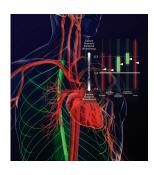
# ANESTHESIOLOGY





#### ON THE COVER:

Thoracic epidural analgesia provides some benefits in the acute postoperative period, but whether these outweigh the risks of epidural hematoma are uncertain:

- Royse: Epidurals for Cardiac Surgery: Can We Substantially Reduce Surgical Morbidity or Should We Focus on Quality of Recovery?, pp. 232
- Svircevic et al.: Thoracic Epidural Anesthesia for Cardiac Surgery: A Randomized Trial, pp. 262
- Svircevic et al.: Meta-analysis of Thoracic Epidural Anesthesia versus General Anesthesia for Cardiac Surgery, pp. 271
- Caputo et al.: Thoracic Epidural Anesthesia Improves Early Outcomes in Patients Undergoing Off-pump Coronary Artery Bypass Surgery: A Prospective, Randomized, Controlled Trial, pp. 380

### THIS MONTH IN ANESTHESIOLOGY 9A **EDITORIAL VIEWS** Don't Stop Believing: Be Sure to Read Page 2 231 J. Lance Lichtor and Alan Jay Schwartz Epidurals for Cardiac Surgery: Can We Substantially Reduce Surgical Morbidity or Should We Focus on Quality of Recovery? 232 Colin Royse More on Transfusion and Adverse Outcome: It's Time to Change 234 Donat R. Spahn, Aryeh Shander, Axel Hofmann, and Mitchell F. Berman Midazolam Impairs Immune Functions: It's Time to Take Care of Dendritic Cells 237 Antoine Roquilly, Régis Josien, and Karim Asehnoune Targeting Hypoxia-induced Inflammation 239 Holger K. Eltzschig Pain Medicine: Repairing a Fractured Dream 243 Jane C. Ballantyne SPECIAL ARTICLES Practice Advisory for the Perioperative Management of Patients with Cardiac Implantable Electronic Devices: Pacemakers and Implantable Cardioverter-Defibrillators—An Updated Report by the American Society of Anesthesiologists Task Force on Perioperative Management of Patients with Cardiac Implantable Electronic Devices 247 The American Society of Anesthesiologists Task Force on Perioperative Management of Patients with Cardiac

Implantable Electronic Devices presents a Practice Advisory for the Perioperative Management of Patients with Cardiac Implantable Electronic Devices: Pacemakers and Implantable Cardioverter-Defibrillators. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT

Refers to This Month in Anesthesiology

Refers to Editorial Views

See Supplemental Digital Content

CME Article

	PERIOPERATIVE MEDICINE	
•	Thoracic Epidural Anesthesia for Cardiac Surgery: A Randomized Trial Vesna Svircevic, Arno P. Nierich, Karel G. M. Moons, Jan C. Diephuis, Jacob J. Ennema, George J. Brandon Bravo Bruinsma, Cor J. Kalkman, and Diederik van Dijk	262
	A randomized controlled trial in 654 cardiac surgical patients failed to demonstrate a beneficial effect of thoracic epidural anesthesia on the rate of major complications.	
•	Meta-analysis of Thoracic Epidural Anesthesia <i>versus</i> General Anesthesia for Cardiac Surgery  Vesna Svircevic, Diederik van Dijk, Arno P. Nierich, Martijn P. Passier, Cor J. Kalkman, Geert J.M.G. van der Heijden, and Leon Bax	<b>27</b> 1
	This meta-analysis showed that the use of thoracic epidural anesthesia in cardiac surgery patients reduces postoperative supraventricular arrhythmias and respiratory complications. These benefits have to be weighed against potential side effects of thoracic epidural anesthesia.	
>◆	Association between Intraoperative Blood Transfusion and Mortality and Morbidity in Patients Undergoing Noncardiac Surgery  Laurent G. Glance, Andrew W. Dick, Dana B. Mukamel, Fergal J. Fleming,  Raymond A. Zollo, Richard Wissler, Rabih Salloum, U. Wayne Meredith, and Turner M. Osler	283
	The impact of intraoperative erythrocyte transfusion on outcomes of anemic patients undergoing noncardiac surgery has not been well characterized. This study examined the association between blood transfusion and mortality and morbidity in patients with severe anemia (hematocrit less than 30%) who were administered one or two units of erythrocytes intraoperatively. A retrospective analysis of the association of blood transfusion and 30-day mortality and 30-day morbidity in 10,100 patients undergoing general, vascular, or orthopedic surgery was undertaken. Intraoperative blood transfusion was associated with an increased risk of death (odds ratio, 1.29; 95% confidence interval, 1.03 to 1.62) and complications compared with patients not receiving an intraoperative transfusion. It is not known whether this association is due to the adverse effects of blood transfusion or is the result of increased blood loss in patients receiving blood.	
	Lipid Emulsion Reverses Levobupivacaine-induced Responses in Isolated Rat Aortic Vessels Seong-Ho Ok, Ju-Tae Sohn, Ji-Seok Baik, Jae-Gak Kim, Sang-Seung Park, Hui-Jin Sung, Mi-Kyung Shin, Yong-Hyun Kwon, Chang-Shin Park, II-Woo Shin, Heon-Keun Lee, and Young-Kyun Chung	293
	Lipid emulsion reverses vasodilation caused by high-dose levobupivacaine mainly through the attenuation of levobupivacaine-mediated inhibition of L-type calcium channel-dependent contraction and, partly, by inhibiting levobupivacaine-induced nitric oxide release.	
	State-specific Effects of Sevoflurane Anesthesia on Sleep Homeostasis: Selective Recovery of Slow Wave but Not Rapid Eye Movement Sleep  Dinesh Pal, William J. Lipinski, Amanda J. Walker, Ashley M. Turner, and George A. Mashour	302
	This study demonstrates that, unlike propofol, sevoflurane affects slow wave sleep homeostasis without altering rapid eye movement sleep homeostasis, suggesting that sleep–anesthesia interfaces are agent and state specific.	
$\Diamond$	Perioperative Nerve Injury after Total Knee Arthroplasty: Regional Anesthesia Risk during a 20-Year Cohort Study  Adam K. Jacob, Carlos B. Mantilla, Hans P. Sviggum, Darrell R. Schroeder,  Mark W. Pagnano, and James R. Hebl	311
	The overall incidence of perioperative nerve injury after total knee arthroplasty is reported at 0.79% in this single-center cohort study. The use of neuraxial anesthesia or peripheral nerve blockade did not increase the risk for perioperative	

	Efficacy, Safety, and Pharmacokinetics of Sugammadex for the Reversal of Rocuronium-induced Neuromuscular Blockade in Elderly Patients David L. McDonagh, Patrick E. Benedict, Anthony L. Kovac, David R. Drover, Neil W. Brister, Jovino B. Morte, and Terri G. Monk	318
	Sugammadex facilitates rapid recovery from rocuronium-induced neuromuscular blockade and is well tolerated in all age groups, although a slower rate of recovery is seen in elderly patients compared with younger adults.	
$\Diamond$	Combination of EuroSCORE and Cardiac Troponin I Improves the Prediction of Adverse Outcome after Cardiac Surgery  Jean-Luc Fellahi, Yannick Le Manach, Georges Daccache, Bruno Riou, Jean-Louis Gérard, and Jean-Luc Hanouz	330
	Simultaneous use of reclassification tables and receiver operating characteristic curves suggest that the combination of The European System for Cardiac Operative Risk Evaluation and postoperative cardiac troponin I provides an effective model that improves early identification of high-risk patients after cardiac surgery.	
	Neuroprotective Effect of Orexin-A Is Mediated by an Increase of Hypoxia-inducible Factor-1 Activity in Rat	340
	Li-bang Yuan, Hai-long Dong, Hao-Peng Zhang, Rui-ni Zhao, Gu Gong, Xiao-mei Chen, Li-na Zhang, and Lize Xiong	
	Orexin A can induce neuroprotective effects on transient cerebral ischemia in rats. The neuroprotection of exogenous orexin A is mediated by hypoxia-inducible factor- $1\alpha$ activation and von Hippel-Lindau inhibition.	
	CRITICAL CARE MEDICINE	
•	Midazolam Suppresses Maturation of Murine Dendritic Cells and Priming of Lipopolysaccharide-induced T Helper 1-type Immune Response Noriyuki Ohta, Yoshifumi Ohashi, Chihiro Takayama, Takashi Mashimo, and Yuji Fujino	355
	Midazolam suppresses the maturation of bone marrow–derived dendritic cells and inhibits the elicitation of lipopolysaccharide-induced T helper 1–type immune response. This process suggests that peripheral benzodiazepine receptors mediate the suppressive effects of midazolam on dendritic cells.	
•	Isoflurane Activates Intestinal Sphingosine Kinase to Protect against Renal Ischemia–Reperfusion-induced Liver and Intestine Injury  Minjae Kim, Sang Won Park, Mihwa Kim, Vivette D. D'Agati, and H. Thomas Lee	363
	Isoflurane protects against acute renal, hepatic, and intestinal dysfunction after renal ischemia–reperfusion injury <i>via</i> activation of sphingosine kinase 1/sphingosine-1-phosphate signaling in the small intestine.	
	Salvinorin A Produces Cerebrovasodilation through Activation of Nitric Oxide Synthase, $\kappa$ Receptor, and Adenosine Triphosphate–sensitive Potassium Channel Diansan Su, John Riley, Willis J. Kiessling, William M. Armstead, and Renyu Liu	374
	Salvinorin A produces cerebrovasodilation in normal vessels as well as those constricted <i>via</i> induced hypocarbia and	

	PAIN MEDICINE	
<b>◆</b> ⊕	Thoracic Epidural Anesthesia Improves Early Outcomes in Patients Undergoing Off-pump Coronary Artery Bypass Surgery: A Prospective, Randomized, Controlled Trial  Massimo Caputo, Hazaim Alwair, Chris A. Rogers, Katie Pike, Alan Cohen, Christopher Monk, Sally Tomkins, Ian Ryder, Cesare Moscariello, Vincenzo Lucchetti, and Gianni D. Angelini	380
	This randomized trial of 226 patients undergoing off-pump coronary artery bypass surgery demonstrated that adding thoracic epidural anesthesia to general anesthesia reduced the incidence of arrhythmias and improved pain control, allowing earlier extubation and discharge. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
<b>(4)</b>	Celecoxib Impairs Heart Development <i>via</i> Inhibiting Cyclooxygenase-2 Activity in Zebrafish Embryos  Dao-jie Xu, Ji-wen Bu, Shan-ye Gu, Yi-meng Xia, Jiu-lin Du, and Ying-wei Wang	391
	Celecoxib caused defects in the heart looping and valve development of zebrafish larvae. Heart defects were prevented by prostaglandin $\rm E_2$ and mimicked by the cyclooxygenase-2 inhibitor NS398, suggesting that such defects are the result of cyclooxygenase-2 inhibition. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
	S(+)-Ketamine Suppresses Desensitization of γ-Aminobutyric Acid Type B Receptor-mediated Signaling by Inhibition of the Interaction of γ-Aminobutyric Acid Type B Receptors with G Protein–coupled Receptor Kinase 4 or 5  Yuko Ando, Minoru Hojo, Masato Kanaide, Masafumi Takada, Yuka Sudo, Seiji Shiraishi, Koji Sumikawa, and Yasuhito Uezono	401
	$S(+)$ -Ketamine suppresses the desensitization of $\gamma$ -aminobutyric acid type B receptor-mediated signaling by inhibition of the protein complex formation of $\gamma$ -aminobutyric acid type B receptor subunit 2 with G protein–coupled receptor kinase 4 or 5.	
	Effect of Inhibition of Spinal Cord Glutamate Transporters on Inflammatory Pain Induced by Formalin and Complete Freund's Adjuvant  Myron Yaster, Xiaowei Guan, Ronald S. Petralia, Jeffery D. Rothstein, Wei Lu, and Yuan-Xiang Tao	412
	Spinal cord glutamate transporters clear synaptically released glutamate to maintain normal sensory transmission. This study shows that spinal cord glutamate transporter inhibition relieves inflammatory pain by activating inhibitory presynaptic group III metabotropic glutamate receptors.	
	EDUCATION	
CAS	SE SCENARIO Self-extraction of Intrathecal Pump Medication with a Concomitant Intrathecal Granulomatous Mass Bryan S. Williams, David Wong, and Sandeep Amin	<b>42</b> 4
<b>IM</b> A	AGES IN ANESTHESIOLOGY Possible Intravascular Caudal Injection Paul A. Stricker, Sanford Ginsberg, and Alan Jay Schwartz	431
AN]	ESTHESIA LITERATURE REVIEW	432
CLI	INICAL CONCEPTS AND COMMENTARY Glycemic Control in the Intensive Care Unit and during the Postoperative Period Diane Lena, Pierre Kalfon, Jean-Charles Preiser, and Carole Ichai	438
	Maintaining blood glucose levels less than 8.25 mM during surgery and in intensive care units improves the outcome of patients. However, tight glycemic control cannot be implemented regardless of the risk of hypoglycemia and the patient's condition.	

VIEW ARTICLE Preoperative Pain Sensitivity and Its Correlation with Postoperative Pain and Analgesic Consumption: A Qualitative Systematic Review	<b>4</b> 4
Amir Abrishami, Joshua Chan, Frances Chung, and Jean Wong	
This study is a systematic review of literature evaluating preoperative assessment of pain sensitivity and its correlation with postoperative pain intensity or analgesic consumption.	
ND TO MIND Transient Ischemic Attack Raymond C. Roy	4
Our Dad's Body Died Today Raymond C. Roy	4
Puzzle of Life Raymond C. Roy	4
CORRESPONDENCE	
Questioning Diuretic Use in Acute Negative-pressure Pulmonary Edema Bryan G. Maxwell and Frederick G. Mihm	40
Acute Postoperative Negative-pressure Pulmonary Edema M. Ramez Salem, Kenneth D. Candido, and Arjang Khorasni	
In Reply David J. Krodel and Matthias Eikermann	
Face Mask Ventilation Using a Lower Lip Face Mask Placement in Edentulous Patients Fu-Shan Xue, Jun Xiong, Yu-Jing Yuan, Qiang Wang, and Xu Liao	4
Another Way to Eliminate an Air Leak during Mask Ventilation in Edentulous Patients  Jonathan V. Roth	
In Reply Christophe Baillard and Stéphane X. Racine	
Why Do Similar Studies Conclude Differently When They Are Performed with Nearly the Same Protocol and the Same Skin Conductance Technology and on the Same Population of Patients? Hanne Storm	40
In Reply Eugene K. Choo, Carolyne J. Montgomery, and J. Mark Ansermino	
Supersized Suites Robert E. Johnstone	4
American Society of Anesthesiologists P5: "With or without" Definition?  Nicholas M. Thackray and Neville M. Gibbs	4

ANESTHESIOLOGY REFLECTIONS	
The Boston Anesthesia System George S. Bause	
Liebig on the 100 Reichsmark Banknote George S. Bause	
<i>The Barn</i> by Vandam George S. Bause	
Annie Oakley Guns Down "Cocaine Libel" George S. Bause	
REVIEWS OF EDUCATIONAL MATERIAL	
ERRATUM	
Development and Feasibility of a Scale to A	ssess Postoperative Recovery: The Post-
operative Quality Recovery Scale: Erratum	
ANNOUNCEMENTS	
AWARDS	
CLASSIFIED ADS	

#### 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.

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 sent to Michael J. Avram, Ph.D., Department of Anesthesiology, Northwestern University Feinberg School of Medicine, Ward Memorial Building, Room 13-199, 303 East Chicago Avenue, Chicago, IL 60611-3008. Requests for permission to duplicate materials published in Anesthesiology should be submitted in electronic format, to the Permissions Department (journalpermissions@lww.com). 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, Two Commerce Square, 2001 Market Street, Philadelphia, Pennsylvania 19103 (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.