

## Clinical Circulation: Pharmacology / Physiology

- A-147** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Propranolol Kinetics in Patients Submitted to Cardiac Surgery with Cardiopulmonary Bypass** Jose Otavio C. Auler Jr., MD PhD; Maria Jose C. Carmona, MD; Valeria A. Pereira, Pharm; Silvia R.C.J. Santos, Pharm, Anesthesia Dept., Instituto do Coracao, Sao Paulo, Sao Paulo, Brazil. Propranolol plasma levels and pharmacokinetics (PK) may be altered by cardiopulmonary bypass (CPBO).
- A-148** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Inter- and Intraindividual Variability of Cardiac Output in Surgical Patients** Fredrik Boer, MD PhD; Jette A. Kuipers, MD PhD; Sesmu M. Arbous, MD PhD; Anton G.L. Burm, PhD; James G. Bovill, MD PhD, Anesthesiology, Leiden University Medical Center, Leiden, Netherlands. A predictive model of cardiac output based on demographic parameters of surgical patients explained 44% of the variability of the measured cardiac output.
- A-149** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Does the Administration of Thoracic Epidural Lidocaine Affect Oxygenation during Anesthesia for One-Lung Ventilation (OLV) in Patients Undergoing Thoracic Surgery?** J.H. Campos, MD; T.J. Brennan, MD; C.F. Massa, MD; K.H. Kernstine, MD, Anesthesia, University of Iowa Hospitals & Clinics, Iowa City, IA, United States. Epidural lidocaine can be used during anesthesia and OLV without impairing oxygenation.
- A-150** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Recovery of Thalamic and Cortical Evoked Potentials after Hypothermic Circulatory Arrest with Retrograde Cerebral Perfusion** Albert T. Cheung, MD; Stuart J. Weiss, MD, PhD; Glen Kent, BS; Joseph E. Bavaria, MD; Mark M. Stecker, MD, PhD, Anesthesiology, Univ of Penn, Philadelphia, PA, United States. The delay in recovery of cortical SEP after DHCA was reduced by RCP, but still proportional to the duration of DHCA.
- A-151** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Perfluorocarbon Emulsions Increases the Blood Solubility of Volatile Anesthetics In Vitro** Olivier Y. Cuignet, MD; Luc J. Vanobbergh, MD, PhD; Philippe L. Baele, MD, Centre de Médecine Critique, Hopital Militaire, Brussels, Belgium. Clinical doses of Perfluorocarbons in blood increase the solubility of modern volatile anesthetics, which may influence the level of anesthesia.
- A-152** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**The Effects of Halothane, Sevoflurane, and Propofol on Left Ventricular Diastolic Function in Healthy Subjects** Miodrag Filipovic, MD; Manfred D. Seeberger, MD; Patrick Hunziker, MD; Karl Skarvan, MD, Dep. of Anesthesia and Division of Cardiology, University of Basel/Kantonsspital, Basel, Switzerland. Propofol, halothane, and sevoflurane have differential effects on LV diastolic function.
- A-153** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Fenoldopam Preserves Renal Function after Aortic Cross-Clamping** Timothy B. Gilbert, MD; Jawad U. Hasnain, MD; William R. Flinn, MD, Anesthesiology, University of Maryland, Baltimore, MD, United States. 22 patients for major vascular repairs received fenoldopam as a renal protectant. Shown by serial creatinine clearances, fenoldopam preserved renal function with return of baseline values within 24 hours.
- A-154** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Effect of Olprinone and Milrinone on Cerebral Blood Flow in Patients Following Cardiac Surgery** Koji Goto, MD; Sbigenori Yoshitake, MD; Koji Ito, MD; Akio Mizutani, MD; Tkayuki Noguchi, MD, Anesthesiology, Oita Medical University, Oita, Oita, Japan. PDE III inhibitor led to increase in cerebral blood flow. Olprinone demonstrated more remarkable cerebral vasodilatory action than milrinone.
- A-155** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Baroreflex Sensitivity and Autonomic Activity in Perioperative Period: Effect of Age** P. Grataudour, MD; V. Meyrieu-Peycru, MD; A. Cividjian, Msc; G. Viale, MD, PhD; L. Quintin, MD, PhD, Anesthesiology, Hop. E. Herriot, Lyon, France. Upon the first 24h after anesthesia, young patients experienced increase in vagal tone with a decrease in low frequency components of heart variability in contrast of the elderly.
- A-156** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Intracavitary Contrast Intensity Following Transpulmonary Transmission of a Second-Generation Agent at Normal and Reduced Contractility** C.A. Greim, M.D.; J.A. Broscheit, M.D.; K.W. Lorenz, M.D.; H. Thiel, M.D.; N. Roewer, M.D., Anesthesiology, University Hospital, Wuerzburg, Germany. Cyclic changes in intracavitary echodensity of a contrast agent reflected changes in LV isovolumetric contraction.
- A-157** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Effects of Fenoldopam on Renal Function Following Cardiac Surgery** Michele Halpenny, FFARCSI; Stinivasan Laksbmi, FRCSI; Aonghus O'Donnell, FRCSI; Sheila O'Callaghan-Enright, FFARCSI; George D. Shorten, MD, Anesthesia, Cork University Hospital, Cork, Cork, Ireland
- A-158** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Autonomic Responses to Thermal Stressors during Dexmedetomidine Versus Placebo Infusions in Volunteers** Charles W. Hogue, M.D.; Pekka Talke, M.D.; Daniel I. Sessler, M.D.; Charles A. Richardson, Ph.D., Anesthesiology, Washington University School of Medicine, St. Louis, MO, United States. These data suggests that dexmedetomidine differentially affects cardiac and systemic sympathetic responses to shivering.
- A-159** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Measuring Relative Circulating Blood Volume: Use of a Hemoglobin-Based Oxygen Carrier (HBOC) in a Rabbit Model** J.S. Jabr, M.D.; F. Lurie, M.D., Ph.D.; S. Xi; O.A. Kuznetsova, M.D.; B. Driessen, D.V.M., Ph.D., Anesthesiology, University of California, Davis, Sacramento, CA. Circulating plasma and blood volumes can efficiently estimate the plasma hemoglobin concentration after HBOC infusion.
- A-160** Room B, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**(S+)-Ketamine Increases Muscle Sympathetic Activity and Maintains the Sympathetic Response to Hypotensive Challenges** P. Kienbaum, MD; Tb. Heuter; G. Pavlakovic, MD, PhD; M.C. Michel, MD; J. Peters, MD, Abt. f. Anaesthesiologie & Intensivmedizin, Universitaetsklinikum, Essen, Germany. (S+)-ketamine increases muscle sympathetic activity and maintains its response to hypotensive challenges.