

**A-1301 Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)**  
**Effects of Isoflurane and Propofol on Somatosensory Evoked Potentials during Remifentanyl Anesthesia in Children** *Vinit G. Wellis, M.D.; Elliot J. Krane, M.D.; Jaime R. Lopez, M.D.; Mark M. Saleh, M.D., Anesthesia, Stanford University, Stanford, CA, United States.* No difference exists between isoflurane/remifentanyl and propofol/remifentanyl on the SSEPs.

**A-1302 Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)**  
**Impedance Cardiographic Waveforms in Children : Relationships to Morphologic and Hemodynamic Determinants** *Eric Wodey, MD; Lotfi Senbadji, PhD; Jean Y. Bansard, MD; Francois Carre, MD; Claude Ecoffey, MD, Anesth 2, LTSI, Univ 1, Rennes, France.* Results explain the relative limit of stroke volume determination with ICG method and show that arterial compliance could interfere in the ICG signal.

**A-1303 Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)**  
**Relationship between Expired Concentration of Sevoflurane and Sympathovagal Tone in Children** *Eric Wodey, MD; Patrick Pladys, MD; Lotfi Senbadji, PhD; Francois Carre, MD; Claude Ecoffey, MD, Anesth 2, LTSI, Univ 1, Rennes, France.* Increase in sevoflurane concentration induced in children a dose-effect withdrawal in HR variability dependent on decrease in both sympathetic and parasympathetic tone.

**A-1304 Room H, 10/17/2000 9:00 AM - 11:00 AM (PS)**  
**Norepinephrine Transporter Proteins in the Rat Heart Increase during Development** *Yejun Zhao; Aaron Quamina; Lena S. Sun, Dept. of Anesthesiology and Pediatrics, Columbia University, New York, NY, USA.* Norepinephrine transporter proteins increase in the postnatal rat heart.

### Pediatric Anesthesia

**A-1305 Room 220-222, 10/16/2000 9:00 AM - 10:30 AM (PD)**  
**Effects of Sevoflurane on Cerebral Blood Flow Velocity in Children** *Ross Fairgrieve, FRCA; David A. Rowney, FRCA; Bruno Bissonnette, MD, Anaesthesia, Hospital for Sick Children, Toronto, ON, Canada.* Sevoflurane up to 1.5 MAC does not seem to affect cerebral blood flow velocity and cerebral autoregulation in children. It may be a suitable agent for pediatric neuroanesthesia.

**A-1306 Room 220-222, 10/16/2000 9:00 AM - 10:30 AM (PD)**  
**Neuromuscular Junction in Cerebral Palsy. Presence of Extrajunctional Acetylcholine Receptors** *Mary C. Theroux, MD; Robert Akins, PhD; Freeman Miller, MD; Kirk Dabney, MD, Anesthesiology and Critical Care, AI duPONT Hosp for Children, Wilmington, DE, United States.* We examined NMJ of children with cerebral palsy. We have found presence of EAChR in the NMJ of children with cp

**A-1307 Room 220-222, 10/16/2000 9:00 AM - 10:30 AM (PD)**  
**Outcome Risk Factors for Pediatric Procedural Sedation Using an ASA/AAP Process Model** *George M. Hoffman, MD; Rhonda Nowakowski, BSN; Todd J. Troshynski, MD; Richard J. Berens, MD, Pediatric Anesthesiology, Children's Hospital and Medical College of Wisconsin, Milwaukee, WI, United States.* Complications of deep sedation were reduced by performance of pre-sedation risk assessment (OR 0.1, p=0.018).

**A-1308 Room 220-222, 10/16/2000 9:00 AM - 10:30 AM (PD)**  
**Influence of the Bazett Correction on the Stress-Velocity Relation of the Left Ventricle in Children** *Eric Wodey, MD; Alain Beuchee, MD; Patrick Pladys, MD; Francois Carre, MD; Claude Ecoffey, MD, Anesth 2, Univ 1, Rennes, France.* The curvilinear shape of stress-velocity relation of the left ventricle, classically only dependant on age, appeared dependent to the effect of the Bazett correction.

**A-1309 Room 220-222, 10/16/2000 9:00 AM - 10:30 AM (PD)**  
**Intravenous Regional Anesthesia with Ketorolac-Lidocaine: Is This Effective for the Management of CRPS-1 in Children and Adolescents?** *S. Suresh, MD; M. Wheeler, MD; A. Patel, MD; V. Andreoni, RN; J. Obrecht, RN, Pediatric Anesthesiology, Children's Memorial Hospital, Chicago, IL, United States.* IVRA (ketorolac/lidocaine) is an alternative to sympathetic blocks in pediatric CRPS-1.

**A-1310 Room 220-222, 10/16/2000 9:00 AM - 10:30 AM (PD)**  
**Comparison of Ropivacaine-Clonidine with Plain Ropivacaine for Caudal Analgesia in Children** *Masballab Goodarzi, M.D; Gary Scott, M.D; Marla Matar, M.D; Debby Jury, R.N, MSN, Anesthesia, Childrens Hospital Los Angeles, Los Angeles, CA, United States.* We compared caudal ropivacaine with ropivacaine + clonidine in children. Clonidine addition is useful when prolonged analgesic duration is required.

**A-1311 Room 220-222, 10/16/2000 9:00 AM - 10:30 AM (PD)**  
**Effects of Hypoxic and Hypercapnic Inspired Gas Mixtures on Cerebral Oxygen Saturation in Neonates with Hypoplastic Left Heart Syndrome** *Cbandra Ramamoorthy, MBBS; Sarah Tabbutt, MD, PhD; C. Dean Kurth, MD; Lisa M. Montenegro, MD; Susan C. Nicolson, MD, Anesthesiology, Univ of Washington, Seattle, WA, United States.* Breathing 3%CO<sub>2</sub> increases cerebral oxygen saturation but 17%FiO<sub>2</sub> has no effect.

**A-1312 Room 220-222, 10/16/2000 9:00 AM - 10:30 AM (PD)**  
**A Multichannel TEG Based Synoptic Approach for Rapid Detection of Postoperative Coagulation Disorders in Pediatric Patients Following Cardiac Surgery** *Andreas Koster, MD; Thomas Fischer, MD; Marian Kukučka, MD; Fritz Mertzluft, MD, PhD; Hermann Kuppe, MD, PhD, Anesthesiology, Deutsches Herzzentrum Berlin, Berlin, Germany.* Synoptic TEG diagnosis of CPB coagulation disorders is an efficient therapy guide.