

Ambulatory & Geriatric Anesthesia

A-1 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Patient Perception of Post-Operative Pain Experience after Out-patient Surgery: Patient Survey Jeffrey L. Apfelbaum, M.D.; T.J. Gan, M.D.; Connie Chen, Pharm.D., Department of Anesthesia and Critical Care, The University of Chicago Hospitals, Chicago, IL, United States. Apfelbaum et al. Most patients had pain after discharge from outpatient surgery with >80% characterizing worst pain as moderate to extreme.

A-2 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Sevoflurane Usage with Fentanyl Versus Remifentanyl: Does the Cost of the Sevoflurane Saved Offset Remifentanyl's Added Cost? Richard A. Beers, M.D.; J. Robert Calimlim, M.D.; Barbara F. Esposito, R.N.; Emmanuel Uddob, M.D.; Enrico M. Camporesi, M.D., Anesthesiology, Upstate Medical University, Syracuse, NY, United States. Remifentanyl does not decrease sevoflurane usage enough to offset its added cost.

A-3 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Remifentanyl Infusion Is Associated with Prolonged Postoperative Recovery in Comparison to Propofol/Fentanyl for Monitored Anesthesia Care for Extracorporeal Shock Wave Lithotripsy Marc A. Burmeister, MD; Thomas G. Standl, MD; Patric Brauer, MD; Irmgard Blanc, MD; Jochen Schulte am Esch, MD, Anesthesiology, University Hospital Eppendorf, Hamburg, Germany. A randomized, double-blind study

A-4 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Effect of Rapacurium on Fast-Tracking after Propofol, Sevoflurane or Desflurane Anesthesia M. Coloma, M.D.; T. Zhou, M.D.; P.F. White, Ph.D., M.D.; J.E. Forestner, M.D.; L.L. Duffy, M.D., Dept Anesth & Pain Mgmt, UTSW Med Ctr, Dallas, TX, United States. Rapacurium minimized the need for reversal (0-12%), and did not interfere with the fast-tracking process after outpatient laparoscopy

A-5 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Dexamethasone in Anorectal Surgery: Does It Increase the Risk of Wound Complications? M. Coloma, M.D.; S.D. Markowitz, M.D.; P.F. White, Ph.D., M.D.; W.K. Tongier, M.D.; L.L. Duffy, M.D., Dept Anesthesiol & Pain Mgmt, UTSW Med Ctr, Dallas, TX, United States. Dexamethasone, 4 mg IV, during MAC shortened the times to home readiness without increasing the incidence of postoperative wound complications.

A-6 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Intrathecal Ropivacaine and Clonidine for Ambulatory Knee Arthroscopy: A Dose Response Study Marc F. De Kock, MD, PhD; Philippe E. Gautier, MD; Patricia M. Lavand'bomme, MD, PhD, Anesthesiology, Clin. Univ. St Luc, Brussels, Belgium. Small dose IT clonidine (45µg) associated with 8 mg IT ropivacaine produces adequate and short lasting anesthesia without systemic effect.

A-7 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
ESWL-Induced Arrhythmias Are Not Indicative of Myocardial Injury Michael P. Eaton, MD; Erdal Erturk, MD, Anesthesiology, University of Rochester, Rochester, NY, United States. Arrhythmias during ESWL may indicate myocardial injury. Troponin levels drawn on 10 patients who had ESWL induced arrhythmias were normal. We conclude that arrhythmias are not a marker for myocardial injury.

A-8 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Anesthesia Strategies for Cataract Surgery and Adverse Medical Events Marc A. Feldman, MD MHS; *The Study of Medical Testing for Cataract Surgery, The Cleveland Clinic Foundation, Cleveland, OH, United States.* In 19,250 surgeries, sedatives, opioids, and hypnotics were associated with an increase in adverse events. The rates did not differ between topical and injection local anesthesia.

A-9 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Continuous Peripheral Nerve Block for Ambulatory Surgery Stuart A. Grant, MB ChB; Karen C. Nielsen, MD; Roy A. Greengrass, MD; Susan M. Steele, MD; Stephen M. Klein, MD, Anesthesiology, Duke University Medical Center, Durham, NC, United States. We report 228 patients receiving continuous peripheral nerve block in an ambulatory center. CPNB offers excellent anesthesia, prolonged pain relief, and few side effects.

A-10 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Postural Stability Following Low Dose Droperidol in Outpatients Undergoing Dilatation and Curettage K. Jenkins, FRCA; P. Higgins, FFARSCI; F. Chung, MD, FRCPC; D. Song, MD; J. Wong, FRCPC, Dept. of Anesthesia, Toronto Western Hospital, Toronto, Canada. Compared to control, low dose droperidol 0.625 mg is associated with greater postoperative disturbances in visual, somatic and vestibular function.

A-11 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Metaanalysis on Granisetron in the Prevention of PONV Reveals Unexplainable Positive Results by One Author Peter Kranke, MD; Christian C. Apfel, MD; Leopold H. Eberhart, MD; Tim Papenfuss, MD; Norbert Roewer, MD, Department of Anesthesiology, University of Wuerzburg, Wuerzburg, Germany. Metaanalysis on granisetron in the prevention of PONV reveals unexplainable positive results by one author

A-12 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
The Costs and Recovery Profiles of Three Anesthetic Techniques for Ambulatory Anorectal Surgery Shitong Li, MD; Margarita Coloma, MD; Paul F. White, PhD, MD, Anesthesia, UT Southwestern Medical Center, Dallas, TX, United States. Local anesthesia with IV sedation facilitated fast-tracking recovery and reduced total anesthetic costs compared to general or spinal anesthesia for outpatient anorectal surgery.

A-13 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Is the Preoperative History a Useful Predictor of Anaphylaxis to Anesthetic Drugs and Adjuvants? Jonathan Moss, MD, PhD; Joseph Foss, MD; Melinda Drum, PhD, Anesthesia and Critical Care, University of Chicago, Chicago, IL, United States. Comparison of 12,449 preoperative assessments with historical controls reveals anaphylaxis to anesthetics is markedly overreported.

A-14 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Spinal, Epidural and General Anesthesia for Outpatient Knee Arthroscopy Michael F. Mulroy, MD; Kathleen L. Larkin, MD; Peter S. Hodgson, MD; James D. Helman, MD; Julia E. Pollock, MD, Anesthesiology, Virginia Mason Medical Center, Seattle, WA, United States. For outpatient knee arthroscopy, chloroprocaine epidural was comparable to propofol general anesthesia; procaine spinal anesthesia lasted longer.