

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; Jochen 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 *PPhillip 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.