

**A-385 Room 301, 10/16/2000 2:00 PM - 3:30 PM (PD)**

**Comparison of Water Warming Garment and Air Warming System in Prevention of Hypothermia during Liver Transplantation** *Piotr K. Janicki, M.D.; Michael S. Higgins, M.D.; Cristina Stoica, M.D.; Ram Pai, M.D.; Ann Walia, M.D., Anesthesiology, Vanderbilt University, Nashville, TN, United States.* Patients using warming garment during liver transplantation maintained consistent normothermia when compared to control group.

**A-386 Room 301, 10/16/2000 2:00 PM - 3:30 PM (PD)**

**Maintenance of Normothermia in Surgical Patients: New Technology Evaluated** *Piotr Janicki, MD, PhD; Michael S. Higgins, MD, MPH; Garry Walker, MD; Jill Janssen, RN; Mias Pretorius, MD, Anesthesiology, Vanderbilt University, Nashville, TN, United States.* A new system (Allon™) controls body temperature better than convective air warming in major surgery.

**A-387 Room 301, 10/16/2000 2:00 PM - 3:30 PM (PD)**

**Contribution of Skin and Core Temperatures to Postoperative Shivering Threshold** *Pascal Alfonsi, MD; Karim Nourredine, MD; Marcel Chawin, MD; Daniel I. Sessler, MD, Outcomes Research, A Pare, Boulogne, France.* Cutaneous contribution to control of postoperative shivering is near 16%. Skin warming is unlikely to stop shivering when core temperature is <35°C.

### Clinical Neuroscience: Neuroanesthetic Management & Outcome

**A-388 Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)**

**The Effect of the Prone Position on Intraocular Pressure in Anesthetized Patients Undergoing Spine Surgery** *Mary Ann Cheng, MD; Tom McHugh, CRNA; Rene Tempelhoff, MD; Carl Laurysen, MB ChB, Anesthesiology, Washington University School of Medicine, St. Louis, MO, United States*

**A-389 Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)**

**Effects of Physostigmine on the Loss of Consciousness and Analgesia Produced by Remifentanyl** *Martin Talbot, MD; Pierre Fiset, MD, FRCP(C); Gilles Plourde, MD, MSc, FRCP(C); Steven B. Backman, MD, PhD, FRCP(C); Daniel Chartrand, MD, PhD, FRCP(C), Department of Anesthesiology, McGill University, Montreal, QC, Canada.* Physostigmine reverses unconsciousness and apnea produced by remifentanyl, and minimally modifies analgesic effects.

**A-390 Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)**

**Risk Factors for Perioperative Myocardial Ischemia in Carotid Endarterectomy** *Shinji Kawabito, MD, PhD; Hiroshi Kitabata, MD, PhD; Katsuya Tanaka, MD, PhD; Junpei Nozaki, MD; Shuzo Osbita, MD, PhD, Anesthesiology, Tokushima University School of Medicine, Tokushima, Japan.* Angina and hypertension were significant risk factors for perioperative myocardial ischemia in CEA.

**A-391 Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)**

**Propofol/Remifentanyl Vs Sevoflurane/Remifentanyl for Maintenance of Anaesthesia during Craniotomy** *Tsunehisa Tsubokawa, MD; Christopher J. Andrews, PhD; J. Robert Sneyd, MD, Anaesthesia Dept, Derriford Hospital, Plymouth, Devon, United Kingdom.* For craniotomy, remifentanyl 0.25-0.5 mcg/kg/min with sevoflurane 1-2% or propofol 80-100mcg/kg/min gave similar intra-operative conditions with rapid recovery.

**A-392 Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)**

**Tumor Size Does Not Determine the Anesthesia Emergence Time Following Craniotomy** *Voytek Bosek, M.D.; Kwame Buabin, M.D.; Steven Brem, M.D., Anesthesiology, University of South Florida, Tampa, FL, United States.* Contrary to previous reports, we observed no association between tumor size and anesthesia emergence time in patients who underwent craniotomy for removal of a supratentorial tumor.

**A-393 Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)**

**Postoperative Skull Block Decreases Pain Following Craniotomy** *Anh Nguyen, MD; Francois Girard, MD; Daniel Boudreault, MD; Francois Fugere, MD; Monique Ruel, MD, Department of Anesthesiology, CHUM Hopital Notre Dame, Montreal, QC, Canada.* Postoperative skull block decreases the severity of pain following craniotomy for supratentorial lesions.

**A-394 Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)**

**PCA Morphine with Ondansetron for Relief of Postoperative Pain, Nausea and Vomiting in Neurosurgical Patients Undergoing Intracranial Procedures** *W.S. Jellish, M.D., PhD; K. Sawicki, RN, BSN; T.C. Origiano, M.D.; J.P. Leonetti, M.D., Anesthesiology, Loyola University Medical Center, Maywood, IL, United States.* PCA morphine with ondansetron reduces pain, PONV and improves patient satisfaction after craniotomy.

**A-395 Room 220-222, 10/16/2000 3:30 PM - 5:00 PM (PD)**

**Does Specific Medication Influence the Course of General Anesthesia in Patients with Parkinson's Disease?** *Inanna Gabriel, MD; Caroline Le Guerinel, MD; Patricia Walleck, MD; Eliane Melon, MD; Philippe Duvaldestin, MD, Dept. of Anesthesiology, Henri Mondor University Hospital, Creteil, France*

### Clinical Neuroscience: Neurologic Effects of Cardiac Surgery

**A-396 Room 301, 10/17/2000 2:00 PM - 3:30 PM (PD)**

**A Prospective Randomized Trial of Normothermic Versus Hypothermic Cardiopulmonary Bypass on Cerebral Outcome After CABG** *Alina M. Grigore, MD; Mark F. Newman, MD; William D. White, MD; Hilary P. Grocott, MD; Joseph G. Reves, MD, Anesthesiology, Duke University Medical Center, Durham, NC, United States.* We demonstrated that hypothermia offered no apparent neuroprotection during CPB.

**A-397 Room 301, 10/17/2000 2:00 PM - 3:30 PM (PD)**

**Neuropsychometric Performance after CABG: Cardiopulmonary Bypass Versus Off-CPB (OPCAB)** *Heather E. Manspeizer, MD; Eric J. Heyer, MD, PhD; Kevin S. Lee, BS; Linda Mongero; Barry Esrig, MD, Anesthesiology, Columbia University, New York, NY, United States.* While CABG is performed with CPB (conventional or heparin-bonded) or OPCAB, cognitive performance afterwards is better OPCAB.

**A-398 Room 301, 10/17/2000 2:00 PM - 3:30 PM (PD)**

**Cerebral Autoregulation after Mild Hypothermic Cardiopulmonary Bypass** *Sergey Preisman, MD; Roger Marks, MD; Avner Sidi, MD; Aram Smolinski, MD; Azriel Perel, MD, Department of Anesthesia and Intensive Care, Sheba Medical Center, Tel Aviv University, Israel.* Cerebral autoregulatory mechanisms, assessed by the rate of autoregulation, are preserved in postbypass period.