

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.; Zeev Shenkman, M.D.; Elizabeth A. El-dredge, 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
Sboichi Uezono, MD; Robert S. Holzman, MD; Takahisa Goto, MD; Shigebo 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)
Effect of Local Cooling to the Head on the Cerebral Metabolism during Cardio-Pulmonary Bypass
Emad Abdel Moneim Arida; Hesham Ahmed Shaban; Wabed Mobamed Etman, Anaesthesia, Faculty of Medicine, Alexandria, Egypt. Local cooling to the head during hypothermic CPB prevent desaturation of SjO_2 , result 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. Brosius, 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 inhaled 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 Size Intravenous Catheters
S.L. Barcelona, MD; F. Vilich, 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 $\geq 16g$; 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 Vasotrac - A Preliminary Report
Kumar Belani, MD; Vijaya Komanduri, MSc; Marius Poliac, PhD, Departments of Anesthesiology & Pediatrics, University of Minnesota, Minneapolis, MN, United States. This study confirmed that the Vasotrac 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 Remifentanyl Versus Halothane in Neonates Undergoing Surgery for Pyloric Stenosis
R.H. Blum, MD; J.L. Galinkin, MD; C.D. Kurtz, MD; F.X. McGowan, MD; P.J. Davis, MD, Department of Anesthesia, Children's Hospital, Boston, MA, United States. In this study remifentanyl 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. Tonnesen, MD DMSc, Dept. of Anesthesia, Skejby Sygehus, Aarhus, Denmark. MUF did not affect cytokine levels in children undergoing surgery & CPB, suggesting that improved clin. 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; Jeanine Maillet, 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, BChir, FANZ; Alastair Ewen, MB, ChB, 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. Auble, RN; Lorna 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; Jeffery F. Smallhorn; Bruno Bissonnette, MD, Anaesthesia, 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 $EtCO_2$.

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, Anaesthesia, Hospital for Sick Children, Toronto, ON, Canada. Nitrous oxide raises cerebral blood flow velocity in children at 1 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 E. Fischer, MD; Ingo Dabnert, MD; Vladimir Alexi-Meskisvili, PhD; Andreas Koster, MD; Hermann Kuppe, PhD, Anesthesiology, Deutsches Herzzentrum Berlin, Berlin, Germany. The inflammatory response starts with the initiation of CPB.