Anesthesiology
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A-1235 Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)
Sevoflurane and Fresh Limes: Amounts of Compound A Are Not Comparable with Fluoride Concentrations Detected in Limes *Uwe H. Warnken, chemist; Markus J. Langheinrich, MD; Harald Foerster, MD, Dep. of Anesthesiology, Inst. for Experimental Anesthesiology, Frankfurt/Main, Germany.* Compound A production of different limes and LiOH were compared to the determined fluoride concentrations in the limes.

A-1236 Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)
Carbon Monoxide Formation in Five Soda Lime Brands with Different Content of Alkali Hydroxides *Erich Knolle, MD; Hermann Gilly, PhD, Anesthesiology and Gen. Int. Care (B), Univ. of Vienna, Vienna, Austria.* Exposing five brands of dried soda lime to isoflurane, soda lime without potassium hydroxide showed reduced CO formation. The lack of any alkali hydroxide prevents CO formation.

Practice Management & Patient Safety: Preoperative Testing & Blood Product Usage

A-1237 Room 224–226, 10/18/2000 2:00 PM - 3:30 PM (PD)
Pre-operative Test Ordering by Anesthesiologists in a Pre-admission Clinic Is More Economical Than Use of Patient Care-Maps *Paul J. O'Connor, MB, FARCSI; Mike Hogan; Barry A. Finegan, MB, FFARCSI, Anesthesiology, WCM Health Centre, Edmonton, AB, Canada.* In a random sample of 50 patients, average number(cost) of tests ordered by surgeons was 7.28($152) versus 2.26($31) by anesthesiologists.

A-1238 Room 224–226, 10/18/2000 2:00 PM - 3:30 PM (PD)
Laboratory Charge Monitoring in a Preanesthesia Clinic *Vincent J. Kopp, MD; Renee Rosiek, BSN; Ellen R. Lamoureux, BS; Maria V. Maag, BSN; Philip G. Boysen, MD, Anesthesiology, University of North Carolina at Chapel Hill, Chapel Hill, NC, United States.* This study suggests that ongoing reinforced education will be needed before test-related charge reduction practices can be achieved.

A-1239 Room 224–226, 10/18/2000 2:00 PM - 3:30 PM (PD)
Case Cancellation on Day of Surgery: Are There Correctable Causes? *David M. Gratch, D.O.; Thomas A. Witkowski, M.D.; Steven D. Bell, M.D., Anesthesiology, Jefferson Med College, Philadelphia, PA, United States.* Although reducing cancellation of cases on the day of surgery is desirable we found the low rate following evaluation in our preop clinic is not modifiable during the preop visit.

A-1240 Room 224–226, 10/18/2000 2:00 PM - 3:30 PM (PD)
The Value of Preoperative Cardiac Stress Testing *Ibrahim S. Farid, MD; David Litaker, MD; John E. Tetzlaff, MD, Division of Anesthesiology, Cleveland CLinic Foundation, OH,.* 181 had stress testing with ischemia in 27. 2 lost, 8 cleared, and 17 cath. 4 angioplasty, 1 stent, 4 CABG, 6 medical management, 2 no lesion. 1 cancelled and 1 MI at six months. 23 patients had uneventful surgery.

A-1241 Room 224–226, 10/18/2000 2:00 PM - 3:30 PM (PD)
Diagonal Earlobe Crease and Cardiac Evaluation before Anesthesia *Michioki Kuri, M.D.; Yukio Hayashi, M.D.; Kiyokazu Kagawa, M.D.; Koji Takada, M.D.; Takashi Mashimo, M.D., Anesthesiology, Osaka University Medical School, Suita, Osaka, Japan.* The diagonal earlobe crease may be an useful sign to evaluate the presence of coronary artery disease in patients undergoing emergent operations

A-1242 Room 224–226, 10/18/2000 2:00 PM - 3:30 PM (PD)
Selective Use of Blood Products for Patients Undergoing Peripheral Vascular Surgery *Jae-Woo Lee, MD; Vijay Kumar, MD; Frank Pomposelli, MD; Lynne Uhl, MD; Kyung W. Park, MD, Anesthesia, Beth Israel Deaconess Med Ctr, Boston, MA, United States.* Selective use of blood units in vascular surgery based on preoperative hematocrit and expected blood loss may lead to substantial cost savings.

A-1243 Room 224–226, 10/18/2000 2:00 PM - 3:30 PM (PD)
Preoperative Prediction of RBC Transfusions: A Reduction of Type and Screen Investigations *Wilton A. van Klei, MD; Karel G.M. Moons, PhD; Aart T. van Rheineck Leyssius, MD PhD; Johannes Th. A. Knape, MD PhD; Charles L.G. Rutten, MD PhD, Anesthesiology, University Medical Centre Utrecht, Utrecht (NL),.* In about 50% of patients undergoing surgery with intermediate transfusion risk, type and screen is unnecessary.

A-1244 Room 224–226, 10/18/2000 2:00 PM - 3:30 PM (PD)
Transfusion Requirements during Endoluminal Treatment of Abdominal Aortic Aneurysms (AAA) *Leila Yakhou, MD; Jean Claude Merle, MD; Alexandre D'Audiffret, MD; Philippe Duvaldestin, MD; Gilles Dhonneur, MD, Anesthesiology, Henri Mondor Hospital, Creteil, VAl de Marne, France.* Less than 20% of the patients were transfused during endoluminal treatement of abdominal aortic aneurysms.

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