A-302  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Effects of Propofol on Coagulation after Cardiopulmonary Bypass: In-Vitro Study with Thromboelastograph and Platelet Aggregometer Jun Kawasaki, MD; Kenichi A. Tanaka, MD; Ichiro Isbuzaka, MD; Mitsubara Kodaka, MD; Taro Kauwzoe, MD, Anesthesiology, Saitama Medical School, Kawagoe, Saitama, Japan. Propofol induces inhibition of platelet aggregation, but does not affect TEG maximum amplitude.

A-303  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Local Warming Facilities Intravenous Catheter Insertion Rainer Lenzbartl, MD, Tanja Seybold; Gabi Schreib; Daniel L. 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  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Clinical Utility of the Bispectral Index during S(+)-ketamine/Propofol Anesthesia Werner F. Mader, MD PhD; Hans P. Kliesser, MD PhD, Anesthesiology and Intensive Care, German Army Hospital, Ansbach, 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  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Titration of Hypnotic Agents Using a Bis-Guided Open-Loop Feedback Algorithm For TIVA Donald Mathews, MD; Sanjeev Kumar, MD; Alexander Mathews, MD, Monica Klewica; 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  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Core Temperature Monitoring with the LMA and COPA Takashi Matsukawa, M.D.; Makoto Ozaki, M.D.; Takahisa Goto, M.D.; Daniel L. Sessler, M.D.; Teruo Kumaawa, M.D., Department of Anesthesia, Yamagata Medical University, Yamabico, Yamagata, 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  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) The Accuracy and Precision of Tympanic Temperature with a New Optical Fiber Thermometer during Cardiac Surgery Takashi Matsukawa, M.D.; Atoos Kauwzoe, M.D.; Makoto Ozaki, M.D.; Teruo Kumaawa, M.D., Department of Anesthesia, Yamagata Medical University, Yamabico, Yamagata, Japan. The precision of the new optical fiber thermometer was sufficient for clinical use.

A-308  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Utilization of a Unique Thermoregulation System Improves Hemodynamic Function Perioperatively in Patients Undergoing CAGB Surgery N. Nesher, MD; R. Pizov, MD; I. Kushner, MD; E. Zisman, MD, G. Uretzky, MD, Cardiothoracic Surgery and Anesthesiology, Carmel Medical Center, Haifa, Israel. New system maintains normothermia and improves perioperative hemodynamic status of CAGB surgery patients.

A-309  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Use of the BIS Monitor Does Not Decrease Wake Up or Recovery Room Times Diane L. Perine, B.S.N.; John L. Fontana, M.D., Anesthesiology, University of Tennessee Medical Center, Knoxville, TN, United States. There is no difference in time to wake up, post operative alertness, or discharge time with or without the BIS. Therefore, the BIS is not cost effective with respect to time savings.

A-310  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Blood Volume and Blood Transfusion for Female and Male Patients Undergoing Coronary Artery Bypass Graft Surgery Mamatha Punjala, M.D.; Chiedozie Udoh, M.D.; Murali Pagala, Ph.D.; Changi Tyagaraj, M.S.; Ketan Shevde, M.D., Anesthesiology, Maimonides Medical Center, Brooklyn, NY, United States. Females have lower (P<0.001) blood volume and receive transfusion more often than males during CAGB surgery.

A-311  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Residual Free Hemoglobin in Washed Salvaged Blood: A Comparison of a Bedside and a Laboratory Method Henning Schou, M.D., Ph.D.; Goran Claesson, CNM; Marie Grandt, CNM; 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 reinfused erythrocytes.

A-312  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) 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 Shimizui, M.D.,Ph.D.,Anesthesiology, Nihon University, Nihon, Japan. It may be necessary to evaluate the depth of propofol anesthesia not only by SEF90, but also by IRR using pEEG monitor especially in elderly patients.

A-313  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Evaluation of the Ultrace, 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  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Accuracy of Closed-Loop Administration of Propofol Using BIS and a Patient-Individualized, Model-Based Algorithm Michel M.R.F. Struys, MD, PhD; 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  Room C, 10/16/2000 9:00 AM - 11:00 AM (PS) Debris Elimination from Partially-Filled Cell Salvage Bowls Dale F. Szpizjuk, 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.