ASA ABSTRACTS

A-385  Room 301, 10/16/2000 2:00 PM - 3:30 PM (PD)
Comparison of Water Warming Garment and Air Warming System in Prevention of Hypothermia during Liver Transplantation
Piotr K. Janicki, M.D.; Michael S. Higgins, M.D.; Cristina Stoica, M.D.; Ram Pai, M.D.; Ann Walla, M.D., Anesthesiology, Vanderbilt University, Nashville, TN, United States. Patients using warming garment during liver transplantation maintained consistent normothermia when compared to control group.

A-386  Room 301, 10/16/2000 2:00 PM - 3:30 PM (PD)
Maintenance of Normothermia in Surgical Patients: New Technology Evaluated
Piotr Janicki, MD, PhD; Michael S. Higgins, MD, MPhil; Garry Walker, MD; Jill Janssen, RN; Mias Pretorius, MD, Anesthesiology, Vanderbilt University, Nashville, TN, United States. A new system (Allon™) controls body temperature better than convective air warming in major surgery.

A-387  Room 301, 10/16/2000 2:00 PM - 3:30 PM (PD)
Contribution of Skin and Core Temperatures to Postoperative Shivering Threshold
Pascal Alfonsi, MD; Karin Nourreddine, MD; Marcel Chauvin, MD; Daniel I. Sessler, MD, Outcomes Research, A Pare, Boulogne, France. Cutaneous contribution to control of postoperative shivering is near 16%. Skin warming is unlikely to stop shivering when core temperature is <35°C.

Clinical Neuroscience: Neuroanesthetic Management & Outcome

A-388  Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)
The Effect of the Prone Position on Intraocular Pressure in Anesthetized Patients Undergoing Spine Surgery
Mary Ann Cheng, MD; Tom McHugh, CRNA; Rene Tempelhoff, MD; Carl Laurysen, MB ChB, Anesthesiology, Washington University School of Medicine, St. Louis, MO, United States

A-389  Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)
Effects of Physostigmine on the Loss of Consciousness and Analgesia Produced by Remifentanil
Martin Talbot, MD; Pierre Fiset, MD, FRCP(C); Gilles Plourde, MD, MSc, FRCP(C); Steven B. Backman, MD, PhD, FRCP(C); Daniel G. Connor, MD, PhD, FRCP(C), Department of Anesthesiology, McGill University, Montreal, QC, Canada. Physostigmine reverses unconsciousness and apnea produced by remifentanil, and minimally modifies analgesic effects.

A-390  Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)
Risk Factors for Perioperative Myocardial Ischemia in Carotid Endarterectomy
Shinji Kato, MD, PhD; Hiroshi Kitabata, MD, PhD; Katsumi Tanaka, MD, PhD; Junpei Nozaki, MD; Shuzo Ohba, MD, PhD, Anesthesiology, Tohoku University School of Medicine, Sendai, Japan. Angina and hypertension were significant risk factors for perioperative myocardial ischemia in CEA.

A-391  Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)
Propofol/Remifentanil Vs Sevoflurane/Remifentanil for Maintenance of Anaesthesia during Carotid Surgery
Tsunebisa Tsukabora, MD; Christopher J. Andrews, PhD; J. Robert Sneyd, MD, Anesthesia Dept, Derriford Hospital, Plymouth, Devon, United Kingdom. For carotid, remifentanil 0.25–0.5 mcg/kg/min with sevoflurane 1–2% or propofol 80–100mcg/kg/min gave similar intra-operative conditions with rapid recovery.

A-392  Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)
Tumor Size Does Not Determine the Anesthesia Emergence Time Following Craniotomy
Voytek Bosek, M.D.; Kirame Buablin, M.D.; Steven Brem, M.D., Anesthesiology, University of South Florida, Tampa, FL, United States. Contrary to previous reports, we observed no association between tumor size and anesthesia emergence time in patients who underwent craniotomy for removal of a supratentorial tumor.

A-393  Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)
Postoperative Skull Block Decreases Pain Following Craniotomy
Anh Nguyen, MD; Francois Girard, MD; Daniel Boudreaud, MD; Francois Fugere, MD; Montigue Ruel, MD, Department of Anesthesiology, CHUM Hopital Notre Dame, Montreal, QC, Canada. Postoperative skull block decreases the severity of pain following craniotomy for supratentorial lesions.

A-394  Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)
PCA Morphine with Ondanestron for Relief of Postoperative Pain, Nausea and Vomiting in Neurosurgical Patients Undergoing Intracranial Procedures
WS Jellish, M.D., Ph.D; K. Satterick, RN, BSN; T.C. Origitano, M.D.; J.P. Leonetti, M.D., Anesthesiology, Loyola University Medical Center, Maywood, IL, United States. PCA morphine with ondansetron reduces pain, PONV and improves patient satisfaction after craniotomy.

A-395  Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)
Does Specific Medication Influence the Course of General Anesthesia in Patients with Parkinson’s Disease?
I. Ioanna Gabriel, MD; Caroline Le Guerinel, MD; Patricia Wallack, MD; Elane Melon, MD; Philippe Duvaldestin, MD, Dept of Anesthesiology, Henri Mondor University Hospital, Creteil, France

Clinical Neuroscience: Neurologic Effects of Cardiac Surgery

A-396  Room 301, 10/17/2000 2:00 PM - 3:30 PM (PD)
A Prospective Randomized Trial of Normothermic Versus Hypothermic Cardiopulmonary Bypass on Cerebral Outcome After CABG
Alina M. Grigore, MD; Mark F. Newman, MD; William D. White, MD; Hilary P. Grevett, MD; Joseph G. Reves, MD, Anesthesiology, Duke University Medical Center, Durham, NC, United States. We demonstrated that hypothermia offered no apparent neuroprotection during CPB.

A-397  Room 301, 10/17/2000 2:00 PM - 3:30 PM (PD)
Neuropsychometric Performance after CABG: Cardiopulmonary Bypass Versus Off-CABG
Heather E. Manners, MD; Eric J. Heyer, MD, PhD; Kevin S. Lee, BS; Linda Mongero; Barry Esvig, MD, Anesthesiology, Columbia University, New York, NY, United States. While CABG is performed with CPB (conventional or heparin-bonded) or OPCAB, cognitive performance afterwards is better for OPCAB.

A-398  Room 301, 10/17/2000 2:00 PM - 3:30 PM (PD)
Cerebral Autoregulation after Mild Hypothermic Cardiopulmonary Bypass
Serge Freyssen, MD; Roger Marks, MD; Aymer Siddi, MD; Aram Smolinski, MD; Azriel Perel, MD, Department of Anesthesia and Intensive Care, Sheba Medical Center, Tel Aviv, University, Israel. Cerebral autoregulation mechanisms, assessed by the rate of autoregulation, are preserved in postbypass period.