



Anesthesiology



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CONTENTS

- ◇ THIS MONTH IN ANESTHESIOLOGY 5A
- Risk Factors for Thromboembolic Events following Lower Extremity Arthroplasty
 Spinal and General Anesthesia Compared during Cesarean Section in Preeclampsics
 with Fetal Compromise
 Reversing Rocuronium Neuromuscular Block with Org 25969
 Is Inhaled Morphine Efficacious in Treating Postsurgical Pain?
- ◆ EDITORIAL VIEWS
-
- A Study of Hand Hygiene in the Postanesthesia Care Unit—It's about Time! 519
Loreen A. Herwaldt
- Allergic to Anesthetics 521
Jonathan Moss
- Thoracic Epidural Anesthesia: More than Just Anesthesia/
 Analgesia 523
Andreas W. Sielenkämper and Hugo Van Aken
- SPECIAL ANNOUNCEMENT
-
- Journal-related Activities at the 2003 American Society of
 Anesthesiologists Annual Meeting 526
*Zeljko J. Bosnjak, David C. Wartier, James C. Eisenach, Valerie A. Arkoosh,
 Richard N. Wissler, and Michael M. Todd*

- | | |
|---|--|
| ◇ | Refers to This Month in Anesthesiology |
| ◆ | Refers to Editorial Views |
| 🌐 | See Web Site enhancement |

CONTENTS



■ CLINICAL INVESTIGATIONS

◆ Hand-cleansing during Postanesthesia Care 530

Didier Pittet, François Stéphan, Stéphane Hugonnet, Christophe Akakpo, Bertrand Souweine, and François Clergue

Transmission of microorganisms from the hands of healthcare workers is the main source of cross-infection and can be prevented by hand-cleansing. The authors assessed the compliance rate with hand-cleansing practices in the postanesthesia care unit, where the intensity of patient care is high, and investigated factors associated with noncompliance.

◆ Anaphylactic and Anaphylactoid Reactions Occurring during Anesthesia in France in 1999–2000 536

Paul Michel Mertes, Marie-Claire Laxenaire, François Alla, and Groupe d'Etudes des Réactions Anaphylactoïdes Peranesthésiques

The epidemiology, clinical features, and possible risk factors of anaphylactic and anaphylactoid reactions observed during anesthesia in France over a 2-year survey period (January 1, 1999 to December 31, 2000) are reported.

Acute Isovolemic Anemia Does Not Impair Peripheral or Central Nerve Conduction 546

Richard B. Weiskopf, Michael J. Aminoff, Harriet W. Hopf, John Feiner, Maureen K. Viele, Jessica J. Watson, Rachel Ho, Christopher Songster, and Pearl Toy

Acute isovolemic reduction of mean hemoglobin concentration \pm SD to 5.1 ± 0.3 g/dl in unmedicated humans did not slow the velocity of human afferent peripheral or central conduction. Administration of oxygen at the nadir hemoglobin concentration had no effect on nerve conduction velocity, confirming a lack of effect of acute anemia. Within- and between-day variations in latencies were small.

◆ Risk Factors for Clinically Relevant Pulmonary Embolism and Deep Venous Thrombosis in Patients Undergoing Primary Hip or Knee Arthroplasty 552

Carlos B. Mantilla, Terese T. Horlocker, Darrell R. Schroeder, Daniel J. Berry, and David L. Brown

In patients undergoing primary elective hip or knee arthroplasty, obesity, poor American Society of Anesthesiologists physical status classification, and lack of thromboprophylaxis are independent risk factors for clinically relevant venous thromboembolic events within 30 days of surgery.

CONTENTS



◇ **Prospective, Randomized Trial Comparing General with Spinal Anesthesia for Cesarean Delivery in Preeclamptic Patients with a Nonreassuring Fetal Heart Trace** **561**

Robert A. Dyer, Ilse Els, Josef Farbas, Gregory J. Torr, Leann K. Schoeman, and Michael F. James

In preeclamptic patients with a nonreassuring fetal heart trace, spinal anesthesia for cesarean delivery is associated with a higher mean umbilical arterial base deficit and a lower median umbilical arterial pH than general anesthesia. The clinical significance remains to be established.

Awareness: Monitoring *versus* Remembering What Happened **570**

Chantal Kerssens, Jan Klein, and Benno Bonke

This study investigated patient response to verbal command during propofol/alfentanil sedation (Bispectral Index 60-70) and the ability of prevailing monitoring techniques to indicate awareness and predict postoperative recall.

Pharmacokinetics of Propofol Administered by Target-controlled Infusion to Alcoholic Patients **576**

Frédérique S. Servin, Bernard Bougeois, Roberto Gomeni, France Mentré, Robert Farinotti, and Jean-Marie Desmonts

Chronic alcoholism induces only mild changes in the pharmacokinetics of propofol. Conversely, propofol pharmacokinetics are markedly different during anesthesia and surgery or after opening eyes in the recovery period.

Urgent Adenotonsillectomy: An Analysis of Risk Factors Associated with Postoperative Respiratory Morbidity **586**

Karen A. Brown, Isabelle Morin, Chantal Hickey, John J. Manoukian, Gillian M. Nixon, and Robert T. Brouillette

The majority of children receiving urgent adenotonsillectomy for severe obstructive sleep apnea syndrome experienced postoperative respiratory morbidity. A preoperative saturation nadir of less than 80% predicted postadenotonsillectomy respiratory complications.

Effect of Increasing Depth of Propofol Anesthesia on Upper Airway Configuration in Children **596**

Russell G. Evans, Mark W. Crawford, Michael D. Noseworthy, and Shi-Joon Yoo

The cross-sectional area of the entire pharyngeal airway decreases with increasing depth of propofol anesthesia in spontaneously breathing children. The decrease in pharyngeal airway cross-sectional area results predominantly from a reduction in anteroposterior dimension and is most pronounced in the hypopharynx at the level of the epiglottis.

CONTENTS



- ⊗ **Effects of Sevoflurane, Propofol, and Adjunct Nitrous Oxide on Regional Cerebral Blood Flow, Oxygen Consumption, and Blood Volume in Humans** 603
Kaike K. Kaisti, Jaakko W. Långsjö, Sargo Aalto, Vesa Oikonen, Hannu Sipilä, Mika Teräs, Susanna Hinkka, Liisa Metsähonkala, and Harry Scheinin

 Propofol reduced cerebral blood flow and metabolism comparably. Sevoflurane reduced flow less than propofol but metabolism to an extent similar to propofol. Adjunct nitrous oxide increased flow and metabolism with both drugs. The combination of sevoflurane and nitrous oxide especially reduced oxygen extraction, suggesting disturbed flow-metabolism coupling in humans already at a moderate depth of anesthesia.
- ⊗ **Effects of Subanesthetic Doses of Ketamine on Regional Cerebral Blood Flow, Oxygen Consumption, and Blood Volume in Humans** 614
Jaakko W. Långsjö, Kaike K. Kaisti, Sargo Aalto, Susanna Hinkka, Riku Aantaa, Vesa Oikonen, Hannu Sipilä, Timo Kurki, Martti Silvanto, and Harry Scheinin

 Subanesthetic doses of ketamine induced a concentration-dependent increase in regional cerebral blood flow in healthy subjects. The greatest changes were observed in structures related to pain processing. Interestingly, oxygen consumption was not affected by ketamine.
- **LABORATORY INVESTIGATIONS**
-
- ◆ **Sevoflurane Confers Additional Cardioprotection after Ischemic Late Preconditioning in Rabbits** 624
Jost Müllenheim, Dirk Ebel, Mirco Bauer, Florian Otto, André Heinen, Jan Frässdorf, Benedikt Preckel, and Wolfgang Schlack

 Sevoflurane enhances the cardioprotection induced by ischemic late preconditioning by opening of ATP-sensitive potassium channels.
- ◇ **Reversal of Neuromuscular Blockade and Simultaneous Increase in Plasma Rocuronium Concentration after the Intravenous Infusion of the Novel Reversal Agent Org 25969** 632
Ola Epemolu, Anton Bom, Frank Hope, and Rona Mason

 The effects of the infusion of Org 25969 on the depth of neuromuscular blockade and rocuronium plasma concentration (free and complexed with Org 25969) during constant rocuronium infusion has been investigated. The reversal of neuromuscular blockade by Org 25969 points to complex formation as the main mechanism of action.



CONTENTS

Model Predictions of Gas Embolism Growth and Reabsorption during Xenon Anesthesia 638

Naomi Sta Maria and David M. Eckmann

The authors developed a model of cerebrovascular gas embolism bubble behavior during xenon anesthesia. Results indicate that xenon delivery promotes bubble growth that is relatively insensitive to temperature. Xenon bubbles reabsorb if xenon is absent from the delivered gas admixture.

Sevoflurane Inhibits Guanosine 5'-[γ -thio]triphosphate-stimulated, Rho/Rho-kinase-mediated Contraction of Isolated Rat Aortic Smooth Muscle 646

Jingui Yu, Koji Ogawa, Yasuyuki Tokinaga, and Yoshio Hatano

Sevoflurane depresses the guanosine 5'-[γ -thio]triphosphate-stimulated contraction and translocation of both Rho and Rho-kinase from the cytosol in a concentration-dependent manner, indicating that sevoflurane is able to inhibit vasoconstriction mediated by the Rho/Rho-kinase pathway in rat aortic smooth muscle.

Bacterial Reduction by Cell Salvage Washing and Leukocyte Depletion Filtration 652

Jonathan H. Waters, Marion J. Tuohy, Donna F. Hobson, and Gary Procop

Cell salvage in "dirty" surgery is generally considered contraindicated. This study evaluated the ability of the combination of cell salvage washing and filtration using a leukocyte reduction filter to reduce bacterial contamination.

Ca²⁺- and Myosin Phosphorylation-independent Relaxation by Halothane in K⁺-depolarized Rat Mesenteric Arteries 656

Isao Tsuneyoshi, Dongya Zhang, and Walter A. Boyle III

Halothane-induced relaxation of high K⁺-depolarized rat mesenteric resistance arteries is independent of changes in either intracellular [Ca²⁺] concentration or myosin phosphorylation.

Mechanisms of Direct Inhibitory Action of Isoflurane on Vascular Smooth Muscle of Mesenteric Resistance Arteries 666

Takashi Akata, Tomoo Kanna, Jun Yoshino, and Shosuke Takahashi

In mesenteric resistance arteries, isoflurane directly depresses vascular smooth muscle reactivity by inhibiting both Ca²⁺ mobilization and myofilament Ca²⁺ sensitivity. During stimulation with norepinephrine, isoflurane prevents activation of Ca²⁺-activated Cl⁻ channels and thereby inhibits voltage-gated Ca²⁺ influx in a prolonged manner.

CONTENTS



**The Actions of Sevoflurane and Desflurane on the
 γ -Aminobutyric Acid Receptor Type A: Effects of TM2
 Mutations in the α and β Subunits 678**

Koichi Nishikawa and Neil L. Harrison

Amino acid residue Ser270 of the γ -aminobutyric acid receptor type A (GABA_A) α 1 and α 2 subunits is critical for regulation of the GABA_A by sevoflurane and desflurane, as well as isoflurane, suggesting that these three volatile anesthetics may share a common site of action on the GABA_A α subunit.

■ **PAIN AND REGIONAL ANESTHESIA**

◆ **Thoracic Epidural Anesthesia Attenuates Hemorrhage-
 induced Impairment of Intestinal Perfusion in Rats 685**

*Jörn Adolphs, Diego K. Schmidt, Shaaban A. Mousa, Britta Kamin,
 Ines Korsukewitz, Helmut Habazettl, Michael Schäfer, and Martin Welte*

Thoracic epidural application of lidocaine improves ileal microcirculation and leukocyte rolling in a rat model of severe hemorrhagic hypotension and resuscitation.

◇ **Analgesic Efficacy of Inhaled Morphine in Patients after
 Bunionectomy Surgery 693**

*John B. Thippawong, Najib Babul, Richard J. Morishige, Hugh K. Findlay,
 Keith R. Reber, Gary J. Millward, and Babatunde A. Otulana*

The safety, efficacy, and dose response of inhaled morphine delivered using the AERx® Pain Management System, a novel pulmonary delivery system, were tested in an acute postsurgical orthopedic (bunionectomy) pain model. The efficacy of single- and multiple-dose inhaled morphine was comparable with that of intravenous morphine and superior to that of placebo.

**Pharmacologic Interaction between Cannabinoid and
 either Clonidine or Neostigmine in the Rat Formalin Test 701**

Myung Ha Yoon and Jeong Il Choi

Cannabinoid interacts synergistically with either clonidine or neostigmine at the spinal level.



CONTENTS

Corticotropin-releasing Factor Mediates the Antinociceptive Action of Nitrous Oxide in Rats 708

Shigehito Sawamura, Mizuki Obara, Kenji Takeda, Mervyn Maze, and Kazuo Hanaoka

Nitrous oxide stimulates corticotropin-releasing factor-containing neurons in rat hypothalamus. Central administration of corticotropin-releasing factor antagonist inhibited nitrous oxide-induced activation of locus ceruleus neurons and its antinociceptive action, suggesting that corticotropin-releasing factor mediates the antinociceptive action of nitrous oxide through descending noradrenergic inhibition.

■ REVIEW ARTICLE

Pharmacologic and Physiologic Influences Affecting Sensory Evoked Potentials: Implications for Perioperative Monitoring 716

Mark Banoub, John E. Tetzlaff, and Armin Schubert

The effect of anesthetic drugs and physiologic influences on sensory evoked potentials is reviewed, with special emphasis on newer agents. An assessment of how these effects relate to the reliability of intraoperative monitoring is made.

■ CASE REPORTS

◆ Postextubation Severe Bronchospasm and Hypotension Triggered by Exposure to a Disinfectant Spray 739

Marc Licker, Anastase Spiliopoulos, Denis Morel, and Catherine Chevalley

◆ Latex Anaphylaxis after Tourniquet Release during Total Knee Arthroplasty 741

Philippe Pirat, Sandrine Lopez, Frédéric Motais, Marie-Caroline Bonnet, and Xavier Capdevila

Use of Inhaled Iloprost in a Case of Pulmonary Hypertension during Pediatric Congenital Heart Surgery 743

Matthias Müller, Stefan Scholz, Myron Kwapisz, Hakan Akintürk, Josef Thul, and Gunter Hempelmann

Intraoperative Management of Severe Pulmonary Hypertension during Cardiac Surgery with Inhaled Iloprost 745

Steffen Rex, Thomas Busch, Manfred Vettelschoss, Lothar de Rossi, Rolf Rossaint, and Wolfgang Buhre

CONTENTS


■ LABORATORY REPORT

- Combination of Xenon and Isoflurane Produces a Synergistic Protective Effect against Oxygen-Glucose Deprivation Injury in a Neuronal-Glial Co-culture Model **748**
Daqing Ma, Mahmuda Hossain, Nishanthan Rajakumaraswamy, Nicholas P. Franks, and Mervyn Maze

■ CORRESPONDENCE

- Safety of Low-flow Sevoflurane Anesthesia in Patients with Chronically Impaired Renal Function is not Proven **752**
Lawrence J. Saidman and Edmond I. Eger

- In Reply** *Evan D. Kharasch, Peter Conzen, Piotr Michalowski, Branko M. Weiss, G. Alec Rooke, Alan Artru, Thomas Ebert, Stephan F. A. Czerner, and Florian M. Reichle* **752**

- Can We Explain the High Incidence of Cardiac Arrest during Spinal Anesthesia for Hip Surgery? **754**
John B. Pollard

- In Reply** *Yves Auroy and Dan Benhamou* **755**

- New Atrial Fibrillation and Elective Surgery **756**
Donald Oxorn

- Disagreement with Conclusions **756**
Andrew B. Leibowitz

- Amiodarone for Conversion of Atrial Fibrillation **756**
Ronald J. Botelho

- In Reply** *David Amar* **757**

- Anatomic and Physiologic Discrepancies in Perioperative Hearing Impairment **757**
Sharad K Singh

- In Reply** *Juraj Sprung and Denis L. Bourke* **758**

CONTENTS



Baclofen, Hemodynamic Instability and Delayed Emergence: Our Perspective	758
<i>Timothy W. Martin and James F. Mayhew</i>	
In Reply <i>Michael A. Lyew, Christina Mondy, Susan Eagle, and Sandra E. Chernich</i>	759
Antiemetic Prophylaxis for Office-based Surgery: Methodologic Concerns	759
<i>Jamal A. Alhashemi and Razaz H. Mujallid</i>	
In Reply <i>Paul F. White, Ronald H. Wender, and Jun Tang</i>	759
Droperidol Editorial: Making a Mountain Out of a Mole Hill!	760
<i>Peter Bailey and Paul F. White</i>	
In Reply <i>Phillip E. Scuder</i>	761
Critical Incident with Narkomed 6000 Anesthesia System	762
<i>Andrew G. Usher, Dominic A. Cave, and Barry A. Finegan</i>	
In Reply <i>Robert Clark</i>	762
Fatal Intraoperative Anaphylaxis Related to Aprotinin after Local Application of Fibrin Glue	762
<i>Anne-Marie Oswald, Luc-Marie Joly, Charles Gury, Monique Disdet, Virginie Leduc, and Gisèle Kanny</i>	
Sustained Ventricular Tachycardia in Long QT Syndrome: Is Propofol the Culprit?	764
<i>Vimi Rewari and Hiralal Kaul</i>	
Spinal Anesthesia for Magnetic Resonance Imaging Examination	764
<i>David Gozal and Yaacov Gozal</i>	
REVIEWS OF EDUCATIONAL MATERIAL	765

Continued on page 31A

CONTENTS



■ ASCCA MEETING ABSTRACTS

Abstracts of the Scientific Papers Presented at the 16th
Annual Meeting of the American Society of Critical Care
Anesthesiologists, October 10, 2003

B1

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