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American Society of Critical Care Anesthesiologists

Society for Obstetric Anesthesia and Perinatology



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Effects of Induction Techniques on Postoperative Hoarseness and Vocal Cord Injury Effects of Intraoperative Hypothermia and Hypotension on Median Nerve Somatosensory-evoked Potentials

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CLINICAL INVESTIGATIONS

 Residual Paralysis in the PACU after a Single Intubating Dose of Nondepolarizing Muscle Relaxant with an Intermediate Duration of Action

1042

Bertrand Debaene, Benoît Plaud, Marie-Pierre Dilly, and François Donati

After a single intubating dose of nondepolarizing muscle relaxant and no reversal, the incidence of a train-of-four ratio less than 0.9 on arrival in the postanesthesia care unit was 45%. Two hours after the muscle relaxant injection, 34% of the patients still had significant residual paralysis.

- Refers to This Month in Anesthesiology
- ♦ Refers to Editorial Views
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♦ Laryngeal Morbidity and Quality of Tracheal Intubation: A Randomized Controlled Trial

1049



Thomas Mencke, Mathias Echternach, Stefan Kleinschmidt, Philip Lux, Volker Barth, Peter K. Plinkert, and Thomas Fuchs-Buder

Excellent intubating conditions are less frequently associated with laryngeal morbidity than nonexcellent conditions are. Adding atracurium to a propofol-fentanyl induction regimen improved the intubating conditions and decreased postoperative hoarseness and vocal cord sequelae.

Potentiation of Mivacurium Blockade by Low Dose of Pancuronium: A Pharmacokinetic Study

1057

Cyrus Motamed, Riad Menad, Robert Farinotti, Krassen Kirov, Xavier Combes, Daniel Bouleau, Pierre Feiss, and Philippe Duvaldestin

Potentiation of mivacurium by pancuronium is due in part to inhibition of plasma cholinesterase, inducing a decrease in mivacurium plasma clearance.

Biphasic Shocks Compared with Monophasic Damped Sine Wave Shocks for Direct Ventricular Defibrillation during Open Heart Surgery

1063

Birgit Schwarz, T. Andrew Bowdle, G. Kimble Jett, Peter Mair, Karl H. Lindner, Gabriel S. Aldea, Robert G. Lazzara, Sharon G. O'Grady, Paul W. Schmitt, Robert G. Walker, Fred W. Chapman, and Willis A. Tacker

This study compares intraoperative biphasic and monophasic ventricular defibrillation shock effectiveness and establishes energy dose-response curves for defibrillation. The dose-response curves show biphasic shocks to be more effective than monophasic shocks at all energies tested (2–20 J), and the biphasic curve guides selection of first-shock biphasic energy for traditional step-up protocols.

Does the Suggested Lightwand Bent Length Fit Every Patient? The Relation between Bent Length and Patient's Thyroid Prominence-to-Mandibular Angle Distance

1070

Tsai-Hsin Chen, Shen-Kou Tsai, Chen-Jung Lin, Cheng-Wei Lu, Tsung-Po Tsai, and Wei-Zen Sun

The difference between the bent length of a lightwand and the individual's thyroid prominence-to-mandibular angle distance has an influence on the success rate and the search time of lightwand intubation.



Comparison of Point-of-Care *Versus* Central Laboratory Measurement of Electrolyte Concentrations on Calculations of the Anion Gap and the Strong Ion Difference

1077

Hiroshi Morimatsu, Jens Rocktäschel, Rinaldo Bellomo, Shigehiko Uchino, Donna Goldsmith, and Geoffrey Gutteridge

There is a significant difference and a bias in sodium and chloride measurements obtained with the central laboratory and the point-of-care technologies. These differences can markedly influence the calculated strong ion difference and anion gap and lead to significantly different acid-base diagnoses.

The Effects of Isoflurane and Desflurane on Intracranial Pressure, Cerebral Perfusion Pressure, and Cerebral Arteriovenous Oxygen Content Difference in Normocapnic Patients with Supratentorial Brain Tumors

1085

Marcial Fraga, Pablo Rama-Maceiras, Sara Rodiño, Humberto Aymerich, Pilar Pose, and Javier Belda

Desflurane and isoflurane do not increase intracranial pressure in normocapnic patients undergoing craniotomy for supratentorial brain tumors without mass effect.

Echocardiographic Doppler Assessment of Pulmonary Capillary Wedge Pressure in Surgical Patients with Postoperative Circulatory Shock and Acute Lung Injury

1091

Bélaïd Bouhemad, Armelle Nicolas-Robin, Alain Benois, Sacha Lemaire, Jean-Pierre Goarin, and Jean-Jacques Rouby

In critically ill surgical patients with postoperative shock and acute lung injury, pulmonary capillary wedge pressure can be noninvasively estimated from transesophageal echocardiography using a combination of parameters derived from conventional Doppler and Doppler tissue imaging.

Neural Mechanism of Propofol Anesthesia in Severe Depression: A Positron Emission Tomographic Study

1101

Kenichi Ogawa, Takeshi Uema, Nobutaka Motohashi, Masami Nishikawa, Harumasa Takano, Masahiko Hiroki, Etsuko Imabayashi, Takashi Ohnishi, Tomio Inoue, Yutaka Takayama, Masatoshi Takeda, Hiroshi Matsuda, Tomio Andoh, and Yoshitsugu Yamada

To analyze the changes effected by propofol in the regional cerebral blood flow in severe depression, the authors utilized positron emission tomography and statistical parametric mapping in patients with severe depression. Propofol causes a pronounced decrease in regional cerebral blood flow in the brain stem reticular formation, the thalamus, and the parietal association cortex.



Hypothermia Does Not Alter Somatosensory Evoked Potential Amplitude and Global Cerebral Oxygen Extraction during Marked Sodium Nitroprusside-induced Arterial Hypotension

1112

Eva Kottenberg-Assenmacher, Wolf Armbruster, Norbert Bornfeld, and Jürgen Peters

Arterial hypotension with a mean arterial pressure of 40 mmHg evoked by sodium nitroprusside does not depress median nerve somatosensory evoked potential amplitude or alter cerebral oxygen extraction with or without hypothermia of 32° C during intraocular tumor resection.

LABORATORY INVESTIGATIONS

◆ Apoptotic Neuronal Death following Deep Hypothermic Circulatory Arrest in Piglets

1119

Dara Ditsworth, Margaret A. Priestley, Andreas W. Loepke, Chandra Ramamoorthy, John McCann, Lauren Staple, and C. Dean Kurth

After DHCA, induction of apoptosis in the neocortex occurs within a few hours of reperfusion and continues for several days. Increased Fas, cytochrome c, and caspase concentrations, coupled with normal brain ATP concentrations and apoptotic histologic appearance, are consistent with the occurrence of apoptotic cell death.

Peri-MAC Depression of a Nociceptive Withdrawal Reflex Is Accompanied by Reduced Dorsal Horn Activity with Halothane but not Isoflurane

1128

Steven L. Jinks, John T. Martin, Earl Carstens, Sung-Won Jung, and Joseph F. Antognini

At concentrations that bracket MAC, halothane, but not isoflurane, depresses lumbar dorsal horn neuronal responses to noxious thermal stimulation, suggesting that isoflurane suppresses movement at more ventral sites as compared to halothane.

Local Anesthetics Modulate Neuronal Calcium Signaling through Multiple Sites of Action

1139

Fang Xu, Zayra Garavito-Aguilar, Esperanza Recio-Pinto, Jin Zhang, and Thomas J. J. Blanck

Local anesthetics modulate the evoked $[Ca^{2+}]_i$ transients in neuronal cells at multiple sites. In addition to the Ca^{2+} homeostatic mechanisms, K^+ channels are also involved in generation of such $[Ca^{2+}]_i$ transients and in the local anesthetic effects on them.



Midazolam Stimulates Vascular Endothelial Growth Factor Release in Aortic Smooth Muscle Cells: Role of the Mitogen-activated Protein Kinase Superfamily

1147

Kumiko Tanabe, Shuji Dohi, Hiroyuki Matsuno, Kouseki Hirade, and Osamu Kozawa

Midazolam increases vascular endothelial growth factor concentration in rat plasma. In cultured aortic smooth muscle cells, activation of p44/p42 mitogen-activated protein kinase and stress-activated protein kinase/c-Jun N-terminal kinase plays a part in the vascular endothelial growth factor release. Propofol and ketamine have no effect on vascular endothelial growth factor release.

Anesthetic Preconditioning Improves Adenosine Triphosphate Synthesis and Reduces Reactive Oxygen Species Formation in Mitochondria after Ischemia by a Redox Dependent Mechanism

1155

Enis Novalija, Leo G. Kevin, Janis T. Eells, Michele M. Henry, and David F. Stowe

Mitochondrial function after global ischemia is largely protected by APC, in both isolated mitochondria and intact hearts. Results indicate that ROS are central both in triggering and mediating APC, and that the mitochondrion is the target for these changes.

Role of Endothelium-derived Hyperpolarizing Factor in Phenylephrine-induced Oscillatory Vasomotion in Rat Small Mesenteric Artery

1164

Kayoko Okazaki, Sumihiko Seki, Noriaki Kanaya, Jun-ichi Hattori, Noritsugu Tohse, and Akiyoshi Namiki

Phenylephrine produces endothelium-dependent oscillatory vasomotion in rat small mesenteric artery, which is partly mediated by endothelium-delivered hyperpolarizing factor. Endothelium-delivered hyperpolarizing factor may contribute to the α_1 -adrenergic regulation of vascular tone.

Potentiation of Proopiomelanocortin Gene Expression in Cultured Pituitary Cells by Benzodiazepines

1172

Kazuhiko Fukuda, Nobuo Uetsuki, Hisatoshi Uga, Mitsuko Hashiguchi, Masami Sato, Taizo Hisano, Hajime Segawa, and Yasumasa Iwasaki

Diazepam and midazolam potentiate the corticotropin-releasing hormone- or forskolin-stimulated proopiomelanocortin gene expression in cultured pituitary cells. This potentiating effect might be mediated by phosphodiesterase inhibition by benzodiazepines.



Propofol Suppresses Macrophage Functions and Modulates Mitochondrial Membrane Potential and Cellular Adenosine Triphosphate Synthesis

1178

Ruei-Ming Chen, Chih-Hsiung Wu, Huai-Chia Chang, Gong-Jhe Wu, Yi-Ling Lin, Joen-Rong Sheu, and Ta-Liang Chen

A therapeutic concentration of propofol reduced macrophage functions. In parallel with macrophage dysfunction, propofol decreased mitochondrial membrane potential and adenosine triphosphate synthesis but did not affect cell viability. Thus, we suggest that propofol can suppress macrophage functions, possibly through inhibiting mitochondrial membrane potential and cellular adenosine triphosphate production.

 Direct Myocardial Depressant Effect of Methylmethacrylate Monomer: Mechanical and Electrophysiologic Actions in vitro

1186

Ki Jun Kim, Da Guang Chen, Namsik Chung, Carl Lynch III, and Wyun Kon Park

Methylmethacrylate monomer directly depressed myocardial contractility in guinea pig myocardium *in vitro*, which seems to be partly caused by reduction of Ca²⁺ influx through cardiac membrane.

PAIN AND REGIONAL ANESTHESIA

 Combinations of Morphine with Ketamine for Patientcontrolled Analgesia: A New Optimization Method

1195

Gorazd Sveticic, Andrea Gentilini, Urs Eichenberger, Martin Luginbühl, and Michele Curatolo

For patient-controlled analgesia, a new stepwise optimization model was applied to the combination of morphine with ketamine, with a lockout interval as an additional variable. After analyzing 12 combinations, the optimization procedure converged to a morphine-to-ketamine ratio of 1:1 and a lockout interval of 8 min.

Femoral-Sciatic Nerve Blocks for Complex Outpatient Knee Surgery Are Associated with Less Postoperative Pain Before Same-day Discharge: A Review of 1,200 Consecutive Cases from the Period 1996–1999

1206

Brian A. Williams, Michael L. Kentor, Molly T. Vogt, John P. Williams, Jacques E. Chelly, Stacey Valalik, Christopher D. Harner, and Freddie H. Fu

Retrospective analysis of two categories of outpatient knee surgery showed that femoral-sciatic nerve block analgesia for complex knee surgery was associated with pain-free recovery in the hospital and successful same-day discharge for more than 95% of patients.



Quantitative	Sensory	Testing	and Human	Surgery:	Effects
of Analgesic	Manager	ment on	Postoperati	ve Neuro	plasticity

1214

Oliver H. G. Wilder-Smith, Edömer Tassonyi, Ben J. P. Crul, and Lars Arendt-Nielsen

The differing effects on postoperative pain outcomes of supplementing general anaesthesia with fentanyl or ketorolac *versus* placebo are made visible by measures of central neuroplasticity (quantitative sensory testing) but not by measures of pain experience (pain scores, analgesia use). Compared to clinical pain measures, perioperative quantitative sensory testing provides new and different information that may provide the basis for more mechanism-based approaches to perioperative pain management in the future.

GABAergic Interneurons at Supraspinal and Spinal Levels Differentially Modulate the Antinociceptive Effect of Nitrous Oxide in Fischer Rats

1223

Ryo Orii, Yoko Ohashi, Sunil Halder, Mariangela Giombini, Mervyn Maze, and Masahiko Fujinaga

GABAergic neurons modulate the antinociceptive effect of N_2O differentially at supraspinal and spinal levels. Midazolam attenuates the antinociceptive effect of N_2O at the supraspinal level.

Supraspinal Contribution to Development of Both Tonic Nociception and Referred Mirror Hyperalgesia: A Comparative Study between Formalin Test and Bee Venom Test in the Rat

1231

Hui-Sheng Chen, Meng-Meng Li, Juan Shi, and Jun Chen

Subcutaneous injection of bee venom into one hind paw of rats could produce a persistent spontaneous nociception, primary heat and mechanical hyperalgesia and contralateral heat hyperalgesia. Bilateral lesions of rostral medial medulla prevented the development of spontaneous nociception and contralateral heat hyperalgesia, but had no effect on the primary heat and mechanical hyperalgesia, suggesting that tonic activation of descending facilitatory pathway contributes to bee venom-induced spontaneous nociception and referred hyperalgesia, but not primary hyperalgesia.

Spinal Adrenergic and Cholinergic Receptor Interactions Activated by Clonidine in Postincisional Pain

1237

Frédéric Duflo, Dawn Conklin, Xinhui Li, and James C. Eisenach

Intrathecal clonidine reduces hypersensitivity to a mechanical punctuate stimulus in rats following plantar incision of the paw by actions on both α_2 A and α_2 non-A adrenoceptors, and on interactions with spinal cholinergic receptors.



ECONOMICS

Operating Room Utilization Alone Is Not an Accurate Metric for the Allocation of Operating Room Block Time to Individual Surgeons with Low Caseloads

1243

Franklin Dexter, Alex Macario, Rodney D. Traub, and David A. Lubarsky

Using computer simulation, we found that neither 3 months nor 1 yr of historical data are enough to be able to identify individual surgeons who have persistently low average OR utilizations. Historical utilization alone is not an accurate or objective metric for the allocation of operating room block time to individual surgeons.

REVIEW ARTICLE

Clinical Relevance of the Bezold-Jarisch Reflex

1250

Jason A. Campagna and Christopher Carter

The Bezold-Jarisch Reflex is a cardiac reflex with limited, but clear importance in human physiology. There is, however, little evidence in the literature to support its role in the etiology of cardiac arrest seen during regional anesthetic techniques.

SPECIAL ARTICLES

The American Society of Anesthesiologist's Efforts in Developing Guidelines for Sedation and Analgesia for Nonanesthesiologists: The 40th Rovenstine Lecture

1261

Burton S. Epstein

The current shortage of anesthesiologists exceeds their capacity to administer all sedation in hospitals, ambulatory care facilities, and offices. The American Society of Anesthesiologists must take the lead in developing evidence-based research to quantify the risks of anesthesia administration by nonanesthesiologists.

Practice Guidelines for Management of the Difficult Airway: An Updated Report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway

1269

The American Society of Anesthesiologists Task Force on Management of the Difficult Airway presents a systematically developed set of recommendations based on analysis of the current literature and a synthesis of expert opinion.

CLASSIC PAPERS REVISITED

Criteria of Adequate Clinical Recovery from Neuromuscular Block

1278

Hassan H. Ali

This article is a revisiting of original material published as: Ali HH, Saverese JJ, Lebowitz PW, Ramsey FM: Twitch, Tetanus and Train-of-Four as Indices of Recovery from Nondepolarizing Neuromuscular Blockade. Anesthesiology 1981; 54:294-7.



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INSTRUCTIONS FOR AUTHORS

The Instructions for Authors are published in the January and July issues and are available at www.anesthesiology.org. Please refer to the Instructions for the preparation of any material for submission to Anesthesiology.

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