# ANESTHESIOLOGY





#### ON THE COVER:

Differentiating drug-related and state-related changes on electroencephalography during anesthetic-induced unconsciousness has remained difficult. In this issue of ANESTHESIOLOGY, Scheinin *et al.* demonstrate that the electroencephalogram effects of dexmedetomidine and propofol are strongly drug- and state-dependent in 47 healthy participants. Changes in slowwave and alpha activity best detected different states of consciousness. Illustration by Sara Jarret, C.M.I.

 Scheinin et al.: Differentiating Drug-related and State-related Effects of Dexmedetomidine and Propofol on the Electroencephalogram, p. 22

◆ THIS MONTH IN ANESTHESIOLOGY	3A
■ SCIENCE, MEDICINE, AND THE ANESTHESIOLOGIST	15A
■ INFOGRAPHICS IN ANESTHESIOLOGY	19A
◆ EDITORIAL VIEWS	
Editor's Note: Anesthesiology 2018: Inspiring Investigation and Education E. D. Kharasch	1
Immunotherapy for Sepsis: A Good Idea or Another Dead End? W. L. Lee	5
Should We Stop for Growth Arrest-specific 6 in Acute Respiratory Distress Syndrome? JW. Lee and H. Kato	8
■ SPECIAL ARTICLE	
History of the Development of Anesthesia for the Dolphin: A Quest to Study a Brain as Large as Man's  J. G. McCormick and S. H. Ridgway	11
Motivation to anesthetize dolphins came from the fact that scientists wanted to study the brain of the dolphin, a brain as large as man's, as well as the electrophysiology of the dolphin's sophisticated auditory system and sonar.	

- ♦ Refers to This Month in Anesthesiology
- ◆ Refers to Editorial Views
- (ரீல்) This article has an Audio Podcast
- See Supplemental Digital Content

**CME** Article

This article has a Video Abstract

→ Part of the Letheon writing competition

This article has a Visual Abstract

PERIOPERATIVE MEDICINE

AVAILABLE IN THE TEXT

## **CLINICAL SCIENCE** ♦ ♦ Differentiating Drug-related and State-related Effects of Dexmedetomidine and Propofol on the Electroencephalogram 22 A. Scheinin, R. E. Kallionpää, D. Li, M. Kallioinen, K. Kaisti, J. Långsjö, A. Maksimow, T. Vahlberg, K. Valli, G. A. Mashour, A. Revonsuo, and H. Scheinin In humans rendered unresponsive with either propofol or dexmedetomidine, increased frontal alpha, increased slow-wave, and decreased beta activities were observed. Arousal in response to verbal or physical stimulation resulted in a reversion of the alpha and slow-wave activity, but not beta activity. The results suggest anesthetic effects on the electroencephalogram are a composite of the direct effect of the drugs on neuronal networks and the impact of the change in the state of consciousness itself. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT Supplemental Carbon Dioxide Stabilizes the Upper Airway in Volunteers Anesthetized with Propofol 37 K. J. Ruscic, J. Bøgh Stokholm, J. Patlak, H. Deng, J. C. P. Simons, T. Houle, J. Peters, and M. Eikermann Elevation of end-tidal carbon dioxide by inhalation of carbon dioxide dose-dependently stabilized the airway as evidenced by decrease of upper airway closing pressure under propofol anesthesia in 12 nonobese adult volunteers. Phasic genioglossus activity dose-dependently increased with supplemental carbon dioxide and was a significant effect modifier for stabilizing the upper airway. Cortical arousal from anesthesia appeared to partly contribute to upper airway stabilization in the light propofol anesthesia group. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT 🚇 🛇 Comparison of Anterior Suprascapular, Supraclavicular, and Interscalene Nerve Block Approaches for Major Outpatient Arthroscopic Shoulder Surgery: A Randomized, Double-blind, Noninferiority Trial 47 D. B. Auyong, N. A. Hanson, R. S. Joseph, B. E. Schmidt, A. E. Slee, and S. C. Yuan This study suggests that anterior suprascapular block provides noninferior analgesia compared to interscalene block, and better preserves vital capacity. While supraclavicular block was associated with some vital capacity preservation compared to interscalene block, the analgesia provided by supraclavicular block did not meet noninferiority criteria. • Auditory Icon Alarms Are More Accurately and Quickly Identified than Current Standard Melodic Alarms in a Simulated Clinical Setting 58 R. R. McNeer, D. B. Horn, C. L. Bennett, J. R. Edworthy, and R. Dudaryk In a simulated intensive care unit using primarily anesthesiology residents as test subjects, the ability to learn and identify standard and icon alarms was tested. In this setting, icon alarms were easier to learn and identify than standard alarms, while standard alarms were more likely to be perceived as having higher fatigue and task load. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT © Current Ventilator and Oxygen Management during General Anesthesia: A Multicenter, Cross-sectional Observational Study 67 S. Suzuki, Y. Mihara, Y. Hikasa, S. Okahara, T. Ishihara, A. Shintani, H. Morimatsu, on behalf of the Okayama Research Investigation Organizing Network (ORION) investigators In this multicenter, cross-sectional study of 1,498 patients at 43 hospitals, potentially preventable hyperoxemia and substantial oxygen exposure were common during general anesthesia, especially in patients receiving one-lung ventilation. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT 🚥 🔷 🕮 Impact of Intravenous Acetaminophen on Perioperative Opioid Utilization and Outcomes in Open Colectomies: A Claims Database Analysis 77 I. Wasserman, J. Poeran, N. Zubizarreta, J. Babby, S. Serban, A. T. Goldberg, A. J. Greenstein, S. G. Memtsoudis, M. Mazumdar, and A. B. Leibowitz A minority of open colectomy patients receive intravenous acetaminophen, which is mostly used as a single-dose administration on the day of surgery. A variety of intravenous acetaminophen dosing regimens were not observed to decrease opioid utilization to a clinically significant threshold. SUPPLEMENTAL DIGITAL CONTENT IS

	in Kids (MASK) Study	89
	D. O. Warner, M. J. Zaccariello, S. K. Katusic, D. R. Schroeder, A. C. Hanson, P. J. Schulte, S. L. Buenvenida, S. J. Gleich, R. T. Wilder, J. Sprung, D. Hu, R. G. Voigt, M. G. Paule, J. J. Chek and R. P. Flick	onis,
	This matched cohort study found that anesthesia exposure before age 3 yr was not associated with deficits in the primary outcome of general intelligence. Single exposures were not associated with deficits in other neuropsychological domains (assessed as secondary outcomes). However, multiple exposures were found to be associated with modest decreases in processing speed and fine motor coordination. Parents also reported that multiply exposed children have more difficulties with behavior and reading. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
BAS	IC SCIENCE	
	γ-Aminobutyric Acid Type A Receptor Potentiation Inhibits Learning in a Computational Network Model  K. P. Storer and G. N. Reeke	106
	In a computational model of the hippocampus, propofol reduced polychronous group size in a dose-dependent manner. By contrast, modulation of theta oscillations did not affect group size. The results suggest formation of polychronous groups of neurons is more sensitive to the effect of propofol on the balance between excitation and inhibition than on theta oscillations.	
	Noninvasive Tracking of Anesthesia Neurotoxicity in the Developing Rodent Brain R. Makaryus, H. Lee, J. Robinson, G. Enikolopov, and H. Benveniste	118
	With either a single or multiple exposure to sevoflurane, a reduction in N-acetyl-aspartate was observed; this reduction led to a deviation in the normal trajectory in the developing brain. Effects of multiple anesthesia exposures with sevoflurane were more pronounced than a single exposure on both N-acetyl-aspartate trajectory and animal behavior. The results suggest that N-acetyl-aspartate may serve as a biomarker of the impact of anesthetic agents on the developing brain; however, further validation of its utility is necessary.	
	CRITICAL CARE MEDICINE	
	IC SCIENCE	
<b>• •</b>	Early-phase Innate Immune Suppression in Murine Severe Sepsis Is Restored with	
	Systemic Interferon-β	131
	Y. Kusakabe, K. Uchida, Y. Yamamura, T. Hiruma, T. Totsu, Y. Tamai, H. Tsuyuzaki, K. Hasegawa, K. Chang, and Y. Yamada	
	In an established mouse model of sepsis (cecal ligation and perforation), severe <i>versus</i> mild sepsis was associated with increased mortality, less capacity of peritoneal inflammatory cells for phagocytosis, and decreased expression of focal and systemic cytokines and chemokine receptor expression on circulating neutrophils. These effects were reversed by the administration of the immune stimulant interferon-β after—but not before—severe sepsis was established. Interferon-β after the onset of peritonitis may restore impaired innate immunity and improve outcome. <i>SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT</i>	
<b>\</b>	Mechanical Ventilation Induces Desensitization of Lung Axl Tyrosine Kinase Receptors	143
	G. Otulakowski, D. Engelberts, M. Post, C. Masterson, and B. P. Kavanagh	
	Overdistention of lung endothelial cells caused an influx of calcium, which rendered Axl insensitive to the activating effects of its ligand. The immune regulatory and antiapoptotic effects of Axl in endothelial cells may thus be compromised by injurious mechanical ventilation. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
	Free Fatty Acid Receptor G-protein-coupled Receptor 40 Mediates Lipid	
	Emulsion-induced Cardioprotection S. Umar, J. Li, K. Hannabass, M. Vaillancourt, C. M. Cunningham, S. Moazeni, A. Mahajan, and M. Eghbali	154
	This study demonstrates that G-protein–coupled receptor 40 is expressed in the rodent heart and is involved in cardioprotection mediated by lipid emulsion against ischemia/reperfusion injury and bupivacaine-induced cardiotoxicity.	

 $\Diamond$   $\oplus$  Neuropsychological and Behavioral Outcomes after Exposure of Young

Children to Procedures Requiring General Anesthesia: The Mayo Anesthesia Safety

89

○ ⊕ Continuous Negative Abdominal Pressure Reduces Ventilator-induced Lung Injury in a Porcine Model	163
T. Yoshida, D. Engelberts, G. Otulakowski, B. Katira, M. Post, N. D. Ferguson, L. Brochard, M. B. P. Amato, and B. P. Kavanagh	100
In a pig adult respiratory distress syndrome model, addition of continuous negative abdominal pressure (–5 cm $\rm H_2O$ ) to positive end-expiratory pressure (PEEP), compared with PEEP alone (where transpulmonary pressure was matched in each group), resulted in better oxygenation, compliance, and homogeneity of ventilation, as well as less lung injury. PEEP with continuous negative abdominal pressure might be a treatment option for adult respiratory distress syndrome by recruiting atelectasis and minimizing ventilator-induced lung injury, but its efficacy and long-term effects in patients are not yet known. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
■ PAIN MEDICINE	
BASIC SCIENCE	
Spinal Protein Kinase Mζ Regulates α-Amino-3-hydroxy-5-methyl-4-isoxazolepropioni Acid Receptor Trafficking and Dendritic Spine Plasticity via Kalirin-7 in the Pathogenesis of Remifentanil-induced Postincisional Hyperalgesia in Rats L. Zhang, S. Guo, Q. Zhao, Y. Li, C. Song, C. Wang, Y. Yu, and G. Wang	173
The inhibition of protein kinase M $\zeta$ prevents remifentanil-enhanced postoperative hyperalgesia in a rat incisional model. The intraoperative effects of remifentanil in this rat model involve changes in dendritic spine morphology and function in the dorsal horn of the spinal cord. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
■ EDUCATION	
CLASSIC PAPERS REVISITED	
Baseline Cerebral Metabolic Rate Is a Critical Determinant of the Cerebral Vasodilating Potency of Volatile Anesthetic Agents  J. C. Drummond	187
IMAGES IN ANESTHESIOLOGY	
Point-of-care Ultrasound to Diagnose Esophageal Intubation: "The Double Trachea" K. R. Boretsky	190
Anomalous Drainage of Inferior Vena Cava into the Left Atrium S. Chhabada and S. Khanna SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	191
REVIEW ARTICLE	
◇ A Review of the Impact of Obstetric Anesthesia on Maternal and Neonatal Outcomes G. Lim, F. L. Facco, N. Nathan, J. H. Waters, C. A. Wong, and H. K. Eltzschig	192
Modern obstetric anesthesia care emphasizes multidisciplinary, evidence-based practice. Basic, translational, and clinical scientific research propels further evolution. This review article highlights recent advances in obstetric anesthesia and their impact on maternal-fetal-neonatal outcomes.	
MIND TO MIND	
Ogbúnàbàlì and Hypnos, 1949  U. Ogbuji	216
Worlds Apart J. M. Berry	218
■ ERRATUM	219

### ■ ANESTHESIOLOGY REFLECTIONS FROM THE WOOD LIBRARY-MUSEUM

Unhanding Her, Unhanding Him: Explosive Issues beyond Anesthetic Advertising George S. Bause	10
From Benzene Rings to Political Ones: Metz and His Benzocaine, Anaesthesine George S. Bause	36
Mayo at Harvard? Vegetable Vapor Anesthetic by Morse on Boylston Street George S. Bause	105
Garbing Anesthetists in Lotuscloth: Impregnable Aprons of Latex-impregnated Silk George S. Bause	153
Streams of Unconsciousness IV: Akinesia Reflected in the Cocytus George S. Bause	162
CAREERS & EVENTS	21A

## 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 Alan Jay Schwartz, M.D., M.S.Ed., Director of Education, Department of Anesthesiology and Critical Care Medicine, The Children's Hospital of Philadelphia, 34th Street and Civic Center Blvd., Room 9327, Philadelphia, Pennsylvania 19104-4399. Article-specific permission requests are managed with Copyright Clearance Center's Rightslink service. Information can be accessed directly from articles on the journal Web site. More information is available at http://anesthesiology.pubs.asahq.org/public/rightsandpermissions.aspx. For questions about the Rightslink service, e-mail customercare@copyright.com or call 877-622-5543 (U.S. only) or 978-777-9929. Advertising and related correspondence should be addressed to Advertising Manager, ANESTHESIOLOGY, Wolters Kluwer Health, Inc., Two Commerce Square, 2001 Market Street, Philadelphia, Pennsylvania 19103 (Web site: http://www.wkadcenter.com/). Publication of an advertisement in ANESTHESIOLOGY does not constitute endorsement by the Society or Wolters Kluwer Health, Inc. of the product or service described therein or of any representations made by the advertiser with respect to the product or service.

ANESTHESIOLOGY (ISSN 0003-3022) is published monthly by Wolters Kluwer Health, Inc., 14700 Citicorp Drive, Bldg 3, Hagerstown, MD 21742. Business office: Two Commerce Square, 2001 Market Street, Philadelphia, PA 19103. Periodicals postage paid at Hagerstown, MD, and at additional mailing offices. Copyright © 2018, the American Society of Anesthesiologists, Inc.

Annual Subscription Rates: United States—\$930 Individual, \$2054 Institution, \$374 In-training. Rest of World—\$981 Individual, \$2281 Institution, \$374 In-training. Single copy rate \$207. Subscriptions outside of North America must add \$55 for airfreight delivery. Add tate sales tax, where applicable. The GST tax of 7% must be added to all orders shipped to Canada (Wolters Kluwer Health, Inc.'s GST Identification #895524239, Publications Mail Agreement #1119672). Indicate in-training status and name of institution. Institution rates apply to libraries, hospitals, corporations, and partnerships of three or more individuals. Subscription prices outside the United States must be prepaid. Prices subject to change without notice. Subscriptions will begin with currently available issue unless otherwise requested. Visit us online at www.lww.com.

Individual and in-training subscription rates include print and access to the online version. Online-only subscriptions for individuals (\$308) and persons in training (\$308) are available to nonnembers and may be ordered by downloading a copy of the Online Subscription FAXback Form from the Web site, completing the information requested, and faxing the completed form to 301-223-2400. Institutional rates are for print only; online subscriptions are available via Ovid. Institutions can choose to purchase a print and online subscription together for a discounted rate. Institutions that wish to purchase a print subscription, please contact Wolters Kluwer Health, Inc., 14700 Citicorp Drive, Bldg 3, Hagerstown, MD 21742; phone: 800-638-3030; fax: 301-223-2400. Institutions that wish to purchase an online

subscription or online with print, please contact the Ovid Regional Sales Office near you or visit www.ovid.com/site/index.jsp and select Contact and Locations.

Address for non-member subscription information, orders, or change of address (except Japan): Wolters Kluwer Health, Inc., 14700 Citicorp Drive, Bldg 3, Hagerstown, MD 21742; phone: 800-638-3030; fax: 301-223-2400. In Japan, contact Wolters Kluwer Health Japan Co., Ltd., Forecast Mita Building 5th floor, 1-3-31 Mita Minato-ku, Tokyo, Japan 108-0073; phone: +81 3 5427 1969; email: journal@wkjapan.co.jp.

Address for member subscription information, orders, or change of address: Members of the American Society of Anesthesiologists receive the print and online journal with their membership. To become a member or provide a change of address, please contact the American Society of Anesthesiologists, 1061 American Lane, Schaumburg, Illinois 60173-4973; phone: 847-825-5586; fax: 847-825-1692; email: membership@ASAhq. org. For all other membership inquiries, contact Wolters Kluwer Health, Inc., Customer Service Department, P.O. Box 1610, Hagerstown, MD 21740; phone: 800-638-3030; fax: 301-223-2400.

Postmaster: Send address changes to Anesthesiology, P.O. BOX 1610, Hagerstown, MD 21740.

Advertising: Please contact Hilary Druker, Advertising Field Sales Representative, Health Learning, Research & Practice, Medical Journals, Wolters Kluwer Health, Inc.; phone: 609-304-9187; e-mail: Hilary.Druker@wolterskluwer.com. For classified advertising: Joe Anzuena, Recruitment Advertising Representative, Wolters Kluwer Health, Inc., Two Commerce Square, 2001 Market Street, Philadelphia, PA 19103; phone: 215-521-8532; fax: 215-701-2410; e-mail: Joe.Anzuena@wolterskluwer.com.