A-274 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Perfusion-MRI & Cerebral Blood Flow Changes after CABG Thomas F. Floyd, MD; Michael A. Acker, MD; Timothy J. Gardiner, MD; Bruce R. Rosengard, MD; John A. Detre, MD, Anesthesia, Univ. of Pennsylvania, Philadelphia, PA, United States. Perfusion-MRI generated brain perfusion maps before and 1 week after CABG. Global CBF increased by 70%(p<.05) after CABG and correlated(r.93) with fall in hematocrit.

A-275 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Contribution of Transcranial Doppler Sonography in the Management of Subacute Post-Subarachnoid Hemorrhage Hydrocephalus Thierry S. Gillart, MD; Jean E. Bazin, MD, PbD; Jean J. Lemaire, MD, PhD; Dominique Guelon, MD; Pierre Schoeffler, MD, Department of Anesthesia, CHRU, Clermont-Ferrand, France. Transcranial Doppler Sonography evaluates CSF pressure and improves lumbar puncture rhythm

A-276 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Validation of a New Multiparameter Sensor Measuring Brain Tissue Oxygenation Using Positron Emission Tomography Arun K. Gupta, MBBS FRCA; Peter J. Hutchinson; Tim Fryer; Wolfson BrainImaging Team, PhD FRCA; David K. Menon, Anaesthesia and NeuroCritical Care, Addenbrooke's Hospital, Cambridge, England, United Kingdom. Changes in PbO₂correlate with changes in PvO₂.

A-277 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Spinal Cord Monitoring during Thoracic Neurosurgical Procedures H. Kim, MD; D.C. Adams, MD; D.J. Weisz, PhD; B.Y. Yang, PhD; N.I. Perin, MD, Anesthesiology and Neurosurgery, The Mt. Sinai Medical Center, New York, NY, United States. This study demonstrates the feasibility of motor and sensory monitoring during thoracic spine procedures. Intraoperative conditions were optimized by controlled neuromuscular blockade.

A-278 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Effect of Remifentanil on Hemodynamics and Seizure Duration during Electroconvulsive Therapy (ECT) Anthony L. Kovac, MD; Thomas Hall, MD, Anesthesiology & Psychiatry, University of Kansas Medical Center, Kansas City, KS, United States. The addition of remifentanil to decreasing doses of methohexital allowed for an increase in seizure duration but no resulting change in hemodynamics.

A-279 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Is There an Anesthetic Dependent Difference in Brain Blood Flow and Electroencephalography in Patients with Intracranial Vascular Pathology? Kathryn K. Lauer, M.D.; William S. Schmeling, M.D.Ph.D.; Tom Davis, Anesthesiology, Medical College of Wisconsin, Milwaukee, WI, United States. This study compares VMCA and EEG between 3 inhalation agents in patients with intracranial vascular pathology.

A-280 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) The Efficacy of Electroencephalography and Somatosensory Evoked Potential Monitoring in Detecting Cerebral Ischemia during Carotid Endarterectomy under Regional Anesthesia Jeong-Gill Leem, M.D.; Yoon Choi, M.D.; Jung-Rak Lee, M.D.; Dong-Myung Lee, M.D., Department of Anesthesiology, Asan Medical Center, Songpa-gu, Seoul, Korea. Carotid surgery, monitoring cerebral ischemia. A-281 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) The Impact of Mobile Intraoperative MRI on Anesthetic Care Robert A. MacTaggart-Cowan, MD; Richard Falkenstein, MD; David P. Archer, MD; Carla J. Wallace, MD; Garnette R. Sutherland, MD, University of Calgary, Calgary, AB, Canada. The use of mobile highfield intraoperative MRI increases the duration of craniotomies by 88 minutes, without any effect on the rate of recovery from anesthesia.

A-282 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Does Pyridostigmine Bromide (PB) Have Central Effects? O. Nabtomi-Shick, MD; A. Gigi, MSc; B. Bruk, Msc; E. Goshen, MD; I. Probovnik, PbD, Chaim Sheba Medical Center, Tel-Hasbomer, Israel. A prospective preliminary study to explore possible central effect of PB. Mean velocity by TCD increased and results in Digit to Symbol test improved after repeated PB intake. Further study is needed.

A-283 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Transcranial Doppler Sonography and Cerebrovascular CO2-Reactivity during Whole Body Hyperthermia A. Nierbaus, MD; C. Meissner; S. Hegewisch, MD; A. Meyer; J. Schulte am Esch, MD, Anesthesiology, University Hospital Eppendorf, Hamburg, Germany. Cerebral blood flow velocity increased profoundly. CO2-reactivity was preserved. Hyperventilation only slightly decreased Vm during WBH.

A-284 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Remifentanil Facilitates Control of Bispectral Index by Sevoflurane Erik Olofsen, MSc; Michael Frank, MD; Albert Daban, MD PhD, Department of Anesthesiology, Leiden University Medical Center, Leiden, Netherlands. Remifentanil decreases sevoflurane concentration-bispectral index equilibration half-time and variability in BIS. This indicates the possibility of faster and more stable control of BIS.

A-285 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Comparison of the Concentration-Dependent Effect of Sevoflurane on the Spinal H-Reflex and the EEG in Humans Benno Rebberg, MD; Reinhard Rueschner, MD; Joerg Schneider; Andreas Hoeft, MD,PhD, Dept. of Anesthesia, Univ. of Bonn, Bonn, Germany. Different $t_{1/2}k_{e0}$ -values for H-Reflex and EEG point to distinct interactions on spinal and cerebral levels.

A-286 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Somatosensory Evoked Potentials Vs Stump Pressure Correlations with Induced Hypotension during Temporary Endovascular Carotid Clamping Musa Sesay, MD; Pierre Arne, MD; Jerome Berge, MD; Pierre Maurette, MD, DAR3, Pellegrin, Bordeaux, France. Somatosensory potentials are more accurate than stump pressure in assessing collateral reserve during endovascular carotid clamping.

A-287 Room E, 10/16/2000 9:00 AM - 11:00 AM (PS) Anesthetic Considerations for H-reflex Monitoring during Surgical Treatment of Spastic Disorders Velislav Slavov, MD; Jean-Pascal Lefaucheur, MD; Philippe Decq, MD; Paul Filipetti, MD; Philippe Duvaldestin, MD, Dept of Anesthesiology, Henri Mondor University Hospital, Creteil, France