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 Stolca, M.D.; Ram Pai, M.D.; Ann Walla, 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, Karin Nourredine, MD, Marcel Chauvin, 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 Laurissen, 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 Remifentanil  
Martin Talbot, MD; Pierre Fiset, MD, FRCPC(C); Gilles Plourde, MD, MSc, FRCPC; Steven B. Backman, MD, PhD, FRCPC; Daniel Cibbertrand, MD, PhD, FRCPC, Department of Anesthesiology, McGill University, Montreal, QC, Canada. Physostigmine reverses unconsciousness and apnea produced by remifentanil, 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 Kateyabito, MD, PhD; Hiroshi Kitahata, MD, PhD; Katsuya Tanaka, MD, PhD; Junpei Nozaki, MD; Shuizo Osbata, 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/Remifentanil Vs Sevoflurane/Remifentanil for Maintenance of Anaesthesia during Craniotomy  
Tsunebisa Tsukuba, MD; Christopher J. Andrews, PhD; J. Robert Sneyd, MD, Anesthesia Dept, Derriford Hospital, Plymouth, Devon, United Kingdom. For craniotomy, remifentanil 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 Bokh, M.D.; Kiranne Baubin, 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  
Amb Nguyen, MD; Francois Girard, MD; Daniel Boudreau, MD; Francois Fugere, MD; Montague 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 Ondanestron for Relief of Postoperative Pain, Nausea and Vomiting in Neurosurgical Patients Undergoing Intracranial Procedures  
W.S. Jellish, M.D., Ph.D; K. Sato, H., BSN; T.C. Origitano, 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?  
Imann Gabriel, MD; Caroline Le Guerinel, MD; Patricia Waldeck, 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. Greco, 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; Ph.D; Kevin S. Lee, BS; Linda Mongero; Barry Ersig, 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 Freisem, MD; Roger Marks, MD; Ayun 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.