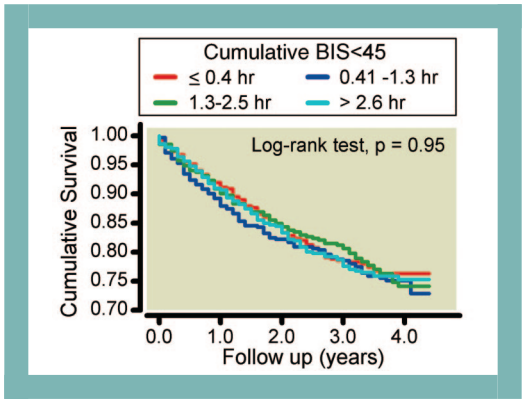
THIS MONTH IN

ANESTHESIOLOGY

Bispectral Index Monitoring, Duration of Bispectral Index below 45, Patient Risk Factors, and Intermediate-term Mortality after Noncardiac Surgery in the B-Unaware Trial 545



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 concentrations (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 512

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_{50} and ED_{95} 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**