

Anesthesia in Cosmetic Surgery. Edited by Barry L. Friedberg, M.D. Cambridge, United Kingdom, Cambridge University Press, 2007. Pages: 263. Price: \$95.00.

You know you are in for an interesting read when in the foreword the author is compared to Einstein in 1905. The implication of the foreword is that novel theories, whether about relativity or anesthesia for cosmetic surgery, may initially be considered heresy but prove to be correct over time. *Anesthesia in Cosmetic Surgery* does not disappoint readers: It is an engrossing book with novel ideas about one of our fastest growing fields of specialty.

The book is divided into two main parts. The first is dedicated to the description of anesthesia techniques, while the second deals with peripheral, but nonetheless important, aspects of the practice of anesthesia in an office setting. It also includes two very interesting appendixes covering nutrition in the patient undergoing cosmetic surgery and another curiously covering a contributor's own experience as an expert witness in judicial cases.

The first thing that catches your attention when reading this book is the dedication and passion Dr. Friedberg has put into the development of what he calls "minimally invasive anesthesia" (MIA). This is the name he has chosen to give to a drug combination of propofol, ketamine, and clonidine supplemented with Bispectral Index monitoring, which he claims is practically infallible and has minimal side effects for patients undergoing cosmetic surgery. This MIA technique is the foundation of the book, and the tediousness of its description is counterbalanced by the enthusiasm and self-promotion that the author provides. The self-promotion includes frequent references to the author's personal case log and experiences with MIA, both of which are used to support most of the book's contentions about the utility of MIA.

Therein rests the book's main limitation: Most of the methods presented and supportive evidence are developed from the author's personal perspective. The efficacy of MIA is not cemented by outcomes from large clinical trials. On the other hand, the book is written by authors well versed in the area of cosmetic surgery, making it a valuable apprentice-type text. The final result reads mostly as a how-to, easy-to-follow book rather than an extensive review.

Some specific chapters are worth mentioning. The chapter on lidocaine use in cosmetic surgery is an excellent source for understanding how the concept of dosing and mega-dosing of this local anesthetic has become so prevalent. One is hard-pressed to find strong evidence on the currently recommended maximum dose of lidocaine of 7 mg/kg when using epinephrine in cosmetic surgery settings. The chapter, well written and unobtrusive, provides a clear insight of how this maximum dosage came to be and provides valuable tips on using this drug safely for cosmetic surgery.

The chapter on regional blocks for cosmetics surgeries of the head and neck is well organized, with numerous illustrations and photographs depicting their performance. Another interesting chapter, albeit rather short, discusses pre-anesthetic assessment. This chapter includes a subsection on herbal supplements that are so prevalent today, especially in the cosmetic surgery population.

The book also covers important aspects of cosmetic surgery such as the psychological aspects of the patient undergoing cosmetic surgery, regulations that govern ambulatory surgical centers in most states, and business, politics, and medico-legal considerations in the realm of office-based anesthesia. These chapters are compact and full of useful information, even for those who practice outside that setting.

Whether Dr. Friedberg becomes the Albert Einstein of anesthesiology remains to be seen. However, his book seems to hold value for those who care for patients undergoing ambulatory processes when a premium is placed on rapid operating room turnover, attaining street readiness, and maximizing patient satisfaction.

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