

The Journal of the American Society of Anesthesiologists, Inc.

American Society of Critical Care Anesthesiologists

Society for Obstetric Anesthesia and Perinatology



CONTENTS

THIS MONTH IN ANESTHESIOLOGY **5A** Intubating LMA Compared in Obese and Lean Patients Positioning of Obese Patients May Influence Desaturation Safety Period Outcomes in 15 Cases of Severe Pulmonary Hypertension during Pregnancy Analysis of Operating Room Turnover Times Conducted EDITORIAL VIEWS Fast Fourier Transforms as Prophecy: Predicting Hypotension during Spinal Anesthesia 1079 Richard Smiley You (Still) Can't Disprove the Existence of Dragons 1081 Phillip E. Scuderi Postoperative Opioid Sparing to Hasten Recovery: What Are the Issues? 1083 Henrik Kehlet CLINICAL INVESTIGATIONS Heart Rate Variability Predicts Severe Hypotension after Spinal Anesthesia for Elective Cesarean Delivery 1086 Robert Hanss, Berthold Bein, Thomas Ledowski, Marlies Lehmkuhl, Henning Ohnesorge, Wiebke Scherkl, Markus Steinfath, Jens Scholz, and Peter H. Tonner The predictive value of heart rate variability was evaluated in patients scheduled to undergo elective cesarean delivery during spinal anesthesia. A retrospective model showed differences of heart rate variability depending on the hypotension after spinal anesthesia. In a prospective design, heart rate variability predicted hypotension after spinal anesthesia.

- Refers to This Month in Anesthesiology
- Refers to Editorial Views
- See Web Site enhancement
- CME Article



Prolongation of QTc Interval after Postoperative Nausea and Vomiting Treatment by Droperidol or Ondansetron

1094

Beny Charbit, Pierre Albaladejo, Christian Funck-Brentano, Mathieu Legrand, Emmanuel Samain, and Jean Marty

This study found significant QTc-interval prolongation after droperidol or ondansetron was administered to treat postoperative nausea and vomiting. This suggests a possible increased risk of cardiac arrhythmia for both drugs, even at low doses.

◆ Effect of Low-dose Droperidol on the QT Interval during and after General Anesthesia: A Placebo-controlled Study

1101

Paul F. White, Dajun Song, Joao Abrao, Kevin W. Klein, and Bryan Navarette

The effect of "antiemetic" doses of droperidol on the QTc interval was evaluated in a randomized, double-blind, placebo-controlled study. Intravenous droperidol, 0.625–1.25 mg, administered during general anesthesia, was associated with a transient 7–11% prolongation in the heart rate-corrected QT interval. Maximum QTc prolongation occurred at 3–6 min after intravenous injection of the antiemetic drug. However, the changes in QTc did not differ significantly from those seen in patients given saline. Although QTc prolongation was observed in the early postoperative period, it was similar in patients who did or did not receive droperidol.

♦ Intubating Laryngeal Mask Airway in Morbidly Obese and Lean Patients: A Comparative Study

1106

Xavier Combes, Stéphane Sauvat, Bertrand Leroux, Marc Dumerat, Emanuel Sherrer, Cyrus Motamed, Archie Brain, and Gilles D'Honneur

The authors demonstrated that airway management with the intubating laryngeal mask airway was of better quality in obese patients as compared with lean patients.

 Preoxygenation Is More Effective in the 25° Head-up Position Than in the Supine Position in Severely Obese Patients: A Randomized Controlled Study

1110

Benjamin J. Dixon, John B. Dixon, Jennifer R. Carden, Anthony J. Burn, Linda M. Schachter, Julie M. Playfair, Cheryl P. Laurie, and Paul E. O'Brien

Preoxygenation of severely obese subjects in the 25° head-up position achieves higher oxygen tensions, allowing a clinically significant increase in the desaturation safety period. This provides greater time for intubation and airway control.

Continued on page 13A

Development and Validation of a Perioperative Satisfaction Questionnaire

1116



Pascal Auquier, Nicolas Pernoud, Nicolas Bruder, Marie-Claude Simeoni, Jean-Pierre Auffray, Christian Colavolpe, Georges François, François Gouin, Jean-Claude Manelli, Claude Martin, Christophe Sapin, and Jean-Louis Blache

This article describes the development, psychometric validation, and clinical contributions of a perioperative satisfaction questionnaire.

Pharmacokinetics and Pharmacodynamics of Mivacurium in Patients Phenotypically Homozygous for the Atypical Plasma Cholinesterase Variant: Effect of Injection of Human Cholinesterase

1124

Doris Østergaard, Jørgen Viby-Mogensen, Søren N. Rasmussen, Mona R. Gätke, and France Varin

Patients phenotypically homozygous for the atypical plasma cholinesterase gene have a reduced clearance and prolonged elimination of mivacurium and hence a prolonged duration of action. Administration of human plasma cholinesterase increases clearance and elimination of mivacurium and hence decreases the duration of action of mivacurium.

Severe Pulmonary Hypertension during Pregnancy: Mode of Delivery and Anesthetic Management of 15 Consecutive Cases

1133

Martine Bonnin, Frédéric J. Mercier, Olivier Sitbon, Sandrine Roger-Christoph, Xavier Jaïs, Marc Humbert, François Audibert, René Frydman, Gérald Simonneau, and Dan Benhamou

Fifteen pregnancies in 14 women with severe pulmonary hypertension of various etiologies were managed during the past 10 yr. Two patients died before delivery, and three patients died during the postpartum period. Therefore, despite the most modern management efforts, pregnancy is still associated with a high risk of mortality (36%) in these patients.

Effect of Nicotine Replacement Therapy on Stress and Smoking Behavior in Surgical Patients

1138

David O. Warner, Christi A. Patten, Steven C. Ames, Kenneth P. Offord, and Darrell R. Schroeder

Perioperative nicotine replacement therapy in smokers undergoing elective surgery does not affect symptoms of nicotine withdrawal or perceived stress. However, nicotine replacement therapy does modify some aspects of postoperative smoking behavior, especially in patients with shorter hospital stays.

Continued on page 14A





LABORATORY INVESTIGATIONS

Volatile Anesthetics Induce Caspase-dependent, Mitochondria-mediated Apoptosis in Human T Lymphocytes *In Vitro*

1147

Torsten Loop, David Dovi-Akue, Michael Frick, Martin Roesslein, Lotti Egger, Matjaz Humar, Alexander Hoetzel, Rene Schmidt, Christoph Borner, Heike L. Pahl, Klaus K. Geiger, and Benedikt H. J. Pannen

Sevoflurane and isoflurane induce apoptosis in T lymphocytes *via* increased mitochondrial membrane permeability and caspase-3 activation but independently of death receptor signaling.

Effect of Sleep Deprivation on Righting Reflex in the Rat Is Partially Reversed by Administration of Adenosine A1 and A2 Receptor Antagonists

1158

Avery Tung, Stacy Herrera, Martin J. Szafran, Kristen Kasza, and Wallace B. Mendelson

Sleep deprivation accelerates isoflurane-induced loss of righting reflex in rats. The authors hypothesized that this effect results from adenosine accumulation during prolonged sleep loss. They found that blockade of either adenosine A1 or A2a receptors partially reversed the sleep deprivation effect. Simultaneous blockade of both receptors had an additive effect.

Droperidol Inhibits Intracellular Ca²⁺, Myofilament Ca²⁺ Sensitivity, and Contraction in Rat Ventricular Myocytes

1165

Toshiya Shiga, Sandro Yong, Joseph Carino, Paul A. Murray, and Derek S. Damron

Therapeutic concentrations of droperidol have a direct negative inotropic effect on cardiomyocyte contraction mediated by a decrease in the availability of intracellular Ca²⁺ and by a decrease in myofilament Ca²⁺ sensitivity in adult rat ventricular myocytes. Droperidol has no effect on action potential duration.

Involvement of Adenosine in the Antiinflammatory Action of Ketamine

1174

Julia Mazar, Boris Rogachev, Gad Shaked, Nadav Y. Ziv, David Czeiger, Cidio Chaimovitz, Moshe Zlotnik, Igor Mukmenev, Gerardo Byk, and Amos Douvdevani

In a mouse model, ketamine markedly reduced the mortality from sepsis. Ketamine administration was associated with a surge at 20-35 min of adenosine in serum and peritoneal fluid. An adenosine A2A receptor agonist mimicked the antiinflammatory effect of ketamine, whereas A2A receptor antagonists blocked its effects and reversed the beneficial effect of ketamine on survival from bacterial sepsis.

Continued on page 16A



Opposing Effects of Isoflurane and Sevoflurane on Neurogenic Pulmonary Edema Development in an Animal Model

1182

Nobuhisa Kandatsu, Yong-Shan Nan, Guo-Gang Feng, Kimitoshi Nishiwaki, Mitsuru Hirokawa, Kiyonori Ishikawa, Toru Komatsu, Takashi Yokochi, Yasuhiro Shimada, and Naohisa Ishikawa

Isoflurane enhanced the incidence of neurogenic pulmonary edema, possibly by increasing the expression of vascular endothelial growth factor, in contrast to sevoflurane, which protected against it.

Ketamine Preconditions Isolated Human Right Atrial Myocardium: Roles of Adenosine Triphosphate-sensitive Potassium Channels and Adrenoceptors

1190

Jean-Luc Hanouz, Lan Zhu, Emmanuel Persehaye, Massimo Massetti, Gerard Babatasi, André Khayat, Pierre Ducouret, Benoit Plaud, and Jean-Louis Gérard

Ketamine preconditions isolated human myocardium through adenosine triphosphate-sensitive potassium channels and stimulation of adrenoceptors.

PAIN AND REGIONAL ANESTHESIA

Effect of Postoperative Epidural Analgesia on Rehabilitation and Pain after Hip Fracture Surgery: A Randomized, Double-blind, Placebo-controlled Trial

1197

Nicolai Bang Foss, Morten Tange Kristensen, Billy Bjarne Kristensen, Pia Søe Jensen, and Henrik Kehlet

Epidural analgesia reduced pain as an inhibiting factor in hip fracture rehabilitation, although it did not improve rehabilitation outcome. Motor blockade was not an inhibiting factor with epidural analgesia.

Epidural Administration of Neostigmine and Clonidine to Induce Labor Analgesia: Evaluation of Efficacy and Local Anesthetic-sparing Effect

1205

Fabienne Roelants, Patricia M. Lavand'homme, and Valérie Mercier-Fuzier

Epidural neostigmine, 750 μ g, with clonidine, 75 μ g, is an effective combination to induce selective labor analgesia without adverse effects. Further, clonidine use allows reduction of the subsequent needs for local anesthetic throughout the course of labor.

Continued on page 17A



Median Effective Dose (ED₅₀) of Nefopam and Ketoprofen in Postoperative Patients: A Study of Interaction Using Sequential Analysis and Isobolographic Analysis

1211

Noémie Delage, Hilal Maaliki, Hélène Beloeil, Dan Benhamou, and Jean-Xavier Mazoit

The combination of ketoprofen and nefopam was tested for postoperative pain control using the Dixon up-and-down technique followed by an isobolographic analysis. This combination showed marked synergy.

Painful Nerve Injury Decreases Resting Cytosolic Calcium Concentrations in Sensory Neurons of Rats

1217

Andreas Fuchs, Philipp Lirk, Cheryl Stucky, Stephen E. Abram, and Quinn H. Hogan

Peripheral nerve injury that produces hyperalgesia is accompanied by decreased resting concentrations of calcium in the somata of sensory neurons, especially in neurons with a presumed nonnociceptive modality.

Developmental Age Influences the Effect of Epidural Dexmedetomidine on Inflammatory Hyperalgesia in Rat Pups

1226

Suellen M. Walker, Richard F. Howard, Kevin A. Keay, and Maria Fitzgerald

The effect of epidural dexmedetomidine on sensory processing, reversal of inflammatory hyperalgesia, and sedation was tested in rat pups. The response to epidural dexmedetomidine is developmentally regulated, because lower doses are effective in early life. Selective reversal of hyperalgesia is achieved at all ages, but the therapeutic window is narrow in the youngest pups.

Effects of Remifentanil on *N*-methyl-D-aspartate Receptor: An Electrophysiologic Study in Rat Spinal Cord

1235

Emmanuel Guntz, Hélène Dumont, Céline Roussel, David Gall, François Dufrasne, Laetitia Cuvelier, David Blum, Serge N. Schiffmann, and Maurice Sosnowski

Ultiva® activates N-methyl-D-aspartate receptor in rat spinal cord, but this activation is related to the presence of glycine. Remifentanil hydrochloride does not activate N-methyl-D-aspartate receptor but potentiates its activity through an intracellular pathway triggered by activation of μ -opioid receptor.

ECONOMICS

Estimating the Incidence of Prolonged Turnover Times and Delays by Time of Day

1242

Franklin Dexter, Richard H. Epstein, Eric Marcon, and Johannes Ledolter

The authors developed and validated a statistical method to estimate what percentage of turnover times are prolonged and occur at specified times of the day.

Continued on page 18A





REVIEW ARTICLES

Effects of Nonsteroidal Antiinflammatory Drugs on Patient-controlled Analgesia Morphine Side Effects: Meta-analysis of Randomized Controlled Trials

Emmanuel Marret, Okba Kurdi, Paul Zufferey, and Francis Bonnet

A systematic review of 22 prospective, randomized, controlled trials demonstrated that the use of nonsteroidal antiinflammatory drugs in addition to patient-controlled analgesia morphine decreases the risk of postoperative nausea and vomiting and the risk of sedation but not the risk of pruritus, urinary retention, and respiratory depression. A regression analysis showed a

Endothelium-derived Hyperpolarizing Factor: A Cousin to Nitric Oxide and Prostacyclin

positive relation between morphine consumption and incidence of

1261

<u>Robert M. Bryan, Jr., Junping You, Elke M. Golding, and Sean P. Marrelli</u> Endothelium-derived hyperpolarizing factor is joining its cousins, nitric oxide and prostacyclin, to become recognized as an important regulator of blood flow.

CASE REPORTS

postoperative nausea and vomiting.

Air Embolism during Intraoperative Endoscopic Localization and Surgical Resection for Blue Rubber Bleb Nevus Syndrome

1279

Robert S. Holzman, Lisa Yoo, Victor L. Fox, and Steven J. Fishman

Remifentanil in the Intensive Care Unit: Tolerance and Acute Withdrawal Syndrome after Prolonged Sedation

1281

Bernard Delvaux, Yves Ryckwaert, Michel Van Boven, Marc De Kock, and Xavier Capdevila

CORRESPONDENCE

Intraneural Injection during Anterior Approach for Sciatic Nerve Block: What Have We Learned and Where to Go from Here?

1283

Stephan Blumenthal, Maud Lambert, and Alain Borgeat

In Reply Xavier Sala-Blanch, Jaume Pomés, Purificación Matute, Josep Valls-Solé, Anna Carrera, Xavier Tomás, and Anna I. García-Diez

1283

Management of Anaphylactic Shock

1284

Rajesh Mahajan and Rahul Gupta

In Reply Wolfram Schummer, Claudia Schummer, Jens Wippermann, and Juergen Fuchs

1285

Continued on page 21A



Bupivacaine Spinal Block Cauda Equina Syndrome: Why Did It Happen? Donald H. Lambert	1285
Why Do Orthopedic Patients Have a Higher Incidence of Serious Complications after Central Neuraxial Blockade? Axel R. Heller and Rainer J. Litz	1286
Learning from Incidents and Near-misses Reports Guy Haller and Paul S. Myles	1287
In Reply Vibeke Moen, Nils Dahlgren, and Lars Irestedt	1287
Stellate Ganglion Blockade for Acute Postoperative Upper Extremity Pain Clinton Z. Kakazu and Inderjeet Julka	1288
In Reply Scott S. Reuben	1289
Air Venting and In-line Intravenous Fluid Warming for Pediatrics Ramachandra R. Avula and Charles E. Smith	1290
Using the Bonfils Intubation Fiberscope with a Double- lumen Tracheal Tube Berthold Bein, Dorothee Caliebe, Thomas Römer, Jens Scholz, and Volker Dörges	1290
"Bayonet Artifact" during Ultrasound-guided Transarterial Axillary Block Andrew T. Gray and Ingeborg Schafhalter-Zoppoth	1291
REVIEWS OF EDUCATIONAL MATERIAL	1293
ANESTHESIOLOGY CME PROGRAM	1295
ACKNOWLEDGMENT	1297

Continued on page 22A



SUBJECT INDEX TO VOLUME 102 (online only)

E1

■ AUTHOR INDEX TO VOLUME 102 (online only)

E20

INSTRUCTIONS FOR AUTHORS

The most recently updated version of the Instructions for Authors is available at www.anesthesiology.org. Please refer to the Instructions for the preparation of any material for submission to Anesthesiology.

WEB SITE ANNOUNCEMENT

Full-text articles are now available on-line at www.anesthesiology.org

ANESAV is a code word ("coden") used by the Chemical Abstract Service to identify the journal.

Manuscripts submitted for consideration for publication must be submitted in electronic format. The preferred method is via the Journal's Web site (http://www.anesthesiology.org). Manuscripts may also be submitted via computer disk and mailed to the Editorial Office or via e-mail (anesthesiology@uiowa.edu). Detailed directions for submissions and the most recent version of the Instructions for Authors can be found on the Web site (http://www.anesthesiology.org). Books and educational materials should be mailed to David O. Warner, M.D., Department of Anesthesia, Mayo Clinic, 200 First Street SW, Rochester, MN 55905. Requests for permission to duplicate materials published in Anesthesiology@uiowa.edu). All articles accepted for publication are done so with the understanding that they are contributed exclusively to this Journal and become the property of the American Society of Anesthesiologists, Inc. Statements or opinions expressed in the Journal reflect the views of the author(s) and do not represent official policy of the American Society of Anesthesiologists unless so stated. Advertising and related correspondence should be addressed to Advertising Manager, Anesthesiology, Lippincott Williams & Wilkins, 530 Walnut Street, Philadelphia, Pennsylvania 19106 (Web site: http://www.lww.com/advertisingratecards/). Publication of an advertisement in Anesthesiology described therein or of any representations made by the advertiser with respect to the product or service.