A-1273  Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Anesthetic Management of Children with Tuberous Sclerosis
Sulpicio G. Soriano, M.D.; Zeen Sheetkamm, M.D.; Elizabeth A. Reddige, M.D.; Mark A. Rockoff, M.D., Anesthesia, Children Hospital/Harvard Medical School, Boston, MA, United States. The anesthetic management of children with Tuberous Sclerosis is complicated by cardiac, neurological and renal pathology.

A-1274  Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Prediction of Difficult Airway in School-aged Patients with Microtia Sbochi Uezono, MD; Robert S. Holzman, MD; Takahisa Goto, MD; Shigeo Morita, MD, Anesthesia, Stanford University, Stanford, CA, United States. School-aged patients with bilateral microtia was associated with a strikingly higher incidence (36%) of difficult laryngoscopy than those with normal ears (0%).

Pediatric Anesthesia: General Pediatrics / Pediatric Cardiac

A-1275  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Effect of Local Cooling to the Head on the Cerebral Metabolism during Cardiopulmonary Bypass Enad Abdel Monem Arida; Hesham Ahmed Shaban; Walid Mohamed Eltman, Anesthesia, Faculty of Medicine, Alexandria, Egypt. Local cooling to the head during hypothermic CPB prevents desaturation of SjO2 resulting in better balance between oxygen supply and demand.

A-1276  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Effect of BIS Monitoring on Emergence, PACU Discharge and Anesthetic Utilization in Children Receiving Sevoflurane Anesthesia Carolyn F. Bannister, MD; Keith K. Brostius, MD; Barbara J. Meyer, RN, Anesthesiology, Emory University School of Medicine, Atlanta, GA, United States. We conclude that use of BIS monitoring shortens emergence and decreases utilization of inhalal agent in children.

A-1277  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Comparison of Flow Rates and Warming Capabilities of the Level 1 and Rapid Infusion System with Various Intravenous Catheters S.L. Barcelona, MD; F. Villich, MD; C.J. Cote, MD, Anesthesiology, Children's Memorial Hospital, Chicago, IL, United States. RIS is superior to Level 1 for infusion and heating of LR with all catheters >16g; 25-44% faster for 5F-8.5F catheters.

A-1278  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Radial Artery Blood Pressure Monitoring in Children with the Vasotec - A Preliminary Report Kamal Belami, MD; Vijaya Komanduri, MSc; Marius Poliac, PhD, Departments of Anesthesiology & Pediatrics, University of Minnesota, Minneapolis, MN, United States. This study confirmed that the Vasotec may be used in children over 2 years of age to continually measure BP and display arterial waveform.

A-1279  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
A Randomized Multicenter Study of the Safety and Efficacy of Remifentanil Versus Halothane in Neonates Undergoing Surgery for Pyloric Stenosis R.H. Blum, MD; J.L. Galinkin, MD; C.D. Kurth, MD; F.X. McCougan, MD; P.J. Davis, MD, Department of Anesthesia, Children's Hospital, Boston, MA, United States. In this study remifentanil was as safe and effective as halothane in all the parameters studied.

A-1280  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Cytokines in Pediatric Cardiac Surgery with Cardiopulmonary Bypass - Effect of Modified Ultrafiltration M.S. Chew, MBBS; V.B. Christensen, MD; H.B. Ravn, MD PhD, J. Pedersen, MD; E. Tonnensen, MD DMSc, Dept. of Anesthesia, Skejby Sygehus, Aarhus, Denmark. MUF did not affect cytokine levels in children undergoing surgery & CPB, suggesting that improved clinical outcome is related to factors other than plasma cytokines.

A-1281  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
EEG Changes during Total Intravenous Anesthesia with Propofol in Children Isabelle Constant, MD; Patrick Richard, MD; Marie-Claude Dubois, MD; Jeannine Maillot, MD; Isabelle Murat, MD, Anesthesiology, Trousseau Hospital, Paris, France. This preliminary study suggests that spectral components of EEG may be useful to predict the depth of anesthesia and the rate of recovery in children.

A-1282  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Effect of Transverse Bolsters on Respiratory System Mechanics in Prone Anesthetized Infants Robin G. Cox, MB, BS, FRCA; F. Sion Davies, MB, BCOrt, FANZ; Alastair Ewen, MB, CBB, FRCA, Department of Anesthesia, University of Calgary, Calgary, AB, Canada. The presence of transverse bolsters has no demonstrable effect on respiratory mechanics when used in healthy anesthetized infants in the prone position.

A-1283  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Bispectral Index in Infants and Children Andrew J. Davidson, MBBS FANZCA; Susan A. Aistle, RN; Lorina J. Sullivan, RN; Peter C. Laussen, MBBS FANZCA, Anesthesia, Children's Hospital, Boston, MA, United States. The Bispectral Index (BIS) correlates with sevoflurane concentration in children but not infants. The BIS prior to arousal was higher in children than infants.

A-1284  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Effect of Carbon Dioxide Pneumoperitoneum on Middle Cerebral Artery Blood Flow Velocity In Infants John Emery, FRCA; David A. Rowney, FRCA; Peter C.W. Kim, MD, Jeffrey F. Smallhorn, Bruno Bissonnette, MD, Anesthesia, Hospital for Sick Children, Toronto, ON, Canada. Cerebral blood flow velocity in infants undergoing laparoscopy is unaffected by intra-abdominal pressure but is related to 

A-1285  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Effect of Nitrous Oxide on Cerebral Blood Flow Velocity in Children Anesthetised with Sevoflurane Ross Fairgrieve, FRCA; David A. Rowney, FRCA; Bruno Bissonnette, MD, Anesthesia, Hospital for Sick Children, Toronto, ON, Canada. Nitrous oxide raises cerebral blood flow velocity in children at MAC sevoflurane, possibly from cerebral stimulation and increased cerebral metabolic rate.

A-1286  Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Neutrophil Adhesion Molecule, MAC-1 and Elastase Release in Congenital Heart Disease: Cardiopulmonary Bypass, Ischemia and Modified Ultrafiltration Thomas F. Fischer, MD; Ingo Dahnert, MD; Vladimir Alexi-Meskishvili, PhD; Andreas Koster, MD; Hermann Kuppe, PhD, Anesthesiology, Deutsches Herzzentrum Berlin, Berlin, Germany. The inflammatory response starts with the initiation of CPB.

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