

- A-1179** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Case Length, ASA Status and Adverse Outcomes** Vilma A. Joseph, MD, MPH; Ellen Lebning, PhD; Robert S. Lagasse, MD, Anesthesiology, Montefiore Medical Center, New York, NY, United States. Case length and American Society of Anesthesiology Physical Status are independent predictors of adverse perioperative outcomes.
- A-1180** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**ASA Physical Status Predicts Adverse Outcome Rate and Severity** Robert S. Lagasse, MD; Albert J. Saubermann, MD, Department of Anesthesiology, Montefiore Medical Center / Albert Einstein College of Medicine, Bronx, NY, United States. ASA PS is predictive of adverse outcome rate and severity, and human error rate, by nonlinear regression analyses that may be useful benchmarking tools.
- A-1181** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Effect of Acute Normovolemic Hemodilution on Allogeneic Blood Transfusion and Surgical Blood Loss during Cardiac Surgery; A Meta-Analysis** Paul G. Loubser, M.D.; Jay Herson, Ph.D.; Nila Patel, M.D., Anesthesiology, Baylor College of Medicine, Houston, TX, United States. The effect of acute normovolemic hemodilution on allogeneic blood transfusion and surgical blood loss during cardiac surgery
- A-1182** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Anesthesiologists Are Not Discontinuing Metformin Preoperatively** M. O'Connor, MD; S. Daves, MD; J. Foss, MD, Anesthesia & Critical Care, The University of Chicago, Chicago, IL, United States. A retrospective study of surgical patients demonstrated variation in preoperative instructions about metformin, an oral hypoglycemic agent associated with lactic acidosis.
- A-1183** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**The ASA-Physical Status Classification Predicts Not Only Short-Term but Also Long-Term Outcome in Patients Undergoing Liver Resection** Claudio A. Redaelli, MD; Markus Wagner, MD; Gisli H. Sigurdsson, MD; Martin K. Schilling, MD; Markus W. Buchler, MD, Visceral and Transplant Surgery, University of Bern, Bern, Switzerland. ASA classification predicts long-term outcome in patients undergoing hepatic resections
- A-1184** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Combined Spinal-Epidural Anesthesia Is an Efficient Technique for Conserving Operating Room Time during Total Joint Replacement** Meg A. Rosenblatt, M.D.; David Czuchlewski, B.D.; Sabera Hossain, M.Sc., Departments of Anesthesiology and Biostatistical Sciences, Mount Sinai School of Medicine, New York, NY, United States. The use of CSE did not negatively impact overall anesthesia times.
- A-1185** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Assessment of Patient's Preoperative Spiritual Needs** David M. Rotenberg, M.D.; Batul Valika, B.S.; John R. Reineck, B.S., Department of Anesthesiology, Rush Medical College, Chicago, IL, United States. A majority of patients desire to pray prior to surgery. We assessed factors associated with desire for preoperative prayer, to increase physician awareness of the spiritual needs of patients.
- A-1186** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Effects of Oral Premedication with Hydroxyzine on Patient Motion during Inhalation of 32% Xenon** Musa Sesay, MD; Frederic Lesaffre; Sylvain Rakoton, MD; Pierre Maurette, Anesth. 3, Pellegrin, Bordeaux, France. This randomized, placebo control trial demonstrated the efficacy of oral premedication with 50 mg hydroxyzine on patient motion during inhalation of 32% Xenon.
- A-1187** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Estimating Equity in Call Assignments** Tod B. Sloan, MD PhD, Anesthesiology, University of Texas Health Science Center, San Antonio, TX, United States. A point system was developed to measure equity of call assignments. Point totals for the current call system suggest that measures of hours worked, adjusted for hours available but not in-house, best represent a method to determine call equity.
- A-1188** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Statewide Survey of Massachusetts Physician Attitudes Towards Policy and Workplace Issues of Patient Safety** Stephen D. Small, MD; Paul Barach, MD, MPH, Anesthesiology, University of Chicago, Chicago, IL, United States
- A-1189** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Variability among Anesthesiologists Increases with Anesthesia Induction Times** David P. Strum, MD; Allan R. Sampson, PhD; Jerrold H. May, PhD; Luis G. Vargas, PhD, Anesthesiology, Queens University, Kingston, ON, Canada. Variability among anesthesiologists increased with duration of anesthesia induction and should be considered when scheduling shorter surgeries.
- A-1190** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Factors Associated with Variability in Anesthesia Induction Times** David P. Strum, MD; Allan R. Sampson, PhD; Jerrold H. May, PhD; Luis G. Vargas, PhD, Anesthesiology, Queen's University, Kingston, ON, Canada. Type of anesthesia, anesthesiologist, surgeon, and ASA class affect variability in anesthesia induction times; these factors should be considered when scheduling shorter surgeries.
- A-1191** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Recovery Characteristics in the Chemically Dependent Anesthesiologist: Should There be a Minimum Time Prior to Re-entry?** JoAnn C. Thomson, MD, Anesthesiology, The Mount Sinai Medical Center, New York, NY, United States. The anesthesiologist in recovery from addiction is a concern. Long term recovery and a productive career are possible despite access to addictive substances.
- A-1192** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Air Eliminator Performance of Two Fluid Infusion Systems: Level 1 F10 Versus ThermoStat 900** Jaime E. Torres, MD; Arsenio M. Bustos, MD; David G. Silverman, MD; Maximilian W.B. Hartmannsgruber, MD, Anesthesiology, Yale University School of Medicine, New Haven, CT, United States. The Baxter Thermostat900 air eliminator is more efficient than the F10 air eliminator of the SIMS Level1
- A-1193** Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Pacemakers: Perioperative Evaluation, Management and Complications** Mark F. Frankina, MD; Susan Black, MD; Gordon Gibby, MD, Anesthesiology, University of Florida, Gainesville, FL, United States. Preoperative evaluation of patients with pacemakers is incomplete in 51%. Perioperative problems occur in 13% of procedures and develop more commonly if the receiving plate is placed incorrectly.