

A-29 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Cost-Benefit Ratios of Anesthesia Techniques for Outpatient ACL Reconstruction Brian A. Williams, MD, MBA; Michael L. Kentor, MD; John P. Williams, MD; Mark S. Roberts, MD, MPP; Molly T. Vogt, PhD, DrPH, Anesthesiology/CCM, UPMC-Montefiore, Pittsburgh, PA, United States. For same-day ACL reconstruction, we calculated spinal with femoral nerve block to be 14 times more cost-beneficial than GA.

A-30 Room F, 10/16/2000 2:00 PM - 4:00 PM (PS)
Spontaneous Recovery Profile of Rapacuronium: Desflurane, Sevoflurane Vs Propofol Anesthesia T. Zhou, MD; M. Coloma, MD; P.F. White, PhD, MD; J.E. Forestner, MD, Dept Anesthesiol. & Pain Mgmt, UT Southwestern Med. Ctr., Dallas, TX, United States. Spontaneous recovery after a single dose of rapacuronium was prolonged by desflurane and sevoflurane (vs propofol).

Ambulatory Anesthesia: Postoperative Nausea & Vomiting

A-31 Room 309, 10/16/2000 9:00 AM - 10:30 AM (PD)
Does Anxiety Predict Postoperative Nausea and Vomiting? K. Visser, MD; E. Hassink, PhD; G. Bonsel, MD PhD; C. Kalkman, MD PhD, Academic Medical Center, Amsterdam, Netherlands. Anxiety as measured by STAI-state is a significant independent predictor of PONV. However, adding anxiety to a set of known predictors does not improve prediction. Standard anxiety measurement for predicting PONV is not warranted.

A-32 Room 309, 10/16/2000 9:00 AM - 10:30 AM (PD)
Comparative Evaluation of Preoperative Intravenous Dexamethasone and Ondansetron on PONV after Laparoscopic Cholecystectomy G. Sentbil, MD; S. Raj, MD; J.S. Dali, MD; R. Anand, MD; C.K. Dua, DA, MD, Anesthesiology, MAMC, New Delhi, India. Preoperative intravenous dexamethasone is a better alternative to ondansetron for PONV after laparoscopic cholecystectomy.

A-33 Room 309, 10/16/2000 9:00 AM - 10:30 AM (PD)
Prophylactic Versus Therapeutic Ondansetron in Managing Post Strabismus Nausea and Vomiting in Children: Nonsurrogate and Therapeutic Outcomes Study B. Senmaraj, MD; Sentbil Kumar Sadbasivam, MD; Dilip Shende, MD; Rasmi Madan, MD, Department of Anesthesia, Rajendra Prasad Center for Ophthalmic Sciences, All India Institute of Medical Sciences, New Delhi, India

A-34 Room 309, 10/16/2000 9:00 AM - 10:30 AM (PD)
Ondansetron Disintegrating Tablets (ODT) Reduces Post-Discharge Emesis and Increases Patient Satisfaction T.J. Gan, MB, FRCA; Randall Franiak, MD; Jolin Reeves, BS; A.J. Hartle, MB, ChB, FRCA, Anesthesiology, Duke Univ. Med. Ctr., Durham, NC, United States. ODT 8 mg BID reduces post-discharge emesis and severity of nausea and increases patient satisfaction with management of PONV.

A-35 Room 309, 10/16/2000 9:00 AM - 10:30 AM (PD)
Postoperative Vomiting Following Ambulatory Tonsillectomy in Children: A Comparison of Ondansetron, Dolasetron, and Placebo J.I. Lurie, M.D.; R. Sukhani, M.D.; A.J. Hotaling, M.D.; A.L. Pappas, M.D., Anesthesiology, Loyola University Medical Center, Maywood, IL, United States. Antiemetic therapy with ondansetron or dolasetron reduces the incidence of PONV and reduces the need for rescue antiemetics.

A-36 Room 309, 10/16/2000 9:00 AM - 10:30 AM (PD)
Dolasetron Prophylaxis Reduces Postoperative Emesis and Duration of Hospitalization after Remifentanyl Infusion for Ambulatory Extracorporeal Shock Wave Lithotripsy Marc A. Burmeister, MD; Thomas G. Standl, MD; Patric Brauer, MD; Marco Wintruff; Jochem Schulte am Esch, MD, Anesthesiology, University Hospital Eppendorf, Hamburg, Germany. A prospective, randomized, double-blind study

A-37 Room 309, 10/16/2000 9:00 AM - 10:30 AM (PD)
Ondansetron for the Prevention of Postdischarge Vomiting Following Outpatient Strabismus Surgery in Children Phillip E. Scuderi, M.D.; Richard G. Weaver, M.D.; Grover R. Mims, M.D.; Robert L. James, M.S., Department of Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC, United States. Pre-discharge ondansetron significantly delays the onset of postdischarge vomiting.

A-38 Room 309, 10/16/2000 9:00 AM - 10:30 AM (PD)
Recovery after Inguinal Herniorrhaphy: Effect of a Multimodal Prophylaxis Regimen on Outcome M. Coloma, M.D.; N. Greilich, M.D.; P.F. White, PhD, M.D., Dept Anesth & Pain Mgmt, UTSW Med Ctr, Dallas, TX, United States. Prophylactic antiemetic and analgesic drugs increased patient satisfaction after inguinal herniorrhaphy. This regimen also increased the fast-tracking percent from 4% to 56%

Ambulatory Anesthesia: Preoperative & Postoperative Issues

A-39 Room 224-226, 10/17/2000 10:30 AM - 12:00 PM (PD)
Cost Analysis of Using a Computerized Patient Assessment Program in a Preoperative Anesthesia Clinic Raymond G. Borkowski, M.D.; Walter G. Maurer, M.D.; John E. Tetzlaff, M.D.; Caroline Androjna, M.S. Che.; Brian M. Parker, M.D., Department of General Anesthesiology, Cleveland Clinic Foundation, Cleveland, OH, United States. A computerized patient assessment program reduces costs in an anesthesia clinic.

A-40 Room 224-226, 10/17/2000 10:30 AM - 12:00 PM (PD)
Patterns and Costs of Pre-Operative Testing: Preop Clinic Vs. Outside Testing Donald Mathews, MD; Monica Klewicka, BS; Aaron Kopman, MD; George Neuman, MD, Department of Anesthesiology, St. Vincent's Hospital, New York, NY, United States. Preoperative testing done under the supervision of an anesthesiologist cost significantly less than testing done by referral physicians.

A-41 Room 224-226, 10/17/2000 10:30 AM - 12:00 PM (PD)
Transport to PACU after General Anesthesia in Ambulatory Surgery: Comparison of Nasal Cannula O₂ Versus Room Air D. Matbes, MD; W. Ross, MD; D. Fason, MD; M. Conaway, PhD, Anesth., UVA, Charlottesville, VA, United States. Outpatients transported to PACU after GA on NC O₂ have statistically higher arrival O₂ saturations compared to using no O₂.

A-42 Room 224-226, 10/17/2000 10:30 AM - 12:00 PM (PD)
Do Ambulatory Surgery Patients Need to Void after a Short-Acting Spinal or Epidural Anesthetic? Kathleen L. Larkin, MD; Francis V. Salinas, MD; Michael F. Mulroy, MD, Anesthesiology, Virginia Mason Medical Center, Seattle, WA, United States. Patients receiving short-acting spinal or epidural outpatient anesthetics may be discharged home without voiding in the absence of bladder distention.