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 Walia, 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, MPH; Garry Walker, MD; Jill Janssen, RN; Mias Pretorius, MD, Anesthesiology, Vanderbilt University, Nashville, TN, United States. A new system (AllonTM) 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; Karim Nourredine, 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 McHugb, CRNA; Rene Tempelboff, MD; Carl Lauryssen, 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, PbD, FRCP(C; Daniel Chartrand, MD, PbD, 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 Kawahito, MD, PhD; Hiroshi Kitahata, MD, PhD; Katsuya Tanaka, MD, PhD; Junpei Nozaki, MD; Shuzo Oshita, MD, PhD, Anesthesiology, Tokushima University School of Medicine, Tokushima, Tokushima, 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 Craniotomy *Tsunebisa Tsubokawa*, *MD; Christopher J. Andrews, PbD; J. Robert Sneyd, MD, Anaesthesia Dept, Derriford Hospital, Plymouth, Devon, United Kingdom.* For craniotomy, 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.; Kwame Buabin, 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 Anb Nguyen, MD; Francois Girard, MD; Daniel Boudreault, MD; Francois Fugere, MD; Monique Ruel, MD, Department of Anestbesiology, 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 Ondansetron for Relief of Postoperative Pain, Nausea and Vomiting in Neurosurgical Patients Undergoing Intracranial Procedures W.S. Jellish, M.D., Ph.D.; K. Sawicki, 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 ? Inanna Gabriel, MD; Caroline Le Guerinel, MD; Patricia Walleck, MD; Eliane Melon, MD; Philippe Duvaldestin, MD, Dept.of Anestbesiology, 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. Grocott, MD; Joseph G. Reves, MD, Anesthesiology, Duke University Medical Center, Durbam, 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-CPB (OPCAB) Heather E. Manspeizer, MD; Eric J. Heyer, MD, PhD; Kevin S. Lee, BS; Linda Mongero; Barry Esrig, MD, Anesthesiology, Columbia University, New York, NY, United States. While CABG is performed with CPB (conventional or heparinbonded) or OPCAB, cognitive performance afterwards is better OP-CAB.

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

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