

A-1165 Room G, 10/17/2000 9:00 AM - 11:00 AM (PS)
Sevoflurane and Dry Lime: Is the Carbon Monoxide Formed a Reaction Product from Hexafluoroisopropanol? *Uwe H. Warnken, chemist; Heimo Wissing, MD; Harald Foerster, MD, Dp. of Anesthesiology, Inst. for Experimental Anaesthesiology, Frankfurt/Main, Germany.* An in vitro experiment with soda lime and hexafluoroisopropanol was performed. The CO production was determined.

A-1166 Room G, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Incidence of Lower Extremity Neurologic Complications Following Spinal Drainage Catheter Placement in Fully Heparinized Patients *Jason B. Wells, M.D.; Meg A. Rosenblatt, M.D.; Linda Shore-Lesserson, M.D., Anesthesiology, Mount Sinai School of Medicine, New York, NY, United States.* No permanent neurologic sequelae resulted from spinal drainage catheters in 37 fully heparinized patients.

A-1167 Room G, 10/17/2000 9:00 AM - 11:00 AM (PS)
Activated Thrombelastography: Can it Predict Postoperative Blood Loss in Low- and High-Risk Cardiac Surgery? *Stefan Wirtz, MD; Christoph Schmidt, MD; Hugo Van Aken, MD, PHD; Florian Fritzsche, MS; Michael Booke, MD, PHD, Anesthesiology and Operative Intensive Medicine, University of Muenster, Muenster, Germany.* In heart surgery activated thrombelastography fails to predict postop. blood loss.

A-1168 Room G, 10/17/2000 9:00 AM - 11:00 AM (PS)
Quistorp and "Anaesthesia" in 1718 *A.J. Wright, M.L.S.; R.J. Defalque, M.D., Anesthesiology, University of Alabama School of Medicine, Birmingham, AL, United States.* In 1718 Quistorp published *De Anaesthesia*, or, "Anaesthesia, a state of insensitivity." The work links anesthesia as described by Greek and Latin authors and its modern practice.

Practice Management & Patient Safety

A-1169 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Effect of Data Directed Interventions on Operating Room Efficiency *Susan Black, M.D.; Mark F. Frankina, M.D., Anesthesiology, University of Florida, Gainesville, FL, United States.* To improve efficiency in starting neurosurgical procedures causes for delay were identified and specific interventions initiated. Review of 2 years of data suggested small improvements resulted.

A-1170 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Operating Room Extubation and Resource Utilization with a Clinical Pathway for Infrarenal Aortic Surgery *Kathleen H. Chaimberg, M.D.; Stephen D. Surgenor, M.D.; Michael L. Beach, M.D., Dept of Anesthesiology, Dartmouth Medical School, Hanover, NH, United States.* We conclude that operating room extubation is not associated with a significant change in either resource consumption or re-intubation rate.

A-1171 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Gastrointestinal Events in Surgical Inpatients: Rates by Major Organ Systems *Connie Chen, Pharm.D.; Seema Dedbiya, M.S.; Lisa Wester, M.S., Global Health Outcomes, Searle, Skokie, IL, United States.* GI events in surgery patients were reported in all major organ system groups and ranged from 0.1% to 11%. Length of stay and costs were similar or higher in patients with GI events within groups.

A-1172 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
A New Approach to Evaluating the Safety and Efficacy of Pediatric Sedation Services *Joseph P. Cravero, MD; George T. Blike, MD; Kate Whalen, RN; Kristin King; Jens Jensen, MS, Anesthesiology, Dartmouth Hitchcock Medical Center, Lebanon, NH, United States.* Videotape analysis of pediatric procedural sedation yields a new method for evaluating the safety and efficacy of sedation services.

A-1173 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Strategy to Decide Whether to Move the Last Case of the Day in an Operating Room to Another Empty Operating Room to Decrease Overtime Costs *Franklin Dexter, M.D., Ph.D., Anesthesia, University of Iowa, Iowa City, IA, United States.* Statistical method uses historical case duration data from OR information systems to assist OR managers in deciding whether to move a case from one OR to another.

A-1174 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Cuffed Oropharyngeal Airway (COPA), 700mL Bag - Alternatives for Basic Ventilatory Life Support? *Volker Doerges, MD; Peer Knacke, MD; Peter Schmucker, MD, Department of Anesthesiology, University Hospital, Lubeck, Germany.* Both the COPA and BVM do not prevent gastric inflation; but might provide sufficient oxygenation with either self-inflating bag when ventilating with FiO₂ 1.0.

A-1175 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Can Anesthesiologists and Lawyers See Eye to Eye on Medical Malpractice Issues *Kirstin M. Erickson, MD; Matthew Kumar, MD; Barry A. Harrison, MD; Gerard S. Kamath, MD; Gurinder Vasdev, MD, Anesthesiology, Mayo Clinic, Rochester, MN, United States.* Lawyers compared to anesthesiologists are not biased in determining medical malpractice, indicating anesthesiologists do see eye to eye with lawyers.

A-1176 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Safety of Outpatient Surgery in Hospitals Versus Free-Standing Facilities in the Elderly *Lee A. Fleisher, M.D.; Jorge A. Ferrer, M.D.; L. Reuven Pasternak, M.D.; Paul G. Barash, M.D., Anesthesiology and Health Policy & Management, Johns Hopkins Medical Institutions, Baltimore, MD, United States.* Analysis of 1,036,039 outpatient surgeries in the elderly was associated with low rates of subsequent admission.

A-1177 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Variables Predicting Longer Than Usual Induction-to-PACU Times and Higher Costs in Patients Undergoing Bilateral Tympanoscopy Tube Placement *T.N. Harwood, M.D., Anesth. Dept., Wake Forest University School of Medicine, Winston-Salem, NC, United States.* Surgical personnel and the use of preoperative oral midazolam influences costs associated with outpatient tympanoscopy tube placement.

A-1178 Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Operating Room Turn-Around-Time: Immediate Gains after Institution of an Efficiency Program and the Importance of Regular Follow-up *Per-Olof Jarnberg, MD, PhD; Melody Montgomery, RN, MBA; Penny Stevens, RN, MS, Anesthesiology, Oregon Health Sciences University, Portland, OR, United States.* Maintaining an improvement of OR efficiency is dependent on continued monitoring and feedback.