# TABLE OF CONTENTS **ANESTHESIOLOGY**

$\Diamond$	This Month in Anesthesiology	1A
	Science, Medicine, and the Anesthesiologist	11A
	Infographics in Anesthesiology	15A
•	Editorial	
	Innovation in Clinical Research Regulation	
	E. D. Kharasch	1
	Acute Kidney Injury after Surgery: Where Does the Journe	ey Lead?
	S. Gelman	5

#### **Practice Parameters**

Practice Guidelines for Central Venous Access 2020: An Updated Report by the American Society of Anesthesiologists Task Force on Central Venous Access......8

These practice guidelines update the Practice Guidelines for Central Venous Access: A Report by the American Society of Anesthesiologists Task Force on Central Venous Access, adopted by the American Society of Anesthesiologists in 2011 and published in 2012. These updated guidelines are intended for use by anesthesiologists and individuals under the supervision of an anesthesiologist and may also serve as a resource for other physicians, nurses, or healthcare providers who manage patients with central venous catheters.

#### **Special Article**

International Policy Frameworks for Consent in Minimal-risk **Pragmatic Trials** 

T. J. Symons, N. Zeps, P. S. Myles, J. M. Morris, D. I. Sessler..........44

There is intense interest in the most appropriate consent models for pragmatic comparative effectiveness trials. This article reviews the extent to which policy frameworks in three countries support these important trials.

 Perioperative Neurocognitive Disorder: State of the Preclinical Science

R. G. Eckenhoff, M. Maze, Z. Xie, D. J. Culley, S. J. Goodlin, Z. Zuo, H. Wei, R. A. Whittington, N. Terrando, B. A. Orser, M. F. Eckenhoff.....55

A bewildering variety of preclinical postoperative cognitive dysfunction studies has been reported over the last two decades. Herein the authors succinctly summarize the approaches and models, some of the accrued knowledge, and suggestions for future design and reporting.

#### **Readers' Toolbox**

Novel Clinical Trial Designs to Improve the Efficiency of Research 

Novel trial designs, some with waived or modified patient consent, are increasingly being used to answer research questions more efficiently. Modifications to conventional trial designs that introduce flexibility and efficiency are also becoming more common.

#### **Perioperative Medicine**

#### **CLINICAL SCIENCE**

- Deficit Accumulation and Phenotype Assessments of Frailty Both
- Poorly Predict Duration of Hospitalization and Serious Complications after Noncardiac Surgery

A. Sonny, A. Kurz, L. A. Skolaris, L. Boehm, A. Reynolds, K. C. Cummings III, N. Makarova, D. Yang, D. I. Sessler ................82

The Hopkins Frailty Score (a phenotype model) and the Modified Frailty Index score (a measure of deficit accumulation) were both poor predictors of unexpected prolonged hospital stay and a composite of readmission and serious complications.





See Supplemental Digital Content









**ON THE COVER:** Compassionate behavior is at the core of the medical profession: seeking to understand patients' psychosocial, physical, and medical needs; timely attendance to those needs; and involving patients as they desire. In this issue of Anesthesiology, Waisel et al. evaluated compassionate behavior of anesthesia residents in a simulated preoperative encounter with a patient in pain before urgent surgery. Anesthesia residents had variable and, at times, flawed recognition of patient cues, responsiveness to patient cues, pain management, and patient interactions. Cover Illustration: A. Johnson, Vivo Visuals.

· Waisel et al.: Compassionate and Clinical Behavior of Residents in a Simulated Informed Consent Encounter, p. 159

## Fresh Frozen Plasma versus Crystalloid Priming of Cardiopulmonary Bypass Circuit in Pediatric Surgery: A Randomized Clinical Trial

In this double-blind randomized controlled trial of patients undergoing pediatric cardiac surgery with cardiopulomonary bypass, postoperative bleeding and need for allogenic blood products does not differ significantly between patients for whom the cardiopulmonary bypass circuit was primed with crystalloid *versus* fresh frozen plasma.

- Propofol and Sevoflurane Differentially Impact MicroRNAs in
   Circulating Extracellular Vesicles during Colorectal Cancer Resection:
   A Pilot Study
  - D. Buschmann, F. Brandes, A. Lindemann, M. Maerte, P. Ganschow, A. Chouker, G. Schelling, M. W. Pfaffl, M. Reithmair......107

This proof-of-concept study in colorectal cancer patients receiving either propofol (n = 8) or sevoflurane (n = 9) found 64 extracellular vesicle-associated microRNAs to be significantly regulated by total intravenous anesthesia and 33 to be significantly regulated by sevoflurane anesthesia. All microRNAs downregulated in response to anesthesia were anesthetic agent specific, while most upregulated microRNAs were not. Total intravenous anesthesia-regulated microRNAs might mediate inhibitory effects on signaling pathways involving cell proliferation, migration, and epithelial-mesenchymal transition of tumor cell line and enhance effects on apoptosis of carcinoma cell lines.

 Preoperative Vitamin D Concentration and Cardiac, Renal, and Infectious Morbidity after Noncardiac Surgery

Vitamin D deficiency was common in this surgical population. Preoperative vitamin D was not associated with a composite of postoperative 30-day cardiac outcomes. There was an association between low vitamin D and a composite of infectious complications, and also evidence for an association with decreased kidney function.

#### **Critical Care Medicine**

#### **BASIC SCIENCE**

- Resuscitation with Hydroxyethyl Starch Maintains Hemodynamic
   Coherence in Ovine Hemorrhagic Shock
  - P.-H. Arnemann, M. Hessler, T. Kampmeier, L. Seidel, Y. Malek, H. Van Aken, A. Morelli, S. Rehberg, C. Ince, C. Ertmer......131

In a sheep model of hemorrhagic shock, resuscitation with both saline and hydroxyethyl starch restored mean arterial pressure (macrocirculation). After fluid resuscitation with hydroxyethyl starch, microcirculatory perfused vessel density and microvascular flow index (microcirculation) both improved, while saline only marginally improved microvascular flow index and perfused vessel density decreased further. Resuscitation with hydroxyethyl starch but not saline maintained hemodynamic coherence after hemorrhagic shock.

 Human Umbilical Cord Mesenchymal Stromal Cells Attenuate Systemic Sepsis in Part by Enhancing Peritoneal Macrophage Bacterial Killing via Heme Oxygenase-1 Induction in Rats

M. Jerkic, S. Gagnon, R. Rabani, T. Ward-Able, C. Masterson, G. Otulakowski, G. F. Curley, J. Marshall, B. P. Kavanagh, J. G. Laffey.......140

In a rat model of fecal peritonitis, human umbilical cord mesenchymal stromal cells improved survival and reduced bacterial load by enhancing peritoneal macrophage function partly through induction of macrophage heme oxygenase-1. Lipoxin A4 and prostaglandin E2 were found to play important roles in mediating the effect of human umbilical cord mesenchymal stromal cells on peritoneal macrophage heme oxygenase-1 expression.

#### **Education**

#### **IMAGES IN ANESTHESIOLOGY**

	Right Ventricular Dysfunction and the "D"-shaped Left Ventricle  C. M. Ma, J. Cohen, D. Tolpin
	Venovenous Extracorporeal Membrane Oxygenation for Rigid Bronchoscopy and Carinal Tumor Resection in Decompensating Patients
	D. Hang, J. N. Tawil, M. A. Fierro156
<b>(#</b> )	Tracheobronchial Polyposis after Inhalation Trauma <i>J. S. Heitmann, B. Federmann, J. Hetzel, M. Häntschel.</i> 157
	Transesophageal Echocardiogram to the Rescue in Diagnosing Ascending Aortic Pseudoaneurysm

	EDUCATION
	Compassionate and Clinical Behavior of Residents in a Simulated Informed Consent Encounter  D. B. Waisel, M. A. Ruben, D. Blanch-Hartigan, J. A. Hall, E. C. Meyer, R. H. Blum
	The investigators evaluated compassionate behavior of anesthesia residents in a simulated preoperative encounter with a patient in pain before urgent surgery. Anesthesia residents had variable and, at times, flawed recognition of patient cues, responsiveness to patient cues, pain management, and patient interactions.
	CLINICAL FOCUS REVIEW
<b>♦</b>	Personalizing the Definition of Hypotension to Protect the Brain K. M. Brady, A. Hudson, R. Hood, B. DeCaria, C. Lewis, C. W. Hogue
	In this review, the authors argue that hypotension is an individual definition not accurately determined based on population data. Monitoring cerebral blood flow autoregulation provides a clinically feasible approach for judging the acceptable intraoperative and intensive care unit blood pressure.
	REVIEW ARTICLE
<b>◆◆</b> ⊕	Perioperative Acute Kidney Injury  S. D. Gumbert, F. Kork, M. L. Jackson, N. Vanga,  S. J. Ghebremichael, C. Y. Wang, H. K. Eltzschig
	Acute kidney injury occurs frequently among surgical patients during the perioperative period and can have long-term, detrimental effects on patient outcomes. This review surveys recent progress in the pathophysiologic understanding, detection, prevention, and clinical management of the disease.
	MIND TO MIND
	Winner Announced: The Letheon Annual Creative Writing Competition
	E. A. Akindele

### Correspondence

Cardiac Output Measurements in Young Children: Comment T. E. Morey209
Cardiac Output Measurements in Young Children: Reply  T. S. Sigurdsson
Postlaryngectomy Stoma <i>versus</i> Tracheostomy: Comment  D. Gupta210
Postlaryngectomy Stoma <i>versus</i> Tracheostomy: Reply  A. T. Truong, DT. Truong211
Improving Pediatric Risk Stratification: Comment S. E. S. Brown, L. Wu, J. A. Galvez212
Improving Pediatric Risk Stratification: Reply V. G. Nasr, S. J. Staffa, D. Zurakowski, J. A. DiNardo, D. Faraoni213
Announcements215
Erratum217
Careers & Events17A

#### 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.

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 © 2019, the American Society of Anesthesiologists, Inc. All Rights Reserved.

Annual Subscription Rates: United States—\$977 Individual, \$2249 Institution, \$393 In-training. Rest of World—\$1030 Individual, \$2497 Institution, \$393 In-training. Single copy rate \$230. Subscriptions outside of North America must add \$56 for airfreight delivery. Add state 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 (\$323) and persons in training (\$323) are available to nonmembers 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; e-mail: journal@wikjapan.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; e-mail: 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: Dave Wiegand, Recruitment Advertising Representative, Wolters Kluwer Health, Inc., Two Commerce Square, 2001 Market Street, Philadelphia, PA 19103; phone: 847-361-6128; e-mail: Dave.Wiegand@wolterskluwer.com.