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ANESTHESIOLOGY's journal-based CME program is open to all readers. Members of the American Society of Anesthesiologists participate at a preferred rate, but you need not be an ASA member or a journal subscriber to take part in this CME activity. Please complete the following steps:

1. Read the article by Lee *et al.* entitled "The American Society of Anesthesiologists Postoperative Visual Loss Registry: Analysis of 93 spine surgery cases with postoperative visual loss" on page 652 and the accompanying editorial by Warner entitled "Postoperative visual loss: Experts, data, and practice" on page 641 of this issue.
2. Review the questions and other required information for CME program completion (published in both the print and online journal).
3. When ready, go to the CME Web site: <http://www.asahq.org/journal-cme>. Submit your answers, form of payment, and other required information by December 31 of the year following the year of publication.

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Purpose: The focus of the journal-based CME program, and the articles chosen for the program, is to educate readers on

current developments in the science and clinical practice of the specialty of Anesthesiology.

Target Audience: Physicians and other medical professionals whose medical specialty is the practice of anesthesia.

Learning Objectives: After reading this article, participants should have a better understanding of the problem of postoperative visual loss associated with anesthesia and surgery.

Disclosure Information:

Authors - Lorri A. Lee, M.D., Steven Roth, M.D., Karen L. Posner, Ph.D., Frederick W. Cheney, M.D., Robert A. Caplan, M.D., Nancy J. Newman, M.D., and Karen B. Domino, M.D., M.P.H.

Grants or research support: None

Consultants or honoraria: None

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Author - Mark A. Warner, M.D.

Grants or research support: None

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Dr. Bailey has no grants, research support, or consultant positions, nor does he receive any honoraria from outside sources, which may create conflicts of interest concerning this CME program.

CME Article Questions

Based on the article by Lee *et al.* entitled "The American Society of Anesthesiologists Postoperative Visual Loss Registry: Analysis of 93 spine surgery cases with postoperative visual loss" and its accompanying editorial by Warner entitled "Postoperative visual loss: Experts, data, and practice" in the October issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. Which of the following statements concerning postoperative visual loss (POVL) is *most* likely true?
 - A. POVL is most often associated with direct trauma to the eye.
 - B. The incidence of POVL is consistently greater than 5% after major spine surgery.
 - C. Ischemic optic neuropathy is the most common cause of POVL.
 - D. Central retinal artery occlusion is the most common cause of POVL.
2. Which of the following statements concerning the diagnosis of POVL is *most* likely true?
 - A. An exaggerated pupillary light reflex suggests a diagnosis of central retinal artery occlusion.
 - B. An exaggerated pupillary light reflex suggests a diagnosis of anterior ischemic optic neuropathy.
 - C. A normal fundoscopic exam in the early postoperative period assures that POVL will not occur.
 - D. Fundoscopic detection of an edematous disc in the early postoperative period is consistent with a diagnosis of anterior ischemic optic neuropathy.

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3. Which of the following statements concerning factors associated with POVL in the American Society of Anesthesiologists (ASA) Postoperative Visual Loss Registry is *most* likely true?
 - A. Ischemic optic neuropathy occurred more frequently in females.
 - B. Greater than 40% of the patients who experienced POVL carried a diagnosis of hypertension.
 - C. The majority of patients who experienced ischemic optic neuropathy had severe systemic problems (*i.e.*, ASA physical status III).
 - D. Glaucoma was present in 25% of the patients who experienced POVL.
4. Which of the following statements concerning surgery in patients in the ASA Postoperative Visual Loss Registry is *most* likely true?
 - A. The majority of the spine surgery cases involved fusion and/or instrumentation affecting at least three levels.
 - B. Approximately one third of the patients were supine during surgery.
 - C. Use of the Jackson frame prevented POVL.
 - D. Failure to document eye checks was noted in all POVL cases.
5. Which of the following statements concerning the anesthetic management of patients in the ASA Postoperative Visual Loss Registry is *most* likely true?
 - A. Systemic hypotension (systolic blood pressure <80 mmHg) was documented in more than 90% of cases.
 - B. Intravenous anesthesia was identified as a risk factor for POVL.
 - C. Anemia (hematocrit <25%) occurred in more than 90% of patients.
 - D. POVL was found with all the commonly used inhaled anesthetics.
6. Which of the following statements concerning the ophthalmologic findings in patients in the ASA Postoperative Visual Loss Registry is *most* likely true?
 - A. POVL usually involved just one eye.
 - B. Affected patients did not open their eyes postoperatively.
 - C. Recovery of vision was most often clinically insignificant.
 - D. Anterior ischemic optic neuropathy was the most common diagnosis.

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If you have any questions regarding the ANESTHESIOLOGY continuing medical education program, please contact Ellen M. Bateman, Ed.D., Education Specialist, at (847) 825-5586 or via e-mail at e.bateman@asahq.org.

CME ERRATUM

The American Society of Anesthesiologists has withdrawn Question #1 from the August 2006 Journal CME (ANESTHESIOLOGY 2006;105:439–40). Editorial review of the article by Mauermann and Nemergut, entitled “The Anesthesiologist’s Role in the Prevention of Surgical Site Infections” (ANESTHESIOLOGY 2006;105:413–21), did not yield agreement with the answers provided as possible choices. Therefore, the question is eliminated. Subscribers to August 2006 Journal CME will be given credit based on the elimination of Question #1. One credit CME will be awarded for August 2006 Journal CME as modified to five questions.