This Month in Anesthesiology

Science, Medicine, and the Anesthesiologist

Infographics in Anesthesiology

Editorial

Prolonged Phrenic Nerve Blockade with Liposomal Bupivacaine

Limiting Oral Intake during Labor: Do We Have It Right?

Perioperative Medicine

Clinical Science

Evaluation of Diaphragmatic Function after Interscalene Block with Liposomal Bupivacaine: A Randomized Controlled Trial

Pregnancy and Labor Epidural Effects on Gastric Emptying: A Prospective Comparative Study

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Prophylactic Penehyclidine Inhalation for Prevention of Postoperative Pulmonary Complications in High-risk Patients: A Double-blind Randomized Trial

General Anesthesia versus Sedation, Both with Hemodynamic Control, during Intraarterial Treatment for Stroke: The GASS Randomized Trial

ON THE COVER: The lack of reliable data on gastric emptying of solid food during labor has led to discrepancies between current guidelines regarding fasting for solid food in the parturient. In this issue of Anesthesiology, Bouvet et al. test the hypothesis that the gastric emptying fraction of a light meal would be reduced in the parturients receiving epidural analgesia and with no labor analgesia compared to nonpregnant and pregnant women. In an accompanying editorial, Palmer and Jiang describe the evolution of oral intake guidelines in parturients and place the new findings in perspective. Cover Photo: iStock, Getty Images. Cover Illustration: A. Johnson, Vivo Visuals Studio.

- Bouvet et al.: Pregnancy and Labor Epidural Effects on Gastric Emptying: A Prospective Comparative Study, p. 542
- Palmer and Jiang: Limiting Oral Intake during Labor: Do We Have It Right? p. 528
Patient Sex and Postoperative Outcomes after Inpatient Intraabdominal Surgery: A Population-based Retrospective Cohort Study
J. W. He, L. Y. Sun, D. Wijeysundera, K. Vogt, P. M. Jones..................

Among 215,846 patients undergoing major inpatient abdominal surgery in Ontario, Canada, from 2009 to 2016, 24,712 women (21.9%) and 25,486 men (24.7%) experienced death, readmission, or major complications, all within 30 days. After adjusting for comorbidities, surgical details, and sociodemographic factors, patient sex was not associated with a statistically significant difference in the composite outcome of death, readmission, or major complications. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT

Anesthesia Considerations in Infective Endocarditis
H. Hermanns, S. Ebel, L. E. Terwindt, T. C. B. Mastenbroek, W. O. Bauer, T. W. van der Vaart, B. Preckel.................................

Infective endocarditis is a challenging disease, requiring multidisciplinary treatment. In this review article, the authors summarize current knowledge on infective endocarditis that is relevant for the anesthesiologist involved in the treatment of those patients. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT

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