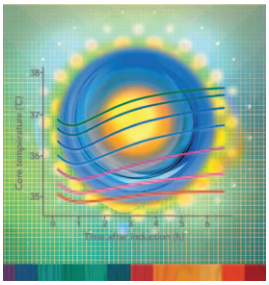
ANESTHESIOLOGY



ON THE COVER:

Forced-air warming during surgery is now routine, yet we know little about core temperature patterns in patients warmed with forced air. The effects of transient and mild intraoperative hypothermia on patient outcomes are unknown. In this issue of ANESTHESIOLOGY, Sun and colleagues analyzed data from almost 59,000 adults having surgery lasting more than an hour, and demonstrated that core temperatures decreased during the first hour of surgery, rising thereafter to an average final temperature of 36.3°C. Hypothermia significantly increased transfusion requirements and duration of hospitalization. In an accompanying Editorial View, Hopf discusses the evolution of our understanding of the physiology of intraoperative hypothermia and its consequences and calls for new standards for prevention and identification of hypothermia in the operating room.

- *Sun et al.*: Intraoperative Core Temperature Patterns, Transfusion Requirement, and Hospital Duration in Patients Warmed with Forced Air, p. 276
- Hopf: Perioperative Temperature Management: Time for a New Standard of Care?, p. 229

◇ Refers to This Month in Anesthesiology
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