia is included. The book wanders somewhat from this goal including an unrelated chapter on propofol for military and mass casualty anesthesia.

There is a chapter devoted to lidocaine toxicity. In it the author (Adam Dorin) points out that deaths from lidocaine toxicity have occurred by the hands of both dermatologists and plastic surgeons without supporting references. Although this may be true, the number of deaths by plastic surgeons must be manyfold greater than that of dermatologists. Surprisingly, the authors support the use of dilute megadose lidocaine for liposuction. There is no separate chapter on tumescent anesthesia, however, because the author unashamedly admits to not covering techniques employed by the operating surgeon.

Interestingly there is a chapter on the business of office-based anesthesia and subheadings on self-promotion and who's the competition? Surprising to hear from an anesthesiologist, after hearing them explain at state medical board hearings that they are currently overwhelmed with work and only testify to restrict office anesthesia for the patient's good.

Most interestingly, there is an entire chapter devoted to the "politics" of office-based anesthesia. This chapter would have more accurately been titled "controversies about safety of office-based anesthesia." The author does an evenhanded job of reporting on the existing literature, repeatedly referencing articles published in this journal (in contrast to the plastic surgeons). The authors are reluctant to point out, however, that more than 90% of the cosmetic surgery deaths in Florida over the past several years of mandatory data collection have occurred at the hands of plastic surgeons (presumably their number one employer).

All in all it is a fast read that is mostly accurate, and I cannot argue with the editor's quote in the introduction: "Sadly what remains an absurd situation is that it is acceptable to have a death from a pulmonary embolism following an abdominoplasty in a hospital or ambulatory surgery center (ASC) setting but not the exact same outcome in office-based setting. This is clearly not in the interests of public safety. The emerging hypocrisy is that the hospital and ASC lobbies in Florida (and others to follow) have persuaded the legislatures to mandate reporting of all mortalities from office-based cosmetic surgery while remaining exempt from the same requirement. ALL deaths from elective cosmetic surgery should be subject to the same reporting and scrutiny as those in the office-based setting."