## ANESTHESIOLOGY



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#### Perioperative Latex Allergy in 673 Children (Case Scenario)

Latex is often overlooked as the primary allergen in children who develop anaphylaxis in the perioperative period.

Practice Guidelines for
Preoperative Fasting and the
Use of Pharmacologic Agents
to Reduce the Risk of
Pulmonary Aspiration:
Application to Healthy Patients
Undergoing Elective
Procedures—An Updated
Report by the American
Society of Anesthesiologists
Committee on Standards and
Practice Parameters (Special
Article)

Guidelines for fasting and drugs used to reduce aspiration are updated.

Homicides Using Muscle 713
Relaxants, Opioids, and
Anesthetic Drugs:
Anesthesiologist Assistance in
Their Investigation and
Prosecution (Case Report)

There is an increasing recognition of the use of muscle relaxants and anesthetic drugs for homicides.

# Hepcidin and Anemia of the Critically III Patient: Bench to Bedside (Clinical Concepts and Commentary)

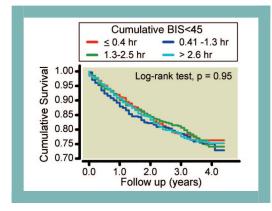
Hepcidin and the physiopathology of anemia of critically ill patients are reviewed.

### Clinical and Molecular 695 Pharmacology of Etomidate (Review Article)

Etomidate and the molecular mechanisms underlying its actions are reviewed.

### Bispectral Index Monitoring, Duration of Bispectral Index below 45, Patient Risk Factors, and Intermediate-term Mortality after Noncardiac Surgery in the B-Unaware

Depth of anesthesia has been associated with postoperative mortality in patients undergoing noncardiac surgery. Data from a previous large randomized controlled trial were analyzed for associations of depth of anesthesia and mortality. Patients (N = 1,473) at high risk for awareness during noncardiac surgery were monitored using a bispectral index (BIS)-guided protocol or by end-tidal anesthetic concen-



trations (ETAC). Overall, the 1-yr mortality rate was 24.3% and was similar between groups. Mortality was not associated with cumulative duration of BIS < 45, and increasing mean and cumulative ETAC. The results of this study do not support a benefit of limited depth of anesthesia by either ETAC or BIS thresholds. See the accompanying Editorial View on page 485

#### Radiation Exposure of the Anesthesiologist in the Neurointerventional Suite

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Both radiologists and anesthesiologists may be at risk for radiation exposure during interventional radiology procedures, including ocular exposure resulting in cataracts. Radiation exposure from 31 adult neuroradiologic procedures was measured at the forehead of radiologists and anesthesiologists while standard protective gear was worn. For radiologists, leaded glasses were included as standard gear and leaded acrylic shields were used for anesthesiologists. The average exposure for anesthesiologists was three times greater than that of the radiologists and was sixfold greater than for noninterventional angiographic procedures. Exposure of the anesthesiologist was correlated with the number of interventions. Therefore, anesthesiologists involved in significant numbers of neurointerventional radiology procedures should be advised to wear similar protective gear as that used by radiologists. See the accompanying Editorial View on page 477

### ED<sub>50</sub> and ED<sub>95</sub> of Intrathecal Bupivacaine in Morbidly Obese Patients Undergoing Cesarean Delivery 529

The appropriate dose of spinal anesthesia administered to morbidly obese patients during cesarean delivery is unclear. It has been suggested that dosage should be reduced because of increased abdominal pressure and reduced cerebrospinal fluid volumes. A prospective, randomized, double-blind, dose-ranging study sought to determine the effective dose of intrathecal hyperbaric bupivacaine for cesarean delivery in 42 term parturients with a body mass index greater than 40. Similar to literature values in nonobese women, the ED $_{50}$  was 9.8 mg and the ED $_{95}$  was 15.0 mg for successful operations. Based on these results, altering doses of intrathecal bupivacaine in obese patients may not be necessary, and, in fact, if lowered, may not offer adequate intraoperative anesthesia. See the accompanying Editorial View on page 481