A-1179  Room I, 10/17/2000 2:00 PM - 4:00 PM (PS)
Case Length, ASA Status and Adverse Outcomes  Vilina A. Joseph, MD,MPH; Ellen Lehnhart, PhD; Robert S. Lagesse, 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. Lagesse, MD; Albert J. Sauberlein, 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. Loube, MD; Jay Herson, Ph.D; Nila Patel, MD, 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. Davis, 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. Redoelli, MD; Markus Wagner, MD; Gisli H. Sigurdsson, MD; Martin K. Schilling, MD; Markus B. Bucher, 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 Biomathematical 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. Rothenberg, M.D.; Battai 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 Sesan, MD; Frederic Lesaffre; Sylvain Rakoton, MD; Pierre Maurelle, Anesth. 3. Pellegrin, Bordeaux, France. This randomized, placebo control trial demonstrated the efficacy of oral premedication with 50 mg hydroxyzine in 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 Barabac, 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, Ph.D; Jerrold H. May, Ph.D; Luis G. Vargas, Ph.D. 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, Ph.D; Jerrold H. May, Ph.D; Luis G. Vargas, Ph.D, 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 I 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. Trankina, 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.