A-399  Room 301, 10/17/2000  2:00 PM - 3:30 PM (PD)  
Operative Changes Effecting Incidence of Perioperative Stroke (IPS) Using Cerebral Oximetry (CO) and Aortic Ultrasoundography (AU) T.M. Schmahl, M.D., Cardiovascular Surgery, SLMC, Milwaukee, WI, United States. Based on the findings of CO and AU, operative and/or perfusion techniques were changed in an effort to avoid PS. This effected a five-fold decrease in IPS and a savings of $1,500,000.

A-400  Room 301, 10/17/2000  2:00 PM - 3:30 PM (PD)  
Cerebral Embolization during Cardiac Surgery: The Impact of Aortic Atheroma Burden Georg B. Macksen, M.D; Lian K. Ti, M.D; Hillary P. Grocott, M.D; Barbara Phillips-Bute, Ph.D, Mark F. Newman, M.D. Anesthesiology, Duke University, Durham, NC, United States. We demonstrate an association between the number of cerebral emboli and aortic atheroma burden in patients undergoing CAGB surgery.

A-401  Room 301, 10/17/2000  2:00 PM - 3:30 PM (PD)  
Apolipoprotein E4 Increases Atheroma Burden in Cardiac Surgical Patients Lian K. Ti, MMed; Georg B. Macksen, M.D; Hillary P. Grocott, M.D; Barbara G. Phillips-Bute, Ph.D, Joseph P. Mathebe, M.D. Anesthesiology, Duke University Medical Center, Durham, NC, United States. The presence of apoE4, independent of age, is associated with an increase in aortic atheroma burden in cardiac surgery.

A-402  Room 301, 10/17/2000  2:00 PM - 3:30 PM (PD)  
Decreased PivO2 during CPB upon Cooling with Arterial Hypocarbia Wei-Ping Cheng, M.D.; Maria Rosa Marin, M.D.; Nancy Nassmiller, M.D. Cardiovascular Anesthesia, Texas Heart Institute, Houston, TX, United States. Using pH-stat measurements during CPB, PivO2 ↓ed with cooling as PaCO2 ↑ed. With rewarming, although PaCO2 ↓ed, PivO2 again ↑ed, suggesting mismatched flow/metabolism.

A-403  Room 301, 10/17/2000  2:00 PM - 3:30 PM (PD)  
Brain Specific S-100 Protein during and after Cardiopulmonary Bypass Yasuyuki Kakehana, M.D.; Haruhiko Yamada, M.D.; Masataka Nakamura, M.D.; Yoichiro Nakano, M.D.; Yuichi Kamura, M.D. Division of Intensive Care Medicine, Kagoshima University Hospital, Kagoshima, Japan. S-100 protein seems to be a sensitive marker of brain injury during CPB.

Clinical Neurosciences: Monitoring Hemodynamic Function & Coagulation

A-404  Room 302, 10/18/2000  2:00 PM - 3:30 PM (PD)  
Reproductibility of Regional Wall Motion Analysis during Intraoperative Low Dose Dobutamine Stress Echocardiography (DSE) in CAGB Surgery Frank W. Dupont, M.D; Solomon Aronson, M.D; FACG, FCCP; Anita M. Fisher; Melinda Drum, Ph.D. Anesthesiology & Critical Care, University of Chicago, Chicago, IL, United States. The reproducibility of intraoperative low dose DSE is comparable to ambulatory stress echocardiography.

A-405  Room 302, 10/18/2000  2:00 PM - 3:30 PM (PD)  
Pulmonary Artery Catheters Produce Eccentric Tricuspid Valve Annular Regurgitation Steven V. Sherman, M.D.; John F. Butterworth, M.D.; Daniel J. Kennedy, M.D.; Michael H. Wall, M.D.; Robert F. Brooker, M.D. Department of Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC, United States. Pulmonary artery catheters produce eccentric tricuspid valve regurgitation as assessed by TEE.

Clinical Neurosciences: Monitoring Hemodynamic Function & Coagulation

A-406  Room 302, 10/18/2000  2:00 PM - 3:30 PM (PD)  
Transesophageal Atrial and Ventricular Pacing Using an Octapolar Sheet Electrode Fredrik Hasselrik, MD Ph.D; Mauricio Gonzalez, MD; Rafael Ortega, MD; Eric Pierre, MD; Ozi Shapira, MD. Department of Anesthesiology, Boston University Medical Center, Boston, MA, United States. An adhesive sheet with metal foil electrodes, attached to a TEE probe, studied in anesthetized patients. V-pacing feasible in all.

A-407  Room 302, 10/18/2000  2:00 PM - 3:30 PM (PD)  

A-408  Room 302, 10/18/2000  2:00 PM - 3:30 PM (PD)  
Reliability of Plasma Hemoglobin Concentration Measurement Using the HemoCue®, a Point of Care Hemoglobin Photometer, after Infusions of a Hemoglobin-based Oxygen Carrier (HBOC) F. Lurie, M.D., Ph.D.; J.S. Jabr, M.D.; J.M. Davis; Z. Umorov; B. Driessen, D.V.M., Ph.D., Anesthesiology, UC Davis, Sacramento, CA. The HemoCue® is accurate in determining plasma hemoglobin after HB0C infusion in varying concentrations.

A-409  Room 302, 10/18/2000  2:00 PM - 3:30 PM (PD)  
Postoperative Blood Loss and Re-Exploration Following CPB: Heparin Management with an Protamine Titration Assay Versus an ACT-Guided Regimen Andreas Koster, MD; Marion Kukucka, MD; Hermann Kuppe, MD. Ph.D. Anesthesiology, Deutsches Herzzentrum Berlin, Berlin, Germany. Anticoagulation during CPB with the Hepcon HMS reduced re-exploration and blood loss when compared with an ACT regimen.

A-410  Room 302, 10/18/2000  2:00 PM - 3:30 PM (PD)  
Comparison of Thromboelastographic Parameters Using Arterial Vs Venous Blood Samples Heather E. Munspter, M.D; Mayuko Inai, M.D.; Robert J. Framento, M.S., M.P.H.; Berend Mets, M.B., Ph.D; Elliott Bennett-Guerrero, M.D. Anesthesiology, Columbia University College of P & S, New York, NY, United States. TEG values were assessed in arterial vs venous blood samples. There were insignificant differences in the R, K, a angle and MA.

A-411  Room 302, 10/18/2000  2:00 PM - 3:30 PM (PD)  
TEG® R-time is Directly Related to Hirudin Concentration in Whole Blood Following Stimulation with the Snake Venom Ecarin Steve von Kier, FIP; Cathy Wade, BSc; David Rosyton, FRCA, Anaesthesia, Royal Brompton and Harefield NHS Trust, Harefield, United Kingdom. Blood hirudin levels are accurately assessed by TEG® R-time. Results obtained rapidly at the bedside allow improved patient management.