A-1030  Room I, 10/16/2000 2:00 PM - 4:00 PM  (PS)
Rapacuronium Recovery: When Is Reversal Unnecessary?  
Thomas A. Witkowski, M.D.; Richard R. Bartkowsi, M.D.,Ph.D.; Richard H. Epstein, M.D., Dept. of Anesthesiology, Jefferson Medical College, Philadelphia, PA, United States. Rapacuronium has a short duration of action with train of four recovery to 80% occurring in 34 minutes. Reversal in cases longer than 1 hr. may not be necessary.

A-1031  Room I, 10/16/2000 2:00 PM - 4:00 PM  (PS)
Cisatracurium Onset at Larynx, Diaphragm Using New Forms of Surface Electromyography (EMG)  
Tobias Wolf; Thomas M. Hemmerling, MD,DEAA; Christian Hanusa; Joachim Schmidt, MD; Klaus E. Jacob, MD, Anesthesiology, University Erlangen, Erlangen, Bavaria, Germany. New Surface laryngeal and surface diaphragmatic EMG from the back (lateral TH12) showed faster onset of NMB after cisatracurium.

A-1032  Room I, 10/16/2000 2:00 PM - 4:00 PM  (PS)
Succinylcholine-Induced Hyperkalemia in Patients with Complete Spinal Cord Injuries  
Kyung Yeon Yoo, M.D.; JongUn Lee, M.D.; Hak Song Kim, M.D., Anesthesiology, Chonnam National University Medical School, Kwangju, Korea. We examined the effect of SCh on serum K+ in patients with complete cord injuries and found that vulnerable period seemed to extend from 2 wks to more than 1 yr after the injury.

Neuromuscular Transmission: Neuromuscular Blocking Agents & Monitoring

A-1033  Room 224–226, 10/16/2000 9:00 AM - 10:30 AM  (PD)
Neuromuscular Block (NMB) after Mivacurium: Comparison of Larynx, Diaphragm, Adductor Pollicis (AP), Orbicularis Oculi (OO) and Corrugator Superficialis (CS)  
Thomas M Hemmerling, MD,DEAA; Joachim Schmidt, MD; Tobias Wolf; Christian Hanusa; Hubert Schmidt, MD, Anesthesiology, University Erlangen, Erlangen, Bavaria, Germany. We present determination of NMB at larynx, diaphragm, AP, OO and CS.

A-1034  Room 224–226, 10/16/2000 9:00 AM - 10:30 AM  (PD)
The Effect of Single Twitch and Train-of-Four Stimulation on Twitch Forces during Stable Neuromuscular Block  
Gertjan van Sauten, MD, PhD; Vaclav Fidler, Phd; Maarten C. Houwvertjes; Wiebe M.C. Topp, MD; Jan M.K.H. Wierda, MD, PhD, Anesthesiology, University Hospital Groningen, Netherlands. ST and T1 forces do not differ and are not affected by preceding stimuli during a stable neuromuscular block in the cat.

A-1035  Room 224–226, 10/16/2000 9:00 AM - 10:30 AM  (PD)
2,6-Dichlorobenzyl Quaternaries of Tropinyl Diesters. The Functional Role of the Acid Ester Group in Neuromuscular Block  

A-1036  Room 224–226, 10/16/2000 9:00 AM - 10:30 AM  (PD)
Search for the Optimal Quaternizing Moiety in Ultrashort Acting Neuromuscular Blocking Agents I. 2,5-Dimethoxybenzyl Quaternaries of Bis-tropinyl Diesters  

A-1037  Room 224–226, 10/16/2000 9:00 AM - 10:30 AM  (PD)
The Ultra-Short Acting Nondepolarizing Relaxant GW280430A Undergoes Rapid Degradation by Chemical Mechanisms  

A-1038  Room 224–226, 10/16/2000 9:00 AM - 10:30 AM  (PD)
Recovery Time of Cisatracurium-Induced NMB to a TOF Ratio \( \geq 0.9 \) after Neostigmine Reversal  
Claude Metzgerman, MD; Bertrand Debaene, MD; Benoit Plaud, MD; Nathalie Casaburo, MD; Pascal Minini, Anesthesiia, Brabois Hospital, Vandoeuvres, Nancy, France. After cisatracurium NMB, the median delay from neostigmine administration until a TOF ratio \( \geq 0.9 \) was 12 minutes (range: 3-50).

A-1039  Room 224–226, 10/16/2000 9:00 AM - 10:30 AM  (PD)
Early Antagonism of Neuromuscular Block: Is It Effective?  
Cynthia A. Lien, MD; Matthew R. Belmont, MD; John J. Savarise, MD, Dept of Anesthesiology, Weill Medical College of Cornell University, New York, NY, United States. Antagonism of rocuronium,cisatracurium or mivacurium-induced NMB at 10% recovery of the larynx, does not hasten full recovery of muscle strength in the larynx or adductor pollicis.

A-1040  Room 224–226, 10/16/2000 9:00 AM - 10:30 AM  (PD)
A Multicenter Evaluation of the Time-Course of Action of Two Doses of Rapacuronium after Early and Late Reversal with Neostigmine  
M.E. Goldberg, MD; F. Donati, MD; G. Bibbazi, MD; R. Bartkowsi, MD,PhD; G.E. Larjiani, PharmD, Anesthesiology, Univ of Medicine and Dentistry of NJ, Camden, NJ, United States. Time to full recovery after rapacuronium is not significantly altered by early neostigmine administration.