

**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 FiO<sub>2</sub> 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.