This book presents current evidence in an Enhanced Recovery Programme context, and provides a common sense approach to using the array of available analgesia techniques appropriately in major abdominal surgery. Current pain relief options are discussed, many of which have been described only in the last ten years. Topics covered range from the now widespread use of portable ultrasound machines to an appreciation of the value of some older drugs in a new context. Analgesia for Major Abdominal Surgery is aimed at anesthetists, acute pain teams, and acute pain nurses, as well as colorectal, hepatobiliary, urological and gynecological surgeons.

Acute Pain Medicine is the first comprehensive, case-based text of its kind that explores the essential topics of
Background and aims: Optimal methods for confirming the ideal catheter tip position for a continuous thoracic paravertebral block (CTPVB) have not been established. We confirmed the catheter tip position by observing a hyperechoic flash within the thoracic paravertebral space (TPVS) induced by air injection through the catheter. We tested the hypothesis that a CTPVB provided through the catheter whose position was confirmed using our method would produce a wider spread of sensory block.

Methods: The Institutional Review Board approved this study. Before commencement of thoracoscopic surgery, a Tuohy needle was introduced into the lateral edge of the TPVS, in a lateral-to-medial direction, under ultrasound guidance, and a catheter threaded 4.5 cm beyond the needle tip. Immediately after surgery, 1-ml air was injected through the catheter while observing a sagittal view of the TPVS. Patients were divided into two groups based on the presence (P group, n = 12) or absence (A group, n = 8) of the hyperechoic flash. Subsequently, 10-ml radiopaque dye was injected via the catheter to evaluate its distribution. Then, a CTPVB using 0.25% levobupivacaine (8 ml/h) was initiated. The primary outcome was the number of anesthetized dermatomes 24 hours after surgery.

Results: The radiopaque dye reached significantly more segments in the P group. However, the median (IQR) number of anesthetized dermatomes 24 hours after surgery in the P group and the A group was 3.5 (3u20134) and 3 (1.5u20134.75), respectively (p = 0.70).

Conclusion: The confirmation of the hyperechoic flash within the TPVS does not guarantee a wider distribution of the CTPVB.
volume with authoritative, completely practical help. You'll find algorithms for managing or avoiding a wide range of common clinical dilemmas or complications. You'll get time-saving tools such as intravenous-to-oral opioid conversion tables and PCA setup guides as well as no-nonsense selection of nerve block techniques and advice on their strengths and pitfalls. This handy reference helps you make wise choices about anesthetics, dosing intervals, equipment, and perioperative management of patients receiving single-injection or continuous nerve blocks or spinal or epidural anesthesia. It tells you how to successfully manage patients with suspected epidural hematoma or neurologic injuries -- and much more. Filled with full-color, high-quality, detailed illustrations and clinical images of actual patients Covers the entire field of regional anesthesia, including nerve stimulator and ultrasound-guided peripheral nerve blocks, from imaging and instrumentation to step-by-step instructions for employing them in adults and children Details how to achieve reliable anesthesia and analgesia for surgical interventions on the face and upper and lower extremities Provides information on the advantages and disadvantages of using regional anesthesia in patients with coexisting diseases Offers guidance on acute pain management of adults and children in the perioperative period and in the ER Features up-to-date information on the etiology, prevention, and management of a wide range of complications

Ultrasonographic guidance for regional anaesthetic blocks is an innovative technique that allows for the direct visualization of nerves, adjacent structures and the position of the needle, as well as for the precise observation of the spread of local anaesthetic. The advantages of the technique allow for the exact administration of moderate volumes of local anaesthetic, reducing the risk of complications. Written by a physician with 16 years' experience in ultrasound-guided regional anaesthesia, this second edition of the well-received practical handbook provides a concise summary of the basics of ultrasound technology and the most recent techniques in the use of ultrasound to guide peripheral nerve blocks, focusing specifically on ultrasound-guided peripheral nerve block techniques. All chapters have been carefully revised to provide the most recent knowledge in the topic of ultrasound in regional anaesthesia. A strong focus has still been attached on anatomical descriptions and subsequent practical implementations. Paediatric applications are now included in this new edition to aid paediatric anaesthesiologists, as well as the incorporation of neuraxial techniques to complete the entire topic. With illustrated colour images throughout, this book is highly relevant to anaesthesiologists and pain specialists with an interest in regional anaesthesia.

In recent years, ultrasound has become an essential tool for clinicians who care for patients suffering from acute or chronic pain. Comprehensive Atlas of Ultrasound-Guided Pain Management Injection Techniques, 2nd Edition, depicts in clear, step-by-step detail how to prepare and perform injections under ultrasound guidance. Noted pain expert Dr. Steven D. Waldman’s succinct, easy-to-read writing style guides you through more than 180 useful techniques – all highlighted by hundreds of full-color, oversized images designed to demonstrate the ease and utility of ultrasound in contemporary pain management care.

Awake thoracic surgery is a new surgical field that is set to expand in the near future. Employing sole epidural
or local anaesthesia in fully awake patients renders many thoracic surgical procedures doable with less invasiveness and general anaesthesia.

This full-color text/atlas describes all of the nerve blocks for which ultrasound guidance has proved efficacious, including upper and lower limb blocks. The chapter organization is similar to Chelly’s Peripheral Nerve Blocks book: each block is described by concise text covering the indications for use, necessary equipment, anatomic landmarks, approach, and technique. The blocks are richly illustrated by ultrasound stills and relevant anatomy. A companion Website will have video modules on 1. principles of sonography, including how to turn on the machine, set up the transducers, move the transducers, change the contrast, depth, frequency and dynamic range compression settings, how to use color Doppler flow imaging and align the needle with the beam and 2. ultrasound-guided blocks of the interscalene, supraclavicular, infraclavicular, axillary, femoral, subgluteal, popliteal, and caudal regions.

This new edition reflects the evolution of the field including new topics for historical relevance regarding the changing attitudes towards opioid prescription and use. The book points out that the realization of liberalizing use is almost uncontrollably linked to unnecessary patient death. Similarly, the evidence is increasingly confirming that interventional pain procedures work. New evidence presents, for example, that Percutaneous Lysis of Adhesions is an effective therapeutic modality that has advantages over other options due to its cost effective nature and long term outcomes reducing the need for additional procedures including surgeries and more and more expensive medications. Awareness about the consequences of bad outcomes leads to medicolegal complications. The inevitable trigger is bad outcome which is often related to knowledge, training, experience, as well as equipment design. Some of the examples and lessons learned from the medicolegal arena may soon prevent such occurrences.

Concise anatomical text and descriptions of procedures are supported by high-quality, anatomical illustrations linked to clinical images.

A comprehensive full-color anatomical atlas designed specifically for the anesthesiologist and pain physician. A clear understanding of relevant anatomy is essential for physicians who wish to master ultrasound guided nerve blocks. This innovative resource includes high-resolution CT, MRI, cadaver anatomy, anatomical illustrations, and 2D and 3D ultrasound images of the neck, upper and lower extremity, trunk, thorax, thoracic spine, sacral spine, lumbar paravertebral region, and thoracic paravertebral region that are relevant to ultrasound guided regional anesthesia. Although other texts may provide some of this imaging information, this is the first book to systematically and comprehensively gather all the imaging modalities for side-by-side comparison. • Bulleted pearls impart how to obtain optimal ultrasound images at each site • Hundreds of full-color photographs and illustrations throughout
VIII equally to this first English edition. The work deals with the body cavities, digestive system and teeth, spleen, and with the respiratory and urogenital systems of the dog, cat, pig, ox, sheep, goat, and horse. Each organ system is described in a general and comparative chapter, which is followed by shorter special chapters for the carnivores, pig, ruminants, and horse. In agreement with the original authors, substantive changes were made in several instances to take into account the results of recent research and to eliminate conflicts between views commonly held by German anatomists and those outside of Europe, but foremost to profit by the advances in Nomina anatomica veterinaria* (NAV), a uniform international nomenclature, which came into existence while this translation was in progress. This nomenclature lists a single, usually descriptive term for homologous structures in all domestic mammals, and wherever possible for the same structure in man; and thus has the potential of simplifying student instruction and promoting interdisciplinary understanding. The work of the International Committee on Veterinary Anatomical Nomenclature in many instances included re-evaluations of existing anatomical concepts; and it was these that necessitated most of the changes in the present work. The nomenclature conforms, with very few exceptions, to the second edition of the NAV.

The management of pain can often be achieved by medications, physical therapies, or by various procedural techniques that have evolved in recent decades. With the trend towards more outpatient surgeries and less invasive surgeries to decrease perioperative risk, perioperative time, and costs, the practice of anesthesia is evolving to utilize regional anesthesia techniques both for inpatients and outpatients. Regional anesthesia is being performed for outpatient surgeries, obstetric anesthesia, trauma, chronic pain states, and for acute post-operative pain management. Therefore, it is paramount for physicians and nurses practicing anesthesia to understand the essentials of regional anesthesia, its evolving techniques, and appropriate utilization of modern equipment and technology to provide care safely. Essentials of Regional Anesthesia, Second edition, is a concise, up-to-date, evidence-based handbook that enables every resident, physician and nurse to understand the basics of regional anesthesia and the standard of care guidelines for the practice of regional anesthesia in a comprehensive fashion. This new edition includes: · Updated and new chapters on Ambulatory, Critical Care, and Obstetrics topics · Full color, clear, detailed, anatomic drawings · Clinically relevant, practical aspects of regional anesthesia · International contributing authors who are experts in their field · Latest ultrasound techniques and images Review of 1st edition: “There are many books available on regional anesthesia, and the trend is either to focus on illustrations, forgoing any discussion, or on text descriptions, making them bulky and hard to read. This book maintains that perfect balance between text and illustrations. It is truly a master companion book on regional anesthesia.” (Tariq M. Malik, Doody’s Book Reviews, April, 2012)

Background: Various techniques of regional anesthesia have been used in abdominal surgery including thoracic epidural, thoracic paravertebral block, transverses abdominal plane block. However new techniques such as quadratus lumborum block are tested to detect its efficacy. Purpose: To compare between intraoperative and postoperative analgesic effect of ultrasound guided continuous quadratus lumbar block and continuous thoracic paravertebral block in patients operated for radical cystectomy (primary outcome). Side effects, length of
hospital stay and patient satisfaction (secondary outcome). Methods: 60 patients admitted to Urosurgery department at Alexandria Main University Hospital for radical cystectomy were randomly assigned into 2 groups, 30 patients for each group: group I received ultrasound guided quadratus lumborum block with 0.3 ml/kg bupivacaine 0.25% on each side with catheter insertion for maintenance doses 0.1ml/kg/hr on each side while group II will received ultrasound guided thoracic paravertebral block with 0.3 ml/kg bupivacaine 0.25 % on each side with catheter insertion for maintenance doses 0.1 ml/kg/hr on each side. Results: There was no statistically significant difference between the two groups regarding postoperative VAS score, first request of analgesia and length of hospital stay, however there was statistically significant difference between the two groups as regards heart rate and mean blood pressure at 1sr, 4th, 6th and 7th hrs during the intraoperative periods. Conclusion: It can be concluded that there is no difference in the analgesic efficacy, opioid consumption, and hospital stay between continuous bilateral quadratus lumborum block and continuous bilateral thoracic paravertebral block after radical cystectomy. These data suggest that quadratus lumborum block is a viable alternative for delivering multimodal analgesia in radical cystectomy.

Background and aims: Local anesthetic spread after thoracic paravertebral block (TPVB) is difficult to predict. This study was aimed to correlate the spread of a solution into the thoracic paravertebral space measured by radiocontrast imaging and compared to dissection of cadaveric adult subjects. Methods: After the agreement of the Scientific Direction of the AP-HP School of Surgery had been obtained, 11 cadaveric subjects were studied. For each subject, 4 TPVB were performed in each of the four quadrants of the back under ultrasound guidance (6-13 MHz probe and SonoSite M-Turbo) with the needle in plane according to a transverse or sagittal approach alternatively. Once the right position of the needle was confirmed, 10 ml of 0.9% saline solution were injected to expand the TPVS, followed by injection of 10 ml of radiocontrast (iodixanol 270 u2122) mixed with dye (blue or green depending on the type of approach). Spread dye was calculated from the radiological image (black) and by surgical dissection (blue or green spread) and measured as the number of TPVSs covered by each injection (Figure 1). Results: 43 BPVT (failure in one case) could be analyzed. Results of the bivariate analysis are reported in Table 1. Conclusion: Radiological imaging seems to be a reliable method to evaluate the spread of a thoracic paravertebral block.

Guide for decision-making in orthopedic and regional anesthesia. Approaches for both common and complex case scenarios are discussed.

Background and aims: The anesthetic characteristics of ultrasound-guided erector spinae plane block (ESPB) remain unclear. We conducted a study to clarify the analgesic efficacy of ESPB compared to that of thoracic paravertebral block (TPVB) for postoperative analgesia in video-assisted thoracic surgery (VATS). Methods: This study was a prospective randomized non-inferiority trial approved by the Institutional Review Board of Ehime Prefectural Central Hospital (No. 29-84, 02/03/2018). Eighty-eight patients scheduled for VATS were randomly allocated to either an ESPB or a TPVB group. Patients in both groups received continuous infusion of 0.2%...
levobupivacaine (8 mL/hour) after 20 mL of 0.2% levobupivacaine bolus injection. The primary outcome was postoperative numerical pain rating score (NRS) at rest 24 hours postoperatively, with a maximum acceptable difference (non-inferiority margin) between the groups as 1. We also evaluated NRS during movement, amount of rescue fentanyl used, and anesthetized dermatome number. Results: Eighty-one patients completed the study. NRS at rest was significantly lower in the TPVB group at 1, 2, and 24 hours postoperatively (respective p values = 0.018, 0.008, and 0.030). There were no significant differences in NRS during movement. The median difference in NRS at rest 24 hours postoperatively was over 1, which failed to demonstrate non-inferiority. The number of anesthetized dermatomes at parasternal regions was significantly greater in the TPVB group (p

This book is the first and definitive reference in the growing field of ultrasonography in pain medicine. Each chapter details all you need to know to perform a specific block. Comparative anatomy and sonoanatomy of the various soft tissues are featured, and tips and tricks for correct placement of the ultrasound probe and administration of the injection are described in detail. All the major peripheral nerve blocks are discussed as well as the various injections of the spine, pelvis, and musculoskeletal system.

A practical, comprehensive guide to the special needs of infants and neonates undergoing anesthesia.

The most comprehensive resource available on pediatric ultrasound-guided regional anesthesia, covering core principles and practical guidance for all major blocks.

With a focus on anatomy and sonoanatomy, this beautifully illustrated updated edition captures the latest advances in the rapidly growing field of ultrasound-guided pain medicine and MSK procedures. This atlas is divided into seven sections that provide an overview and focus on interventional approaches and advancements. Authored by international experts, each clinical chapter features a maximal number of instructive illustrations and sonograms and provides a description of sonoanatomy, instructions on performing the procedure and how to confirm appropriate needle placement. This book will help encourage and stimulate physicians to master approaches in interventional MSK and pain management.

This book provides physicians practicing at pain management clinics with comprehensive explanations of interventional therapeutic procedures including nerve blockade, as well as pharmacotherapy. Interventional therapeutic procedures including nerve blockade are categorized by devices into landmark (“blind”), X-ray-guided, ultrasound-guided, CT-guided, MR-guided, and endoscopic techniques. In this book, each chapter introduces one type of nerve blockade procedure that involves several different devices. The authors describe the pros and cons of each technique and make recommendations for the best devices to use. This book will also help anesthesiologists and other physicians to improve their treatment techniques.

Interventional Pain Management: A Practical Approach is the second edition of this comprehensive guide, which
includes the latest advances in anaesthesia and brand new content, edited by international experts in
anaesthesiology from the US, UK and India. Enhanced by nearly 400 images and illustrations and an accompanying
DVD, this is an essential resource for anaesthesiologists.

Anesthetic complications, which range from simple annoyances to patient mortality, are inevitable, given the many
and complex interactions of doctor, patient, personnel, and facility. "Anesthesia Complications in the Dental
Office" helps dentists minimize the frequency and severity of adverse events by providing concise and clinically
relevant information that can be put to everyday use. "Anesthesia Complications in the Dental Office" presents
the most up-to-date information on treating anesthesia complications and medical emergencies. Drs. Bosack and
Lieblich and a team of expert contributors discuss patient risk assessment; considerations for special needs and
medically compromised patients; anesthetic agents routinely administered; adversities that can arise before,
during, and after administration of anesthesia; and emergency drugs and equipment. A must-have reference for
every dental office. Special Features Covers all the types of anesthesia used in the dental office "Break-away"
discussion bars attract the reader and reinforce ideas. Medical emergency manual for the general practitioner

Covers the most important and relevant topics on the anesthetic care of children, using a question-and-answer
format.

In recent years the field of regional anesthesia, in particular peripheral and neuraxial nerve blocks, has seen
an unprecedented renaissance following the introduction of ultrasound-guided regional anesthesia. This
comprehensive, richly illustrated book discusses traditional techniques as well as ultrasound-guided methods for
nerve blocks and includes detailed yet easy-to-follow descriptions of regional anesthesia procedures. The
description of each block is broken down into the following sections: definition; anatomy; indications;
contraindications; technique; drug choice and dosage; side effects; potential complications and how to avoid
them; and medico-legal documentation. A checklist record for each technique and a wealth of detailed anatomical
drawings and illustrations offer additional value. Regional Nerve Blocks in Anesthesia and Pain Medicine provides
essential guidelines for the application of regional anesthesia in clinical practice and is intended for
anesthesiologists and all specialties engaged in the field of pain therapy such as pain specialists, surgeons,
orthopedists, neurosurgeons, neurologists, general practitioners, and nurse anesthetists.

The New Edition of this clinically-focused text provides current, readable how-to descriptions of pain management
techniques as well as the most up-to-date information on the anatomy and physiology of pain, patient evaluation
and selection, pharmacology, and treatments. The 2nd Edition includes many new chapters, updated references, and
numerous other revisions to reflect the latest advances in the specialty. Easiest text to use, with a step by
step how to do it approach Now features CPT codes and relative values for billing of all procedures Sixteen new
chapters including: laboratory testing, discography, non-opiate analgesics, percutaneous laser discectomy, and
cyanomethacrealate resin injection, and much more New blocks featured include: trigeminal nerve, vagus nerve
block, phrenic nerve block, spinal accessory nerve block, cervical fact block, brachial plexus block, and much more! Many new illustrations drawn for this edition Offers 18 new chapters on hot new topics such as IDET discography bracial plexus block lumbar facet block and neurolysis percutaneous vertebroplasty percutaneous las disectomy and much more. Features completely revised clinical chapters that reflect current clinical thinking on the use of interventional pain management therapy. Presents an armamentarium of resources useful in fighting inappropriate claims denials, including current CPT-4 billing codes, a Society for Pain Practice Management relative value for each procedure, and a comprehensive list of scientific references supporting the use of interventional pain management techniques.

Regional Anaesthesia: A Pocket Guide is an essential companion to the practice of regional anaesthesia for consultants and trainees in the specialty. Filled with practical advice and carefully designed for ease of use, this book is the helpful aid to practice that anaesthetists have been waiting for. The book covers all the major blocks by anatomical region, from the head and upper extremities, to the lower extremities and para-axial region. The technique for each procedure is prefaced by information on its difficulty, indications, contraindications, and potential side-effects. Every procedure is also accompanied by a range of high-quality clinical photographs and anatomical drawings that demonstrate the importance of applying anatomical knowledge in practical anaesthetic procedures. Regional anaesthesia is a fast-moving specialty, and this book takes into account recent advances in ultrasound-guided techniques with a strong focus on real-time observation of needle placement. Landmark-placed blocks have are also covered for clinicians without access to ultrasound technology. Regional Anaesthesia: A Pocket Guide is a unique compilation of anaesthetic techniques that offers support and guidance for any trainee or specialist in their every day practice.

Veterinary anesthesiology has benefited from the union of medicine and technology, in the production of diagnostic and monitoring equipment never imagined before. The addition of nerve stimulation and high-resolution ultrasound to the chapter of regional anesthesia allowed the development of new nerve approaches and techniques for numerous clinical situations. This book is aimed at helping the readers to incorporate a new method of work to their daily practice.

Presents the core anatomical knowledge required for the Primary and Final FRCA examinations. Examination questions are included.

Thoracic epidural anesthesia is an accepted pain management technique for major upper abdominal surgery. Presence of moderate scoliosis has a higher rate of difficultor failed placement. Here we report successful placement of thoracic paravertebral block (TPVB) catheter under USG(ultrasound guidance) in a patient with severe scoliosis.

This book serves as a practical resource for pain medicine providers. It presents important clinical concepts while covering critical pain medicine fundamentals. Chapters were carefully chosen to cover common aspects of
clinical pain medicine and also follow a common format to facilitate quick look-up. Each chapter includes a concise discussion of the latest supporting evidence as well as relevant case scenarios. The coverage is clinically and board relevant, evidence-based and up-to-date. It will appeal to residents preparing for the written board examination and practitioners preparing for board re-certification, which now occurs every 10 years. Beyond these groups, the book has the potential to appeal to learners and practitioners around the world; pain medicine is burgeoning globally, and there is great need for concise, clinically relevant resources.

A practical guide to perioperative cognitive disorders, the most common complications of anesthesia and surgery in older people.

This is the first comprehensive text-atlas that shows how to use ultrasound technology and nerve stimulation techniques to guide regional blockade in children. Clinical chapters follow a sequential, highly illustrated format that provides step-by-step guidance and include cases, clinical pearls, and troubleshooting tips. Nearly 400 figures, consisting of ultrasound images, MRI images, and schematics, have been assembled to maximize understanding of pediatric neuroanatomy and its relationship to surrounding anatomical structures. To help the novice user, the book features side-by-side presentation of unlabeled and labeled ultrasound images. Pediatric Atlas of Ultrasound- and Nerve Stimulation-Guided Regional Anesthesia focuses on common approaches, supplemented in clinical pearls and notes by alternative approaches, and emphasizes dynamic and systematic scanning techniques. It is intended for pediatric anesthesiologists who wish to incorporate regional blockade into their repertoire and designed as a refresher and resource for all regional anesthesiologists seeking to refine their skills. Unique Selling Points: Internationally renowned experts Presents two technologies proven to improve block success when used together Superb coverage of pediatric anatomy in relation to regional anesthesia Equipment, set-up, pain assessment, local anesthetic pharmacology, and patient safety considerations for child patients.

This comprehensive, clinically oriented text can serve as either a stand-alone reference or as a companion to the ATLAS. Sections cover the development of regional anesthesia; basic science; induction of regional anesthesia; side effects, complications, and concurrent medical problems; and clinical applications. Each chapter features excellent illustrations and clinical pearls. User-friendly organization makes information easy to find! Basic science information is segregated from clinical chapters – making both background and clinical details easier to find. This section provides a foundation in the anatomic, physiologic, and pharmacologic considerations essential to performing regional block techniques successfully. Clinical pearls are highlighted! In each clinically oriented chapter, leading experts provide an in-depth summary of their subject as well as detailed insights into the nuances of clinical practice based on years of practical experience. Cross-referenced to the Atlas of Regional Anesthesia! Readers can use this complete resource as a stand-alone clinical reference or in tandem with Dr. Brown's Atlas of Regional Anesthesia. Either way, readers gain the 'how-to' advice that makes it easier to put the principles into practice. Superb art program! Features more than 465 informative line drawings and photographs that clarify and accentuate essential concepts, skills and techniques. These illustrations are
exclusive to Regional Anesthesia and Analgesia and serve to further complement the step-by-step guidelines contained in both the text and atlas. What's more, this all-new art program provides the best available coverage of regional anesthesia anatomy!

Practical and clinically oriented, Specialty Imaging: Acute and Chronic Pain Intervention provides unique, authoritative guidance on the use of image-guided techniques for periprocedural analgesia and pain management procedures. Ideal for practicing and trainee interventional radiologists, pain physicians, and anesthesiologists, this one-stop resource is tailored to your decision support needs, with coverage of everything from neuroanatomy and specific pain conditions to interventional procedures for acute and chronic pain. Provides up-to-date content informed by best practices and the perspectives of both interventional radiology and anesthesia Discusses key topics such as multimodal opioid sparing techniques as adjuncts and alternatives to the use of opioids for acute pain management, as well as shared decision making in interventional radiology pain management Demonstrates the new fascial pain blocks as well as sympathetic nerve blocks for periprocedural analgesia during interventional procedures Covers adult and pediatric acute and chronic pain conditions Integrates neuroanatomy and the "why" of clinical procedures for a better understanding of the pathways and various options for therapeutic intervention Presents information consistently, using a highly templated format with bulleted text for quick, easy reference Begins each section with a discussion of neuroanatomy, followed by succinct chapters that provide "how-to" information on a clinically useful, imaging-guided interventional procedure for treating a specific acute or chronic pain condition Features procedural videos and clear, high-quality drawings for visual reinforcement, e.g., sequential illustrations that show where nerves are located through successive peeling of anatomic layers

The management of pain from acute injuries is a priority in trauma care. Regional analgesic techniques are very effective at treating acute pain and are gaining in popularity as recognition of their beneficial effects on morbidity increases. Regional Anesthesia in Trauma employs multiple narrative problem-solving case scenarios that explore the use of regional anesthesia in: • Blunt chest trauma, amputations, upper and lower extremity fractures and spinal injury • Burn injury • Patients with pre-existing nerve injury and other co-morbidities • Patients at risk for compartment syndrome • Pregnant, obese, elderly and pediatric patients • Local anesthetic systemic toxicity With a focus on ultrasound-guided techniques, the reader is guided through the technical aspects of performing regional anesthesia as well as the medical and surgical considerations that influence the choice of analgesic therapy. Regional Anesthesia in Trauma is invaluable for practitioners and trainees in anesthesiology, emergency medicine and trauma surgery.

4 STAR DOODY'S REVIEW! "The book can serve as an introduction, a refresher, or a supplement, depending on the experience and background of the reader. The authors are well regarded for their teaching, research, and clinical abilities. The book covers basic and advanced regional anesthesia techniques. It includes mostly classic approaches, but also offers some novel techniques for both single shot and continuous nerve blockade. The illustrations are superb, especially those that reveal the underlying structures, providing an almost three-
dimensional view of the relevant anatomy."—Doody's Review Service Authored by the world's leading authorities, this is an authoritative, full-color instructional manual for mastering nerve block techniques. Beautifully illustrated with 350 color illustrations, including 175 clinical photographs of actual patients.