

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 Shoichi 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)
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.