

- A-496** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Dexmedetomidine Is Effective in Bispectral Index Guided ICU Sedation *Andreas E. Triltsch, MD; Jochen Grosse, MD; Peter v. Homeyer; Martin Welte, MD; Claudia D. Spies, MD, Anesthesiology and Intensive Care, Medical Centers, FU and HU Berlin, Berlin, Germany.* Dexmedetomidine is effective in BIS-guided ICU sedation resulting in improved hemodynamic stability without respiratory depression.
- A-497** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Respiratory Depression under Long Term Sedation with Sufentanil, Midazolam and Clonidine Has No Clinical Significance *Frank Wappler, MD; Axel Prause, MD; Jens Scholz, MD; Hanswerner Bause, MD; Jochen Schulte am Esch, MD, Anesthesiology, University-Hospital Eppendorf, Hamburg, Hamburg, Germany.* Respiratory depression under long term sedation is without clinical significance.
- A-498** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Outcome from Percutaneous Tracheostomy after Median Sternotomy *K. Westphal, MD, PhD; S. Mierdl, MD; C. Bybahn, MD; S. Halbig, MD; V. Lischke, MD, PhD, Department of Anesthesiology, J.W. Goethe-University Hospital, Frankfurt, Germany.* 144 patients underwent percutaneous tracheostomy (PT) after median sternotomy. No infections of the sternotomy were noted, and PT is safe after sternotomy.
- A-499** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Changing Pattern of Opioid Use in Cancer Patients after Admission to Intensive Care *Mechelle E. Williams, MSN; Susannah K. Kish, MSN; Andrew D. Shaw, MD, Critical Care Research Group, The University of Texas MD Anderson Cancer Center, Houston, TX, United States.* We have documented the increase in opioid use for predominantly non-surgical cancer patients after admission to ICU.
- A-500** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Effects of Intraperitoneal (IP) and Enteric (EN) Adenosine on Survival and Circulating Cytokines after Prolonged Volume-Controlled Hemorrhagic Shock (HS) in Rats *Xianren Wu, MD; Peter Safar, MD; Edwin Jackson, MD; Joe Carcillo, MD; Samuel A. Tisherman, MD, SCRR, Univ. of Pgb, Pittsburgh, PA, United States.* IP adenosine improve survival after HS, which seems not related to changes in cytokine levels.
- A-501** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Liver Damage during Prolonged Cardiac Arrest (CA) in Dogs *Xianren Wu, MD; Wilhelm Bebringer, MD; Rainer Kentner, MD; Samuel A. Tisherman, MD; Peter Safar, MD, SCRR, Univ. of Pittsburgh, Pittsburgh, PA, United States.* Hypothermic exsanguination CA of 40 min no-flow followed by brain damage, causes only transient liver damage, as we have seen earlier after shorter normothermic VF CA.
- Critical Care & Trauma: Life Support**
- A-502** Room 309, 10/17/2000 9:00 AM - 10:30 AM (PD)
Increased Randomness of Heart Dynamics Predicts Myocardial Ischemia after CABG Surgery *Timo T. Laitio, MD; Heikki V. Huikuri, MD; Erkki S.H. Kentala, MD; Jouko R. Jalonen, MD; Harry Scheinin, MD, Anesthesiology, Turku University Hospital, Turku, Finland.* Randomness of HR dynamics are increased in patients with myocardial ischemia after CABG, and these alterations occur already a day before ischemia.
- A-503** Room 309, 10/17/2000 9:00 AM - 10:30 AM (PD)
Effect of High Dose Antithrombin III Administration on Hyperfibrinolysis in Patients Undergoing Orthotopic Liver Transplantation *Josef Stark, M.D.; Sandra Acimovic, M.D.; Helmut Hager, M.D.; Heinz Steltzer, M.D.; Michael Zimpfer, M.D., Anesthesiology and General Intensive Care, University of Vienna, Vienna, Austria.* High dose AT III administration reduces hyperfibrinolysis in liver transplantation.
- A-504** Room 309, 10/17/2000 9:00 AM - 10:30 AM (PD)
Association Between Calcium Administration and Postoperative Hyperamylasemia in Liver Transplant (OLT) Recipients *Robert E. Shangraw, MD, PhD; John Hromco, BS; John M. Rabkin, MD; Stephen T. Robinson, MD, Anesthesiology, Oregon Health Sciences University, Portland, OR, United States.* High intraoperative CaCl₂ use is associated with postoperative hypercalcemia and hyperamylasemia.
- A-505** Room 309, 10/17/2000 9:00 AM - 10:30 AM (PD)
Prehospital Feasibility Study of a Minimal Invasive Direct Cardiac Massage Device *Alain Rozenberg, MD; Pascal Incagnoli, MD; Benoit Vivien, MD; Marc Viggiano, MD; Pierre Carli, MD, Dept of Anesthesiology/SAMU PARIS, Hopital Necker, Paris, France.* Prehospital use of MID-CM is possible, safe and promising. More studies are necessary to evaluate survival vs closed chest compressions.
- A-506** Room 309, 10/17/2000 9:00 AM - 10:30 AM (PD)
Is There an Optimal Level of CPAP during CPR? *David N. Thrush, MD; John B. Downs, MD; Zoltan G. Hevesi, MD; Robert A. Smith, MS, Anesthesiology, University of South Florida, Tampa, FL, United States.* During CPR for VF, CPAP of 7.5, 15, 22.5, and 30 cmH₂O caused similar aortic and coronary perfusion pressures. However, 22.5 cmH₂O CPAP produced highest blood flow.
- A-507** Room 309, 10/17/2000 9:00 AM - 10:30 AM (PD)
The Use of Xenon as a Sedative in Intensive Care *Amit Bedi, FRCA; James M. Murray, MD; John Dingley, FRCA; Michael A. Stevenson, BSc; J.P. Howard Fee, PhD, Anaesthetics and Intensive Care Medicine, The Queen's University, Belfast, United Kingdom.* We report the first use of xenon as a sedative for patients receiving intensive care. Xenon provided sedation without adverse effect.
- A-508** Room 309, 10/17/2000 9:00 AM - 10:30 AM (PD)
Preparation and Preclinical Evaluation of a Novel Liposomal Complete-Core Lipopolysaccharide Vaccine *Elliott Bennett-Guerero, M.D.; Thomas J. McIntosh, Ph.D.; G.R. Barclay, Ph.D.; Michael G. Mythen, M.D.; Ian R. Poxton, Ph.D., Anesthesiology, Columbia University College of P&S, New York, NY, United States.* A liposomal complete-core endotoxin vaccine is non-toxic, non-pyrogenic and broadly antigenic in preclinical studies.
- A-509** Room 309, 10/17/2000 9:00 AM - 10:30 AM (PD)
Long Term Mild Hypothermia with ECLHA Improved Survival in Dogs Subjected to Prolonged Cardiac Arrest *Husban Ao; Tanimoto Hidenari; Yosbitake Atsushi; Jon K. Moon; Hidenori Terasaki, Department of Anesthesiology, Kumamoto University School of Medicine, Kumamoto, Kumamoto, Japan.* ECLHA with 24 h mild hypothermia improved survival rate, protected myocardial and brain damage.