www.anesthesiology.org

>	THIS MONTH IN ANESTHESIOLOGY	9A
•	EDITORIAL VIEWS	
	Excellence in Anesthesiology: The Role of Nontechnical Skills Ronnie J. Glavin	201
	Perioperative Glucose Control: What Is Enough? Brenda G. Fahy, Ann M. Sheehy, and Douglas B. Coursin	204
	Glycemic Control for Organs: A New Approach to a Controversial Topic Mark E. Nunnally and Michael F. O'Connor	207
	Time to Widen Our Horizons in Perioperative Medicine: A Plea in Favor of Using Patient-centered Outcomes Yves Auroy, Dan Benhamou, and René Amalberti	209
	Excessive Perioperative Bleeding: Are Fibrin Monomers and Factor XIII the Missing Link? Donat R. Spahn and Lars M. Asmis	212
	Noisy Mechanical Ventilation: Listen to the Melody David W. Shimabukuro and Michael A. Gropper	214
	Trauma and Acute Respiratory Distress Syndrome: Weighing the Risks and Benefits of Blood Transfusions Alexander B. Benson and Marc Moss	216
	SPECIAL ARTICLES	
₽	Practice Guidelines for the Prevention, Detection, and Management of Respiratory Depression Associated with Neuraxial Opioid Administration: An Updated Report by the American Society of Anesthesiologists Task Force on Neuraxial Opioids	218
	The American Society of Anesthesiologists Task Force on Neuraxial Opioids presents updated Practice Guidelines for the prevention, detection, and management of respiratory depression associated with neuraxial opioid administration. These Guidelines are intended to improve patient safety and enhance the quality of anesthetic care by reducing the incidence and severity of neuraxial opioid-related respiratory depression or hypoxemia. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	

Continued on page 12A

♦ Refers to This Month in Anesthesiology

See Supplemental Digital Content

Refers to Editorial Views

PERIOPERATIVE MEDICINE

Perioperative Acute Ischemic Stroke in Noncardiac and Nonvalincidence, Risk Factors, and Outcomes	
Brian T. Bateman, H. Christian Schumacher, Shuang Wang, Shahzad Shaefi, and	Mitchell F. Berman
This study examines the epidemiology of perioperative acute ischemic strosurgeries—hemicolectomy, total hip replacement, and lobectomy/segmenta yr and older who underwent any of the surgical procedures listed above w Nationwide Inpatient for years 2000 to 2004. Multivariate logistic regression independent predictors of perioperative AIS. For patients older than 65, AIS hemicolectomy, 0.3% for hip replacement, and 0.8% for pulmonary resection important source of morbidity and mortality associated with noncardiac, no particularly in elderly patients. SUPPLEMENTAL DIGITAL CONTENT IS AVAI	I lung resection. Patients 18 ere extracted from the n was performed to identify 8 rose to 1.0% for on. Perioperative AIS is an onvascular surgery,
Factor XIII Substitution in Surgical Cancer Patients at High Ri	sk for
Intraoperative Bleeding Wolfgang C. Korte, Christine Szadkowski, Anita Gähler, Konrad Gabi, Edward Kov Priska Degiacomi, Norbert Zoller, Jan Devay, Jochen Lange, and Thomas Schnide	
Early use of factor XIII in patients at high risk for intraoperative bleeding reduction of loss of clot firmness, reduction of fibrinogen consumption, and	
Perioperative Ischemic Optic Neuropathy: A Case Control And Surgical Procedures at a Single Institution Sarah E. Holy, Jonathan H. Tsai, Russell K. McAllister, and Kyle H. Smith	alysis of 126,666
Ischemic optic neuropathy is the most common cause of perioperative vision performed a retrospective case-control study to determine the incidence of perioperative ischemic optic neuropathy associated with nonophthalmological DIGITAL CONTENT IS AVAILABLE IN THE TEXT	and the risk factors for
Neurocognitive Performance in Hypertensive Patients after Sp Gene T. Yocum, John G. Gaudet, Lauren A. Teverbaugh, Donald O. Quest, Paul C E. Sander Connolly, Jr., and Eric J. Heyer	
Postoperative cognitive dysfunction is a common occurrence in elderly patthat there may be an association between intraoperative minimum mean ar postoperative cognition in older hypertensive patients undergoing spine sur	terial pressure and
Prospective Clinical and Fiberoptic Evaluation of the Supremo	e Laryngeal
Mask Airway™ Arnd Timmermann, Stefan Cremer, Christoph Eich, Stephan Kazmaier, Anselm Brand Sebastian G. Russo	äuer, Bernhard M. Graf,
This prospective clinical evaluation of the LMA Supreme TM showed easy ins (as assessed by fiberoptic view), oropharyngeal leak pressures comparable LMA ProSeal TM , and low airway morbidity.	
High Body Mass Index Is a Weak Predictor for Difficult and F Intubation: A Cohort Study of 91,332 Consecutive Patients Sch Laryngoscopy Registered in the Danish Anesthesia Database Lars H. Lundstrøm, Ann M. Møller, Charlotte Rosenstock, Grethe Astrup, and Jørn	neduled for Direct
High body mass index is a weak predictor of difficult and failed tracheal in appropriate than weight in multivariate models of prediction of difficult int	

Continued on page 14A

Effects of Intraoperative Reading on Vigilance and Workload during An Care in an Academic Medical Center Jason M. Slagle and Matthew B. Weinger	esthesia 275
Intraoperative reading typically occurs during periods of low workload and does not ap adversely affect the response latency to an alarm light.	pear to
Reversal of Rocuronium-induced Neuromuscular Blockade with Sugama Pediatric and Adult Surgical Patients Benoît Plaud, Olli Meretoja, Rainer Hofmockel, Julien Raft, Peter A. Stoddart, Jacqueline H. M. Yvonne Hermens, and Rajinder K. Mirakhur	284
Sugammadex effectively reverses rocuronium-induced neuromuscular blockade in both pediatric patients.	adults and
Propofol and Midazolam Inhibit Conscious Memory Processes Very Soo Encoding: An Event-related Potential Study of Familiarity and Recollecti in Volunteers	
Robert A. Veselis, Kane O. Pryor, Ruth A. Reinsel, Yuelin Li, Meghana Mehta, and Ray Johnson	, Jr.
Event-related potentials can distinguish brain processes underlying similar behavioral im Low doses of propofol and midazolam inhibited processes supporting recognition of picafter encoding in somewhat different ways.	
Increased Volatile Anesthetic Requirement in Short-sleeping Drosophila Bernd Weber, Christian Schaper, Daniel Bushey, Marko Rohlfs, Markus Steinfath, Giulio Tononi Jens Scholz, and Berthold Bein	
The authors show that the severity of the short-sleeping <i>Drosophila</i> phenotype correlat increase in anesthetic requirement among the different <i>Drosophila</i> mutants, thereby lin anesthesia on a molecular level.	
Role of Heat Shock Protein 90 and Endothelial Nitric Oxide Synthase du Anesthetic and Ischemic Preconditioning Julien Amour, Anna K. Brzezinska, Dorothee Weihrauch, Amie R. Billstrom, Jacek Zielonka, John G. Krolikowski, Martin W. Bienengraeber, David C. Warltier, Philip F. Pratt, Jr., and Judy F.	317
Heat shock protein 90 and its binding partners, such as endothelial nitric oxide synthase, plin nitric oxide-mediated signaling during anesthetic and ischemic preconditioning of myoca	
Behavior and Cellular Evidence for Propofol-induced Hypnosis Involving Glycine Receptors Hai T. Nguyen, Ke-yong Li, Ralph L. daGraca, Ellise Delphin, Ming Xiong, and Jiang H. Ye	ng Brain 326
Strychnine, the glycine receptor antagonist, dose-dependently reduced propofol-induced righting reflex in rats and propofol-induced current of rat hypothalamic neurons. These that neuronal glycine receptors partially contribute to propofol-induced hypnosis.	
CRITICAL CARE MEDICINE	
Predictors Associated with Terminal Renal Function in Deceased Organ the Intensive Care Unit	Donors in
Annabel Blasi-Ibanez, Ryutaro Hirose, John Feiner, Chris Freise, Peter G. Stock, John P. Rober Claus U. Niemann	
Hyperglycemia is prevalent in organ donors and may contribute to decline in renal functions organ recovery. Implementation of improved glucose monitoring and control is desirable	tion before e.

Continued on page 16A

•	Effects of Different Levels of Pressure Support Variability in Experimental Lung Injury Peter M. Spieth, Alysson R. Carvalho, Andreas Güldner, Paolo Pelosi, Oleg Kirichuk, Thea Koch, and Marcelo Gama de Abreu	
	The authors demonstrated that gas exchange and lung mechanics respond differently to diverse levels of pressure support variability and that a variability level of 30% yields the best compromise between gas exchange and respiratory system mechanics.	
•	Early Packed Red Blood Cell Transfusion and Acute Respiratory Distress Syndrome after Trauma Onuma Chaiwat, John D. Lang, Monica S. Vavilala, Jin Wang, Ellen J. MacKenzie, Gregory J. Jurkovich, and Frederick P. Rivara	351
	Early packed red blood cell transfusion is an independent predictor of acute respiratory distress syndrome in adult trauma patients, and each additional unit of packed red cell transfused conferred a 6% higher risk.	
	Activation of Sensory Neurons Reduces Ischemia/Reperfusion-induced Acute Renal Injury in Rats	361
	Akio Mizutani, Kenji Okajima, Kazunori Murakami, Sachiko Mizutani, Kyosuke Kudo, Tetsuya Uchino, Yuji Kadoi, and Takayuki Noguchi	
	Sensory neurons play a critical role in reducing ischemia/reperfusion-induced acute renal injury in rats by attenuating leukocyte activation through promotion of endothelial production of prostaglandin $\rm I_2$.	
	Critical Closing Pressure as the Arterial Downstream Pressure with the Heart Beating and during Circulatory Arrest Eva Kottenberg-Assenmacher, Ivan Aleksic, Mareike Eckholt, Nils Lehmann, and Jürgen Peters	370
	Arterial critical closing pressure during arrest is predictable after ≥ 7 s, but is lower than calculated with the heart beating. Irrespective of the "true" critical closing pressure prevailing physiologically, it should be considered the arterial downstream pressure.	
	PAIN MEDICINE	
	Binding of Long-lasting Local Anesthetics to Lipid Emulsions Jean-Xavier Mazoit, Régine Le Guen, Hélène Beloeil, and Dan Benhamou	380
	Bupivacaine or ropivacaine binding to lipid emulsions is important: 100 ml of a 20%-Intralipid emulsion has the same capacity as the amount of albumin contained in 7-12 l of serum. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
	Thiamine Suppresses Thermal Hyperalgesia, Inhibits Hyperexcitability, and Lessens Alterations of Sodium Currents in Injured, Dorsal Root Ganglion Neurons in Rats Xue-Song Song, Zhi-Jiang Huang, and Xue-Jun Song	387
	This study demonstrates new effects of thiamine on hyperexcitability and Na ⁺ currents in dorsal root ganglion neurons that have been altered by injury, and implicates novel mechanisms contributing to the analgesic effects of thiamine on neuropathic pain.	
	α-1-Adrenergic Receptor Agonist Activity of Clinical α-Adrenergic Receptor Agonists Interferes with α-2-Mediated Analgesia Daniel W. Gil, Cynthia V. Cheevers, Karen M. Kedzie, Cynthia A. Manlapaz, Sandhya Rao, Elaine Tang, and John E. Donello	401
	α -1 receptor agonist activity interferes with α -2 receptor-mediated analgesia. Greater α -2 selectivity may enhance the therapeutic window of α -2 agonists in the treatment of pain.	

Continued on page 20A

REVIEW ARTICLES ♦ Perioperative Glycemic Control: An Evidence-based Review 408 Angela K. M. Lipshutz and Michael A. Gropper Hyperglycemia in the perioperative period is associated with increased morbidity and mortality. Intensive insulin therapy has been shown to reduce morbidity and mortality in this period, but is associated with severe hypoglycemia and adverse events. CLASSIC PAPERS REVISITED Glutamate, Microdialysis, and Cerebral Ischemia: Lost in Translation? 422 Helene Benveniste This article is a revisiting of original material published as: Benveniste H, Drejer J, Schousboe A, Diemer NH: Elevation of the extracellular concentrations of glutamate and aspartate in rat hippocampus during transient cerebral ischemia monitored by intracerebral microdialysis. J Neurochem 1984; 43:1369-74. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT CASE REPORTS Use of Extracorporeal Membrane Oxygenation during Resection of Tracheal 427 **Papillomatosis** Ian J. Smith, David A. Sidebotham, Alastair D. McGeorge, Edwin B. Dorman, Margaret L. Wilsher, and John Kolbe CORRESPONDENCE **Residual Confounding in Observational Studies** 430 Kwok Ming Ho In Reply Jean-Luc Fellahi and Jean-Jacques Parienti Difficult Tracheal Intubation and a Low Hyoid 431 Keith B. Greenland In Reply Shiroh Isono and Satoru Tsuiki Nasal Ventilation Is More Effective than Combined Oral-Nasal Ventilation during 432 **Induction of General Anesthesia in Adult Subjects** Seyed Mohammad Haghshenas In Reply Yandong Jiang and Robert M. Kacmarek Appropriate Endotracheal Tube Placement in Children: Don't Throw Away Your **Stethoscopes Yet!** 433 Edward R. Mariano, Chandra Ramamoorthy, and Gregory B. Hammer In Reply Agnes I. Hunyady, Benjamin Pieters, and Christer Jonmarker Increasing Operating Room Throughput via Parallel Processing May Not Require 435 **Extra Resources** Maureen Harders, Mark A. Malangoni, Steven Weight, Tejbir Sidhu, Dan C. Krupka, and Warren S. Sandberg In Reply Amr Abouleish

Continued on page 23A

Innovative Thinking in the Care of Cardiac Surgical Patients George Silvay and Brigid C. Flynn In Reply Joerg Ender, Friedrich W. Mohr, and Jens Fassl ANESTHESIOLOGY REFLECTIONS Waterton Riding the Cayman George S. Bause Ettmüller's Classic on Intravenous Therapy George S. Bause Robinson Improved Induction Coil and Battery for Chloroform Overdose George S. Bause

REVIEWS OF EDUCATIONAL MATERIAL

439

ANNOUNCEMENTS

Beta-Eucaine Bottle

George S. Bause

441

437

386

AWARDSCLASSIFIED ADS

A28

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.

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). 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 Mark A. Warner, M.D., Department of Anesthesia, Mayo Clinic, 200 First Street SW, Rochester, MN 55905. Requests for permission to duplicate materials published in Anesthesiology.org) and submitted in electronic format, to the Editorial Office (editorial-office@anesthesiology.org). 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 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 does not constitute endorsement by the Society or Lippincott Williams & Wilkins, Inc. of the product or service described therein or of any representations made by the advertiser with respect to the product or service.