ASA ABSTRACTS

A-302  
Effect of Propofol on Coagulation after Cardiopulmonary Bypass: In Vivo Study with Thromboelastograph and Platelet Aggregometer  
Jum Kawasaki, MD; Kenichi A. Tanaka, MD; Ichiro Ishizuka, MD; Mitsubara Kodaka, MD; Taro Kauawoe, MD, Anesthesiology, Saitama Medical School, Kauawoe, Saitama, Japan. Propofol induces inhibition of platelet aggregation, but does not affect TE G maximum amplitude.

A-303  
Local Warming Facilitates Intravenous Catheter Insertion  
Rainer Lenzardi, MD; Tanja Seybold; Gabi Schreiber; Daniel I. Sessler, MD, Anesthesiology, University of Vienna, Vienna, Austria. Active local warming facilitates the insertion of peripheral venous catheters, reducing both the time and number of attempts required.

A-304  
Clinical Utility of the Bispectral Index during S(+)-ketamine/Propofol anesthesia  
Werner F. Muadl, MD Phd; Hans P. Kieser, MD Phd, Anesthesiology and Intensive Care, German Army Hospital, Amberg, Oberpfalz, Germany. This study demonstrates that appropriate use of BIS during S(+)-ketamine and propofol anesthesia can significantly reduce the time to extubation following the end of surgery.

A-305  
Titration of Hypnotic Agents Using a BiS-Guided Open-Loop Feedback Algorithm For TIVA  
Donald Mathews, MD; Sanjeev Kumar, MD; Alexander Mattreetskiil, MD; Monica Klevicka; George Neuman, MD, Department of Anesthesiology, St. Vincent's Hospital, New York, NY, United States. An algorithm for titration of the hypnotic component of TIVA provides rapid awakening and no recall.

A-306  
Core Temperature Monitoring with the LMA and COPA Takashi Matsukawa, M.D.; Makoto Ozaki, M.D.; Takabisa Goto, M.D.; Daniel L. Sessler, M.D.; Teruo Kumazawa, M.D., Department of Anesthesia, Yamashita Medical University, Tamabo, Yamashita, Japan. LMA and COPA temperatures correlated well with NT, but up to a quarter of the values differed by amounts exceeding acceptable limits.

A-307  
The Accuracy and Precision of Tympanic Temperature with a New Optical Fiber Thermometer during Cardiac Surgery  
Atsuo Kawanura, M.D.; Makoto Ozaki, M.D.; Teruo Kumazawa, M.D., Department of Anesthesia, Yamashita Medical University, Tamabo, Yamashita, Japan. The precision of the new optical fiber thermometer was sufficient for clinical use.

A-308  
Utilization of a Unique Thermoregulation System Improves Hemodynamic Function Perioperatively in Patients Undergoing CABG Surgery  
N. Nesber, MD; R. Pizov, MD; I. Kushner, MD; E. Zisman, MD, G. Uretsky, MD, Cardiothoracic Surgery and Anesthesia, Carmel Medical Center, Haifa, Israel. New system maintains normothermia and improves perioperative hemodynamic status.

A-309  
Use of the BIS Monitor Does Not Decrease Wake Up or Recovery Time  
Diane L. Perine, BSN; John L. Fontana, MD, Anesthesiology, University of Tennessee Medical Center, Knoxville, TN, United States. There is no difference in time to wake up, postoperative alertness, or discharge time with or without the BIS. Therefore, the BIS is not cost effective with respect to time savings.

A-310  
Blood Volume and Blood Transfusion for Female and Male Patients Undergoing Coronary Artery Bypass Graft Surgery  
Manathav Panjala, M.D.; Chieko Ueda, M.D.; Murata Kaga, Ph.D.; Changa Tyagaraj, M.S.; Ketan Sbade, MD, Anesthesiology, Mount Sinai Medical Center, New York, NY, United States. Females have lower (P<0.001) blood volume and receive transfusion more often than males during CAGB surgery.

A-311  
Residual Free Hemoglobin in Washed Salvaged Blood. A Comparison of a Bedside and a Laboratory Method  
Hemming Sbou, M.D., Ph.D.; Goran Claesson, CRNA; Marie Grande, CRNA; Johan Lundberg, M.D., Ph.D., Department of Anesthesiology and Intensive Care, Lund University Hospital, Lund, Sweden. Bedside free hemoglobin estimation in salvaged and washed blood may increase the quality of reinforced erythrocytes.

A-312  
Burst Suppression Ratio May Be a Reliable Parameter in Assessment of the Depth of Anesthesia with Propofol Using Processed-EEG Monitor  
Chieko Shibue, M.D.; Koki Shimozaki, M.D., Ph.D., Anesthesiology, Nijgata University, Nijgata, Japan. It may be necessary to evaluate the depth of propofol anesthesia not only by SEF90, but also by BSR using pEEG monitor especially in elderly patients.

A-313  
Evaluation of the Ultegra® Point-of-Care Platelet Function Instrument during Cardiac Surgery  
Linda Shore-Lesserson, MD; Rao Saleem, MD; Marc Stone, MD; Robert Hillman, MD; George Despotis, MD, Anesthesiology, Mt Sinai, New York, NY, United States. Since PAU values identify patients with excessive bleeding and increase after platelets, the RPFA may be useful in managing post-CPB bleeding.

A-314  
Accuracy of Closed-Loop Administration of Propofol Using BIS and a Patient-Individualized, Model-Based Algorithm  
Michel M.R.F. Stuyts, MD, PBH; Tom De Smet, M. Sc; Stijn Van de Velde, B.Sc; Linda F.M. Verschelen, MD; Eric P. Mortier, MD D Sc, Dep. of Anesthesiology, Ghent University Hospital, Gent, Belgium. We found good initial control without severe overshoots or oscillations.

A-315  
Debris Elimination from Partially-Filled Cell Salvage Bowls  
Dale F. Szczepak, MD, Anesthesiology, National Naval Medical Center, Bethesda, MD, United States. The wash quality of partially-filled cell salvage bowls has been questioned. This experiment shows that platelet and wbc counts are higher in partially-filled bowls, though the levels of C3a and free Hb are less.