

- A-1287** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Effect of Remifentanyl and Halothane on Postoperative Apnea in Neonates and Infants *Jeffrey L. Galinkin, M.D.; C.D. Kurtz, M.D.; P.J. Davis, M.D.; F.X. McGowan, M.D.; L.G. Henson, PharmD, Dept of Anes, Univ of Penn, CHOP, Philadelphia, PA, United States.* Apneic episodes occur commonly before pyloromyotomy and decrease postoperatively, the incidence being the same with remifentanyl and halothane anesthesia.
- A-1288** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Gastric Temperature Monitoring Accurately Reflects Jugular Venous Bulb Temperature in Small Children *Fay J. Gilder, MB BS FRCA; Helen Holtby, MB BS FRCPC; Desmond Bohn, MD FRCPC; Bruno Bissonnette, MD FRCPC, Anesthesia, Hospital for Sick Children, Toronto, Canada.* We show that gastric temperature accurately reflects jugular venous bulb temperature in 10 infants for six hours after cardiopulmonary bypass.
- A-1289** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Differences in Anaerobic Threshold Predict Mid-term Survival after the Norwood Operation for Hypoplastic Left Heart Syndrome *George M. Hoffman, MD; James S. Tweddell, MD; Nancy Gbanayem, MD; Eckebard Stuth, MD, Pediatric Anesthesiology, Children's Hospital and Medical College of Wisconsin, Milwaukee, WI, United States.* The anaerobic threshold was $SvO_2 < 30\%$ in survivors, and $< 50\%$ in non-survivors.
- A-1290** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Aprotinin Reduces Blood Loss in Pediatric Craniofacial Surgery *Hamish M. Munro, MD, FRCA; Alan R. Tait, PhD; Lori J. Stricker, MD; Karin M. Muraszko, MD; Steven R. Buchman, MD, Section of Pediatric Anesthesiology, University of Michigan, Ann Arbor, MI, United States.* The use of aprotinin in children undergoing craniofacial surgery resulted in a 50% reduction in blood loss and transfusion requirements.
- A-1291** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
In-hospital Mortality for Volunteer Pediatric Cardiac Surgery Missions in Guatemala *Andres T. Navedo-Rivera, MD; William S. Schechter, MS, MD; Desmond Jordan, MD; Mark Galantowicz, MD; Robert E. Michler, MD, Anesthesiology, Children's Hospital, Boston, MA, United States*
- A-1292** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Effects of Sufentanil on EEG in Early Preterm Neonates *Sylvie Nguyen The Tich, MD; Marie-Francoise Vecchierini, MD; Thierry Debillon, MD; Yann Pereon, MD PhD, Explorations Fonctionnelles, Hotel-Dieu, Nantes, France.* EEG is not affected by continuous infusion of low dose of sufentanyl in early preterm neonates but EEG activity periods are significantly reduced after a sufentanyl bolus infusion
- A-1293** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Coagulation Factors Abnormalities in Patients with Single Ventricle Precede the Fontan Operation *Kirsten C. Odegard, MD; Caroline M. Connor, MD; Robert A. Castro, MT; Peter C. Laussen, MBBS; Francis X. McGowan, MD, Anesthesia, Children's Hospital, Boston, MA, United States.* Pro- and anticoagulant factor abnormalities occur **prior** to establishing Fontan physiology in patients with single ventricles.
- A-1294** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Hemodynamic Changes Associated with Pneumoperitoneum in Infants and Young Children *Olivier Raux, MD; Alain Robette, MD; Mustapha Sebbane, MD; Christine Vergnes; Françoise d'Atbis, DAR A, CHU Montpellier, Montpellier, France.* Continuous assessment of cardiac output (CO) with an esophageal Doppler probe in young children shows a 10% decrease of CO during pneumoperitoneum.
- A-1295** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Pharmacokinetics of ϵ -Aminocaproic Acid in Children Undergoing Surgical Repair of Congenital Heart Defects *D.G. Ririe, M.D.; R.L. James, M.S.; J.J. O'Brien, M.D.; M.H. Hines, M.D.; J.F. Butterworth, M.D, Anesth. Dept., Wake Forest Univ. Sch. of Med., Winston-Salem, NC, United States.* Using the two-compartment model, children require a larger ϵ ACA loading dose per kg and a higher maintenance infusion rate than adults.
- A-1296** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Effect of Carbon Dioxide Pneumoperitoneum on Cardiac Index in Infants *David A. Rowney, FRCA; Peter C.W. Kim, MD; Jeffrey F. Smallborn, MD; Sbarifab A.I. Mokhtar, MD; Bruno Bissonnette, MD, Anaesthesia, Hospital for Sick Children, Toronto, ON, Canada.* Cardiac index in infants seems to be unaffected by an intra-abdominal pressure up to 15 mmHg and variation in $EtCO_2$.
- A-1297** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Factors Influencing the Pattern of Perioperative Serum Cardiac Troponin I in Neonates Undergoing Cardiac Surgery *Neeta Saraiya, MD; Lena S. Sun, MD; Robert Kazim, MD; Amy E. Jonassen, MD; Jan M. Quaegebeur, MD, Anesthesiology & Pediatrics & Surgery, Columbia University, New York, NY, United States.* Postop elevation in serum cTnI in neonates having congenital cardiac surgery is lesion- and ischemic times-dependent.
- A-1298** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Assessment of Splanchnic Perfusion Using Gastric Tonometry in Children Undergoing the Fontan Procedure *Annette Y. Schure, MD; Avinash Shukla, MD; Peter C. Laussen, MBBS, Anesthesiology, Children's Hospital, Boston, MA, United States.* Capnometric recirculating air tonometry demonstrates correlation between CO_2 gap and Lactate in pediatric cardiac patients.
- A-1299** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Thromboelastographic Changes after Modified Ultrafiltration in Pediatric Cardiac Surgical Patients *Linda Shore-Lesserson, MD; Ingrid Hollinger, MD; Wanda Winfree, RN, Anesthesiology, Mount Sinai Medical Center, New York, NY, United States.* Using thromboelastography, modified ultrafiltration did not enhance hemostatic indices in 37 pediatric cardiac surgical patients.
- A-1300** Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)
Comparison of Bispectral Index (BIS) EEG Monitoring in Children Below 2 Years Age and Older Children *Mebernoor F. Watcha, MD; Lisa M. Fazi, MD; Jeffrey L. Galinkin, MD; John B. Rose, MD; Rosetta M. Cbiavacci, RN, BSN, Anesthesiology and Critical Care Medicine, Children's Hospital of Philadelphia, Philadelphia, PA, United States.* BIS tracks traditional depth of anesthesia indices in children < 2 and 2-12 yr.