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DECEMBER 14 -18, 2012
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NEW YORK

66th Annual PostGraduate Assembly in Anesthesiology

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66th Annual PostGraduate Assembly in Anesthesiology

December 14 – December 18, 2012

Marriott Marquis, New York | USA

Dear Colleagues:

For six decades, the PostGraduate Assembly (PGA) of The New York State Society of Anesthesiologists has continued to bring new, innovative, challenging, stimulating and mind-stretching techniques for the ongoing education of anesthesiologists. As our specialty has grown so has the PGA to the extent that it is now one of the largest annual assemblies in the specialty worldwide. We have broadened our horizons and now rank as the premiere international annual meeting, drawing over 30% of our total attendance from outside the United States. During the past six decades, the PGA has become the cutting edge of learning in Anesthesiology. As the meeting has evolved during the 60+ years of its existence, we have constantly explored new venues creating a variety of experiences suited to the different needs of the participants. We welcome you to come and learn with us and share your experiences and those of your fellow practitioners and scientists in the heart of New York City.

Our **objective** for this meeting is to provide you with an opportunity for close contact with clinicians, researchers, and those with particular interests which may be of benefit to you and your patients in your clinical practice. We use a variety of teaching techniques including lectures, interactive workshops, miniworkshops, problem-based learning discussions, case discussions, focus groups and paper presentations — hoping that you will find a particular technique that suits your style of learning. We encourage you to participate actively in all aspects of our meeting which are briefly described as follows and narrow your professional gaps in a particular area:

Scientific Panel Lectures and Discussions consider the entire spectrum of relevant clinical material, problems and solutions, the latest in pharmacology and the acceptable practices around the world, which are rapidly evolving around us.

Focus Sessions are the in-depth coverage of comprehensive topics and pro-con debates on controversial issues that are of interest to smaller audiences.

Interactive Hands-on Workshops, and Mini Workshops are high intensity, close contact sessions with expert instructors. This is your opportunity to question, learn and seek out information on a full-range of techniques and subject matters which you can incorporate into your own practice.

Problem-Based Learning Discussions are small group case discussions with experienced clinicians. You will have an opportunity to explore patient management in depth. Active involvement of teaching faculty and physician learner is the rule.

The Resident Research Contest affords young investigators an opportunity to present their work to a conclave of their peers at a major international forum.

The Scientific Exhibits, Poster Presentations, Medically Challenging Case Reports and Technical Exhibits allow you to see and examine the latest research, anesthesia studies, techniques, equipment, pharmaceuticals, and anesthesia related products and services. Presenters and industry exhibitors will be on hand to talk to you.

Hospital Visits take place on Thursday, prior to the start of the PGA. Arrangements have been made for daytime visits to New York City area hospitals and medical schools. You will have an opportunity to view operating rooms, see the latest in medical apparatus and network with your anesthesia colleagues.

Social Events Intense days of learning can be capped with memorable evenings filled with **social events**. Broadway plays and musicals, the opera, and the many fine and exciting restaurants of New York City beckon to you. An intellectual feast by day, followed by an artistic banquet at night.

This continues to be a fascinating time for our specialty. Enjoy the delights of the PGA and the wonders of New York City at this, our 66th Annual Meeting.

Andrew D. Rosenberg, M.D.
PGA General Chair
Committee on Annual Sessions

David J. Wlody, M.D.
PGA Scientific Programs Chair
Committee on Annual Sessions

ENGLISH IS THE OFFICIAL LANGUAGE OF THE PGA

THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, NY 10007

December 14, 2012

Dear Friends:

It is a great pleasure to welcome everyone to the 66th annual Postgraduate Assembly in Anesthesiology hosted by the New York State Society of Anesthesiologists, Inc.

Anesthesiologists play a vital role in patient care and comfort, and since its founding, NYSSA has been committed to advancing this important medical field. Its annual PGA offers physicians, residents in training, nurses, and medical students from around the world the chance to participate in discussion panels and workshops that foster the exchange of ideas and an important network of mutual support. And while you are here, I also hope you take the opportunity to enjoy the attractions from Broadway to points across the five boroughs that make New York the greatest city in the world.

On behalf of all New Yorkers, I offer my best wishes for a productive conference and continued success.

Sincerely,

Michael R. Bloomberg
Mayor

NYSSA/PGA History

The PostGraduate Assembly in Anesthesiology was initially established in 1945 as a biennial assembly. Its overwhelming success caused the founding organizers to modify their objectives and they decided to hold the PGA annually beginning in 1947. In 1949, an ASA meeting was held in New York in lieu of a PGA. The following is a chronological listing of NYSSA Presidents and PGA General Chairs, as well as Distinguished Service Award Recipients and NYSSA members who served as ASA Presidents.

Years	NYSSA Presidents	PGA General Chairs
1945	(No Officeholder)	E. A. Rovenstine, M.D. *
1946	(No Officeholder)	(No PGA Held)
1947	(No Officeholder)	E. A. Rovenstine, M.D. *
1948	Paul W. Searles, M.D.*	Lewis H. Wright, M.D. *
1949	Irving M. Pallin, M.D.*	(ASA Meeting in New York)
1950	H. Arthur Snell, M.D.*	Lewis H. Wright, M.D. *
1951	H. Arthur Snell, M.D.*	E. M. Papper, M.D. *
1952	E. M. Papper, M.D. *	E. M. Papper, M.D. *
1953	Harold F. Bishop, M.D. *	E. M. Papper, M.D. *
1954	Richard N. Terry, M.D.*	S. G. Hershey, M.D. *
1955	Albert M. Betcher, M.D. *	S. G. Hershey, M.D. *
1956	E. Dean Babbage, M.D. *	S. G. Hershey, M.D. *
1957	S. G. Hershey, M.D. *	Louis R. Orkin, M.D.
1958	Vincent J. Collins, M.D. *	Louis R. Orkin, M.D.
1959	John A. Kalb, M.D. *	Louis R. Orkin, M.D.
1960	Edwin Emma, M.D. *	Merel H. Harmel, M.D.
1961	Charles M. Landmesser, M.D. *	Albert M. Betcher, M.D. *
1962	Albert E. Chiron, M.D. *	Albert M. Betcher, M.D. *
1963	Carl J. Geiger, M.D. *	James O. Elam, M.D. *
1964	Louis R. Orkin, M.D. *	Merel H. Harmel, M.D.
1965	Victor J. Tofany, M.D.	Benton D. King, M.D. *
1966	William S. Howland, M.D. *	Benton D. King, M.D. *
1967	Richard Ament, M.D. *	Benton D. King, M.D. *
1968	Edgar H. Bachrach, M.D. *	Joseph F. Artusio, Jr., M.D.*
1969	Kenneth A. Kelly, Jr., M.D.	Joseph F. Artusio, Jr., M.D.*
1970	George A. Keating, M.D. *	Joseph F. Artusio, Jr., M.D.*
1971	Robert M. Lawrence, M.D. *	William S. Howland, M.D. *
1972	Sarah Joffe, M.D. *	William S. Howland, M.D. *
1973	H. Ketcham Morrell, M.D.	William S. Howland, M.D. *
1974	Louis S. Blancato, M.D. *	Sarah Joffe, M.D. *
1975	William B. McCafferty, M .D. *	Sarah Joffe, M.D. *
1976	Erwin Lear, M.D.	Sarah Joffe, M.D. *
1977	William D. Nugent, M.D.	Paul J. Poppers, M.D.
1978	Thomas K. Lammert, M.D.	Paul J. Poppers, M.D.
1979	Joyce M. McChesney, M.D.	Paul J. Poppers, M.D.
1980	Edward C. Sinnott, M.D. *	Herman Turndorf, M.D.
1981	Joseph W. Kramarczyk, M.D. *	Herman Turndorf, M.D.
1982	Bernard Hollander, M.D. *	Herman Turndorf, M.D.
1983	James E. Graber, M.D. *	Henrik H. Bendixen, M.D. *
1984	Lee S. Binder, M.D. *	Henrik H. Bendixen, M.D. *
1985	Alexander L. Hastie, M.D.	Henrik H. Bendixen, M.D. *
1986	Gerald S. Weinberger, M.D.	Henrik H. Bendixen, M.D. *
1987	Charles J. Vacanti, M.D.	Henrik H. Bendixen, M.D. *
1988	I. Cary Andrews, M.D. *	Mieczyslaw Finster, M.D.
1989	Jared C. Barlow, M.D.	Mieczyslaw Finster, M.D.
1990	Marilyn M. S. Kritchman, M.D.	Mieczyslaw Finster, M.D.
1991	Patrick A. Fantauzzi, M.D.	James E. Cottrell, M.D.
1992	Herbert J. Fisch, M.D. *	James E. Cottrell, M.D.
1993	Peter B. Kane, M.D.	James E. Cottrell, M.D.
1994	Paul L. Goldiner, M.D.	Alexander W. Gotta, M.D.
1995	Anthony A. Ascioti, M.D.	Alexander W. Gotta, M.D.
1996	Alexander W. Gotta, M.D.	Alexander W. Gotta, M.D.
1997	James P. Burdick, M.D.	Elizabeth A.M. Frost, M.D.
1998	Margaret G. Pratila, M.D.	Elizabeth A.M. Frost, M.D.
1999	Michael S. Jakubowski, M.D.	Elizabeth A.M. Frost, M.D.
2000	Kenneth J. Freese, M.D.	Elizabeth A.M. Frost, M.D.
2001	Mark J. Lema, M.D., Ph.D.	Mark J. Lema, M.D., Ph.D.
2002	Phillip N. Fyman, M.D.	Mark J. Lema, M.D., Ph.D.
2003	Thel G. Boyette, M.D.	Mark J. Lema, M.D., Ph.D.
2004	Steven S. Schwalbe, M.D.	Vinod Malhotra, M.D.
2005	Scott B. Groudine, M.D.	Vinod Malhotra, M.D.
2006	Michael H. Mendeszoon, M.D., M.B.A.	Vinod Malhotra, M.D.
2007	Richard A. Beers, M.D.	Rebecca S. Twersky, M.D., M.P.H.
2008	Robert S. Lagasse, M.D.	Rebecca S. Twersky, M.D., M.P.H.
2009	Alan E. Curle, M.D.	Rebecca S. Twersky, M.D., M.P.H.
2010	Paul H. Willoughby, M.D.	Andrew D. Rosenberg, M.D.
2011	Kathleen A. O'Leary, M.D.	Andrew D. Rosenberg, M.D.
2012	Salvatore G. Vitale, M.D.	Andrew D. Rosenberg, M.D.

NYSSA Distinguished Service Award History

Years	Recipient Names
1996 (inaugural recipient)	Erwin Lear, M.D.
1997	Edward C. Sinnott, M.D. *
1998	Joseph F. Artusio, Jr., M.D.*
1999	Albert M. Betcher, M.D. *
2000	Louis R. Orkin, M.D.
2001	Louis S. Blancato, M.D. *
2002	Sarah Joffe, M.D. *
2003	Mieczyslaw Finster, M.D.
2004	Gertie F. Marx, M.D. *
2005	Paul L. Goldiner, M.D.
2006	James E. Cottrell, M.D.
2007	Jared C. Barlow, M.D.
2008	H. Ketcham Morrell, M.D.
2009	Peter B. Kane, M.D.
2010	Alexander W. Gotta, M.D.
2011	Jack Egnatinsky, M.D.
2012	Mark J. Lema, M.D., Ph.D.

* Deceased

NYSSA's ASA Presidents

We proudly acknowledge those individuals who during their professional career, while in New York State, rose through the ranks of The New York State Society of Anesthesiologists, Inc., and its predecessor, The New York Society of Anesthetists, to become President of The American Society of Anesthesiologists:

Years	ASA Presidents
1935/36	Harold C. Kelley, M.D. *
1943/44	E. A. Rovenstine, M.D. *
1957	Irving M. Pallin, M.D. *
1963	Albert M. Betcher, M.D. *
1968	E. M. Papper, M.D. *
1971	Robert G. Hicks, M.D. *
1977	Richard Ament, M.D. *
1982	Louis S. Blancato, M.D. *
1985	H. Ketcham Morrell, M.D.
1987	Howard L. Zauder, M.D., Ph.D.
2003	James E. Cottrell, M.D.
2007	Mark J. Lema, M.D., Ph.D.

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There may have been changes since the publication of this Program Journal. Please check the Program Supplement insert for updated details.

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General Information

Registration

Advance Registrants have been provided with pre-packaged envelopes, which include badges; and where applicable, CME documentation forms, mini workshop, workshop, problem-based learning discussion, and social activities tour/show tickets. MAKE SURE THAT YOU HAVE RECEIVED THE PROPER REGISTRATION MATERIALS. If you find any discrepancies please bring it to our attention immediately.

Days and Hours – The PGA Registration Area is located on the 4th floor of the New York Marriott Marquis and will be operational daily as follows:

Thursday, December 8th • 1600 - 19:00

Friday, December 9th • 07:00 - 19:00

Saturday, December 10th through
Tuesday, December 13th • 07:00 - 16:00

Categories and Fees – General registration is obligatory for all who attend the Assembly. Categories and corresponding on-site fees, are as follows:

Category	On-Site Fee
PGA Guest Faculty Speaker	No Fee
NYSSA Active and Affiliate Members	Pre-Paid with Dues
Non-Member Physicians - M.D., D.O., D.D.S., or International Equivalent (Actives, Affiliates and Retirees)	$775
NYSSA Retired Members	No Fee
NYSSA Resident Members	Pre-Paid with Dues
Non-Member Residents - M.D., D.O., D.D.S., or International Equivalent	$200
Physician's Assistant/Anesthesiology Assistant/Perfusionist (can not be an M.D., D.O., or international equivalent)	$350
CRNAs	$775
Student CRNAs	$150
RNs (CRNAs are not eligible to register in this Category)	$80
Graduate Respiratory Therapists	$80
Biomedical Engineers	$80
Anesthesia Technicians	$80
Anesthesia Office Personnel (Non-Medical Staff)	$50
Non-Medical Guests of Registered Physicians or CRNAs (these are limited to immediate family and **not** permitted access to scientific sessions).	No Fee
Medical Students and Student RNs, RTs, BMEs	No Fee
Technical Exhibitors (NON-MEDICAL Exhibitors ONLY)	No Fee

The PGA Business Manager will determine appropriate fees for individuals who are not identified by any of the above categories.

Payment of the registration fee includes admission to the following general scientific sessions:

- Scientific Panels (SP-01 through SP-28)
- International Forum Session (SP-21)
- Current Issues Forum (FS-16)
- Memorial Lectures (SP-05, SP-09 -&- SP-22)
- Resident Research Contest
- Exhibit Halls
- Focus Sessions (FS-01 through FS-32)
- NYSSA Resident and Fellow Section Meeting
- Ancillary Sessions
- Special Session

We will provide you with:

- Official Program Materials
- Complimentary Coffee Services (where indicated)
- CME Credit Certificates (issued post-meeting; where applicable)

Workshops, Mini Workshops and Problem-Based Learning Discussions

Ticket Sales Stations are located on the 4th floor of The Marriott, at the PGA Registration Area for **Workshops, Mini Workshops** and **Problem-Based Learning Discussions**. Refer to the Table of Contents for the complete listings of topics, speakers, disclosures and objectives.

Workshops Each cost $150, except for W-01, W-06 and W-09, which are $350; and W-04 which is $500.

Mini Workshops and Problem-Based Learning Discussions Each cost $25.

Resale and Exchange Policy Tickets for resale must be relinquished prior to the start of the event and returned to the designated Ticket Sales Station at the PGA Registration Area located on the 4th floor. Every effort will be made to re-sell your ticket(s). Refunds will be made only if the ticket is re-sold.

Exchanges can be made ONLY if the ticket to be exchanged is resellable, and is for an event that has yet to take place. Additional charges or cash returns, where applicable, will be imposed or remitted.

Resales and exchanges are facilitated on a first-come, first-serve priority basis.

Individuals who choose their own method of transportation for social events rather than that which is programmed and fail to connect with the tour, do so at their own risk. The NYSSA/PGA can not be held responsible for such losses, and in such instances refunds will not be authorized. Social Activities, theatre, concert, and opera tickets are non-refundable.

Refunds will be mailed after the PGA. Please retain receipts for your records.

General Information

Scientific Exhibits will be on display in the **ROTUNDA AREA** (located on the 7th floor of The New York Marriott Marquis). These exhibits offer the latest in scientific progress, both in descriptive and visual forms. Consult the Table of Contents and the Program Supplement for details. Exhibit days and hours are:

Saturday, December 15th • 10:00 to 16:00
Sunday, December 16th • 10:00 to 16:00

Poster Presentations will be on display in the **ROTUNDA AREA** (located on the 7th floor of The New York Marriott Marquis)

Medically Challenging Case Report Posters will be on display on the 6th floor (The New York Marriott Marquis). Poster Presentations and Medically Challenging Case Report Posters have been scheduled for viewing on specific days and times. Authors will be on hand to discuss their work with you. Refer to the Table of Contents and Program Supplement Insert for further details regarding topics, authors, assigned days and times, as follows:

Saturday, December 15th • 11:00 to 13:00 & 14:00 to 16:00
Sunday, December 16th • 11:00 to 13:00 & 14:00 to 16:00
Monday, December 17th • 11:00 to 13:00 & 14:00 to 16:00

Technical Exhibits will be located on the 5th floor of the New York Marriott Marquis. Our exhibitors invite you to examine their equipment, drugs, literature and services. Their participation and support has helped to make this meeting possible. The PGA Scientific Programs Committee has scheduled a multitude of sessions so as to allow ample time for you to visit the exhibits during the day.

For your convenience, a map of the Exhibit Hall appears in the Program Supplement. Consult the Table of Contents and Program Supplement for further information and addendums. Exhibit days and hours are:

Saturday, December 15th • 08:00 to 16:00
Sunday, December 16th • 08:00 to 15:00
Monday, December 17th • 08:00 to 12:00

Complimentary Coffee Service in the PGA exhibit complex.
Saturday, December 15th • 08:00 and 12:00
Sunday, December 16th • 08:00 and 12:00
Monday, December 17th • 08:00

Lunch Concession Service consisting of sandwiches, salads, snacks and soft drinks will be available for purchase and conveniently located in the PGA exhibit complex (5th floor), between the hours of 11:30 - 13:30 on Saturday and Sunday.

Speaker Abstracts and Reference Source materials
Scientific Panel, Focus Session, Mini Workshop, Problem-Based Learning Discussion speakers have been asked to provide syllabus and reference information pertinent to the topics that they will be presenting. Syllabi and cases that were submitted will be posted on the PGA Website and available for viewing at **www.call4.com/handouts/nyssa**

PowerPoint displays, posters and video presentations are the exclusive property of the individual presenters and, in accordance with intellectual property rights, can not be reproduced without the owners' permission. In addition, audio and/or video recording of a presentation, as well as the taking of photographs, is strictly prohibited.

Speaker Ready Room The PGA Faculty Speaker Ready Room, is located in the Times Square Room, 7th floor of the New York Marriott Marquis and will be staffed from 07:00 - 16:00, Friday, December 14th through Tuesday, December 18th.

Notable Associations

American Association of Clinical Directors
The purpose of the AACD is to provide a forum for anesthesiologists whose primary responsibility is operating room management. The society offers physicians with an interest in the business aspect of operating room management an opportunity to share ideas with colleagues, meet anesthesiologists who have experience in this area, and share in a common forum for the discussion of problems.

Anesthesia Patient Safety Foundation
APSF's Mission is to continually improve the patients during anesthesia care by encouraging safety research and education, patient safety programs and campaigns, as well as, conducting a national and international exchange of information and ideas.

British Journal of Anaesthesia
The British Journal of Anaesthesia is a monthly peer-reviewed medical journal published by the Oxford University Press on behalf of the Royal College of Anaesthetists. It was established in 1923 and covers all aspects of anesthesia.

European Society of Anaesthesiologists
The ESA aims for the highest standards of practice and safety in anesthesia, intensive care, emergency medicine and pain treatment through education, research and professional development throughout Europe. The ESA organizes European Anesthesiology Congresses throughout Europe. The meetings are attended by members and non-members representing more than 80 countries from around the world.

World Institute of Pain
The World Institute of Pain (WIP) provides a global forum for education, training, and networking for thousands of physicians who dedicate themselves to the worldwide phenomena of acute and chronic pain syndromes.

General Information

Evaluation Forms
During the course of this meeting, you may be asked to assist us in evaluating the various segments of the PGA. We appreciate your time, effort, and cooperation in completing and returning these forms. Your comments will be taken into consideration when planning future PGA programs. Please utilize the various collection facilities that have been provided for these forms or return them to any staff member in the Registration Area or to the PGA Headquarters Office on the 7th floor.

Syllabus Material
Syllabus Material for PGA66 can be accessed until November, 2013 at:

www.call4.com/handouts/nyssa
or
www.nyssa-pga.org

PGA Staff Headquarters
The Harlem Room, located on the 7th floor of the Marriott, will serve as the NYSSA/PGA in-hotel Headquarters Office. This facility will be open from 07:00 to 17:00 for all days of the meeting.

NYSSA Membership
If you are a licensed anesthesiologist who practices in the State of New York and are interested in becoming a member of The New York State Society of Anesthesiologists, Inc., please contact our office for application forms and assistance at the conclusion of the meeting.

NYSSA House of Delegates
Will convene on Saturday, December 15th at 11:00 and Sunday, December 16th at 09:30, in the Marquis Ballroom, located on the 9th floor of the Marriott (accessed only by escalator).

Cell Phone
Cell phones must be in a muted, non-audio mode during all PGA sessions.

Smoking Policy
Smoking is not permitted at any PGA function.

Disclaimer:
The NYSSA/PGA can not be held responsible for loss of personal property.

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212-867-7140 • hq@nyssa-pga.org • www.nyssa-pga.org

Statement of Educational Mission

(Last revision approved by the NYSSA House of Delegates - December 10, 2011)

VISION: The New York State Society of Anesthesiologists, Inc. (NYSSA) through its Committee on Continuing Medical Education and Remediation (CME&R) is a learning organization that is dedicated to enhancing the standards and practice of the specialty by sponsoring quality, up-to-date and cutting-edge Continuing Medical Education (CME) activities designed at encouraging education, research and scientific investigations, and promoting quality and patient care by improving competence, performance, and patient outcomes, not only within the membership but also nationwide and extending to the international community. In addition, this organization is committed to the remediation of anesthesiologists identified and referred by the New York State Department of Health Office of Professional Medical Conduct.

PURPOSE: The goals and objectives of NYSSA's CME&R program are to:

- Disseminate clinically useful, state-of-the-art, evidence-based, continuing medical education information, as well as basic and clinical scientific research data to clinical practitioners, students, and researchers in the field of anesthesiology, pain management, critical care, and anesthesia practice management.
- Encourage and stimulate ongoing and new anesthesia-related research projects that will enhance and advance the specialty.
- Remain current in our knowledge of the direction the field of anesthesiology, pain management, critical care, and practice management is following to be able to better develop programs to meet these newly identified needs.
- Continually investigate and develop alternative methods to determine the educational needs of the diverse health care professionals serviced by the CME&R NYSSA program.
- Comply with the Accreditation Council for Continuing Medical Education's *(ACCME)* new Updated Accreditation Criteria adopted in September 2006.
- Be supportive and institute remediation programs for anesthesiologists in need of remediation by continuing to be the designated Clinical Remediation Organization in Anesthesiology for the New York State Department of Health Office of Professional Medical Conduct.

CONTENT: The scope of the NYSSA's CME&R program is to provide a comprehensive integrated program designed to address the full *spectrum of perioperative medicine, anesthetic management, pain management, critical care, and anesthesia practice management both* in hospital and non-hospital settings. Diverse educational aspects include, but are not limited to, perioperative evaluation, relief of pain and suffering, support of physiologic homeostasis, and cardiopulmonary resuscitation. Also included are activities designed to enhance knowledge of the *changing healthcare marketplace and economic impact* on the specialty of anesthesiology. Activities are also designed to fulfill Maintenance of Certification requirements of practicing anesthesiologists.

TARGET AUDIENCE: The educational program is designed to address the continuing medical education needs of health care professionals worldwide who are dedicated to the practice of all aspects of the field of anesthesiology. These programs will specifically meet the needs of anesthesiologists and intensivists in clinical practice and academia, physicians and PhD's engaged in research, anesthesia residents and fellows, intensive care fellows, medical students, and individuals in the allied health care professions *(certified nurse anesthetists, perioperative care nurses, anesthesia assistants, dentists, and respiratory therapists).*

TYPES OF ACTIVITIES & PROGRAM MODALITIES: The educational program is accomplished by conducting an annual session of the Post-Graduate Assembly in Anesthesiology (PGA) each year in New York. This meeting is the second largest annual anesthesia meeting in the country. The program utilizes a wide range of educational platforms to meet the needs of its participants and to fulfill the goals of the organization. Modalities include, but are not limited to, large plenary didactic sessions, interactive hands-on workshops, small group problem-based learning discussions, small interactive focused group discussions, simulation modalities as well as scientific free papers and exhibits. The Committee on CME&R of the NYSSA is committed to ensuring the effectiveness of its programs through evaluations, focus groups, feedback and follow-up analysis of impact on learning and professional performance of its attendees. Additional venues and modalities will continuously be explored for their beneficial contribution to the learning process.

EXPECTED PROGRAM OUTCOMES: **The Committee on CME&R of the NYSSA expects that its participants will either:** Improve their competence by increasing their fund of knowledge and/or skill sets

OR

Improve their performance by applying their newly-acquired knowledge and/or skill sets in order to provide quality and safe patient care. It is the belief of the Committee on CME&R that by improving competence and performance, patient outcomes will be improved. As the ability to measure patient outcomes of our participants become available, the Committee on CME&R will endeavor to utilize them to determine the impact of our CME activities on patient outcomes.

Faculty Disclosure

The PostGraduate Assembly in Anesthesiology (PGA) maintains that balance, independence and objectivity be applied to each academic session. In accordance with ACCME Essentials, Guidelines & Standards, all PGA speakers and program organizers have been asked to disclose any potential conflicts of interest, this includes whether presenters have a commercial relationship with respect to their presentations or program content. This information is noted throughout the program journal, on the PGA web site, and will be on display in all meeting rooms with A/V projection. The views, opinions, policies or actions expressed by those who have provided materials for this meeting do not necessarily represent those of the PGA or The New York State Society of Anesthesiologists, Inc. The PGA and the NYSSA assume no responsibility for, nor do we endorse, any comments, recommendations or materials provided.

Continuing Medical Education

The New York State Society of Anesthesiologists, Inc., is accredited by the **Accreditation Council for Continuing Medical Education** to provide continuing medical education for physicians.

The New York State Society of Anesthesiologists, Inc., designates this live activity for a maximum of **46.5** *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American Medical Association has determined that **physicians not licensed in the United States** who participate in this CME activity are eligible for *AMA Physician's Recognition Award Category 1 Credits*. **For additional details log on to: www.ama-assn.org**

We have been notified by the **Royal College of Anaesthetists** that **UK anaesthetists** who attend this meeting can claim **CEPD points** at the rate of **1 point per hour, up to a maximum of 5 points per day, and a grand total of no more than 15 points** for this meeting.

The American Osteopathic Association will award credit in **Category 2** of the **AOA CME** program to D.O.'s upon receipt of documentation of verification of attendance.

CRNAs must apply to the AANA for post-meeting CE Credits. Certificates of Attendance will be provided, upon request

CME Certification Process

66th Annual

PostGraduate Assembly in Anesthesiology

December 14 – December 18, 2012

Marriott Marquis, New York | USA

CME Certification

In order for the NYSSA/PGA to maintain ACCME accreditation as a CME Provider, and to be in compliance with current AMA CME certification requirements for reporting and awarding CME credits, we are informing you of the following details regarding the verification of credits and issuance of Certificates of Attendance:

- CME Certificates **will not** be issued on-site at the meeting.
- CME Certificates will be issued **after the meeting,** upon verification of credits, as submitted to NYSSA Headquarters.
- Each Active, Affiliate and Retired category Physician attendee will be issued a PGA66 2012 CME Documentation Form.
  - If **pre-registered**, the form will be in your registration packet.
  - **On-site registrants**, will receive a form with their program meeting materials, upon completion of the registration process.

  In the event any of the personalized information is recorded inaccurately, an NYSSA/PGA Staff member at the registration area (4th floor) will be able to assist you in securing a revised form.
- At the conclusion of the meeting, tally the total number of your CME credits, claiming only those sessions that you attended. Make a copy of the form to keep with your records.
- Non-Educational sessions such as Committee and House of Delegates meetings are not eligible for CME credit.
- Sign and date the form attesting to its accuracy, then send it by mail or fax to NYSSA Headquarters;

  or

  To submit your CME claim **on-line**, visit our website at **www.nyssa-pga.org** and click on Submit PGA66 CME Documentation Form.
- NYSSA Staff will validate the CME credits that you earned.
- A CME Certificate of Attendance will be issued and mailed in your name, and will include the total credits that you achieved, as well as any registration fee that you may have paid.
- The deadline for claiming PGA66 credits is **June 30, 2013**.

A document of attendance which international registrants may need, exclusive of CME credits, will be issued upon request at the PGAs Registration Area, on the fourth floor Promenade of the New York Marriott Marquis.

Program Planner Disclosure Statements:

The following PGA Program planners, who are in a position to influence CME content, have indicated that they did not disclose any financial relationships, unless otherwise noted:

Andrew D. Rosenberg, M.D., PGA General Chair
David J. Wlody, M.D., Chair, Scientific Programs

Richard A. Beers, M.D., Vice-Chair, Scientific Programs

Ingrid B. Hollinger, M.D., FAAP, Chair, Focus Sessions

Dawn M. Sweeney, M.D., Vice-Chair, Focus Sessions

Rose Berkun, M.D., Chair, Workshops

Meg A. Rosenblatt, M.D., Vice-Chair, Workshops

Clifford M. Gevirtz, M.D., M.P.H., Chair, Mini Workshops

P. Sebastian Thomas, M.D., Vice-Chair, Mini Workshops

Patricia Fogarty Mack, M.D., Chair, Problem-Based Learning Discussions

James E. Szalados, M.D., M.B.A., Esq., Vice-Chair, Problem-Based Learning Discussions

Charles W. Emala, Sr., M.S., M.D., Chair, Resident Research Contest
Stephen A. Vitkun, M.D., M.B.A., Ph.D., Chair, Scientific Exhibits & Poster Presentations

Robert N. Sladen, M.B., Ch.B., FCCM, Vice-Chair, Scientific Exhibits & Poster Presentations

Francine S. Yudkowitz, M.D., FAAP, M.D., Chair., Continuing Medical Education and Remediation

Notes

PGA66 Opening Day...

66th Annual

PostGraduate Assembly in Anesthesiology

December 14 – December 18, 2012

Marriott Marquis, New York | USA

Reminder

Please silence your mobile devices during sessions

Friday, December 14, 2012

	Times
Registration	07:00
Interactive Workshops	07:00, 08:00 & 12:00
Mini Workshops	07:45 & 11:45
Scientific Panels	09:00 & 13:00
Problem-Based Learning Discussions	11:45 & 15:45
Focus Sessions	15:45

Workshops, **Mini Workshops** and **Problem-Based Learning Discussions** **require a ticket for entrance**. **Please refer to page 9 for fees**.

All Day Session • 07:00 - 17:30 • Empire Complex • 7th Floor

Workshop — W-01

Pediatric Advanced Life Support (PALS)

Workshop Moderator: **FRANCINE S. YUDKOWITZ, M.D., FAAP**
Associate Professor of Anesthesiology and Pediatrics
Director, Pediatric Anesthesia
Mount Sinai School of Medicine
New York, New York

Assisted by:

RHONDA A. ALEXIS, M.D.
Attending Anesthesiologist
The Children's Hospital of Philadelphia
Department of Anesthesiology and Critical Care Medicine
Philadelphia, Pennsylvania

BARBARA M. DILOS, D.O.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

CHERYL K. GOODEN, M.D.
Associate Professor of Anesthesiology and Pediatrics
Mount Sinai School of Medicine
New York, New York

JOANNE HOJSAK, M.D.
Associate Professor of Pediatrics
Chief, Pediatric Critical Care
Mount Sinai Kravis Children's Hospital
New York, New York

MERCEDITAS M. LAGMAY ABRAMS, M.D.
Pediatric Anesthesiologist
Bedford Anesthesia PLLC
Mount Kisco, New York

Friday

Objective(s):

After successfully completing this workshop the participant will be able to:

- Demonstrate basic pediatric life-support skills;
- Recognize the signs of impending respiratory failure and shock;
- Initiate treatment of impending and overt respiratory failure and shock;
- Identify and appropriately treat rhythm disturbances.

Requirements for Certificate:

To receive a PALS Certificate, the participant will have to successfully complete the course and pass a written and practical examination which will be administered at the end of the course.

Due to the requirement to review literature in advance, this workshop is limited to pre-registration.

NOTE: This is a full-day Workshop and lunch will not be provided.

FACULTY DISCLOSURE STATEMENTS:
Drs. Alexis, Dilos, Gooden, Hojsak, Lagmay Abrams and Yudkowitz did not disclose any financial relationships.

Mini Workshop | Friday, December 14, 2012 | M-01 through M-04

Morning Sessions • 07:45 - 08:45 • 4th Floor Rooms

Mini Workshop — M-01 - Odets Room

Management of Post Dural Puncture Headache

Speaker:
IVAN A. VELICKOVIC, M.D.
Director, Obstetric Anesthesiology | SUNY-Downstate Medical Center | Brooklyn, New York

Objective(s):

- Discuss the management of accidental dural puncture in obstetrics;
- Develop an evidence-based decision regarding the use of intrathecal catheters in the prevention and management of PDPH;
- Review the treatment of spinal headache, including therapeutic and prophylactic blood patch.

Disclosure: Dr. Velickovic did not disclose any financial relationships.

Mini Workshop — M-02 - Wilder Room

Update on Therapy for Postoperative Nausea and Vomiting (PONV)

Speaker:
CAROL ANN B. DIACHUN, M.D.
Associate Professor of Anesthesiology | Director, Division of Vascular Anesthesia | Associate Residency Program Director
University of Rochester School of Medicine and Dentistry | Rochester, New York

Objective(s):

- Describe the pathophysiology of postoperative vomiting;
- Enumerate the associated factors for PONV;
- Compare and contrast the pharmacologic treatment option;
- Formulate treatment options for the patient with PONV.

Disclosure: Dr. Diachun did not disclose any financial relationships.

Mini Workshop — M-03 - Ziegfeld Room

Ultrasound for Nerve Blocks

Speaker:
ELLIOTT S. GREENE, M.D.
Professor of Anesthesiology | Albany Medical College | Albany, New York

Objective(s):

- Describe the physics of ultrasonography;
- Enumerate the indications for ultrasound guidance;
- Identify the topology of ultrasound images.

Disclosure: Dr. Greene receives royalties in support of patents pertaining to a safety needle catheter.

Mini Workshop — M-04 - O'Neill Room

Anesthesia for Carotid and Tra-Cranial Vascular Abnormalities

Speaker:
VERONICA P. CARULLO, M.D.
Assistant Professor of Anesthesiology | Albert Einstein College of Medicine | Bronx, New York

Objective(s):

- Assess the use of short acting anesthetics for carotid endarterectomy;
- Recognize the indications for carotid stenting;
- Discuss anesthetic management for carotid stenting;
- Delineate two possible complications that require urgent anesthetic intervention.

Disclosure: Dr. Carullo receives research support from Janssen Pharmaceuticals.

Morning Session • 08:00 - 11:00 • Soho Complex • 7th Floor

Workshop — W-02

Ultrasound, Simulation and Stimulation for Peripheral Nerve Blocks

Station I Nerve Blocks of the Upper Extremity - Ultrasound Technique

Station II Nerve Blocks of the Upper Extremity - Nerve Stimulator Technique

Station III Nerve Blocks of the Lower Extremity - Ultrasound and Nerve Stimulator Technique

Station IV Simulation and Equipment for Performing Peripheral Nerve Blocks

Workshop Moderators:

DAVID B. ALBERT, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

MITCHELL H. MARSHALL, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

Assisted by:

ROBERT A. ALTMAN, M.D.
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

MICHAEL R. ANDERSON, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

ARTHUR ATCHABAHIAN, M.D.
Associate Professor of Clinical Anesthesiology
NYU Hospital for Joint Diseases
New York, New York

PATRICK BIRMINGHAM, M.D., FAAP
Professor of Anesthesiology
Northwestern University Feinberg School of Medicine
Associate Chair, Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

LEVON M. CAPAN, M.D.
Professor of Anesthesia
New York University School of Medicine
Associate Director, Anesthesia
Bellevue Hospital Center
New York, New York

STEVE S. CHEN, M.D.
Assistant Professor of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

BRIAN T. DURKIN, D.O.
Assistant Professor of Anesthesiology
Director, Center for Pain Management
SUNY- Health Sciences Center at Stony Brook
Stony Brook, New York

CYNTHIA L. FENG, M.D.
Assistant Professor of Anesthesiology
NYU Hospital for Joint Diseases
New York, New York

ELLIOT S. GREENE, M.D.
Professor of Anesthesiology
Albany Medical College
Albany, New York

CHRISTINA L. JENG, M.D.
Assistant Professor of Anesthesiology and Orthopaedics
Mount Sinai School of Medicine
New York, New York

JUNG T. KIM M.D.
Associate Professor of Clinical Anesthesiology
Vice Chair, Chief of Service
Department of Anesthesiology
Medical Director, Perioperative Surgical Services
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New York, New York

ERIC M. KITAIN, M.D.
Chair, Department of Anesthesiology
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MITCHELL Y. LEE, M.D., B.A.
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Assistant Residency Director
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New York University School of Medicine
New York, New York

DANIELLE B. LUDWIN, M.D.
Assistant Professor of Anesthesiology
Columbia University, College of Physicians & Surgeons
New York, New York

JOVAN POPOVIC, M.D., FRCPC
Assistant Professor of Anesthesiology
New York University School of Medicine
Medical Director, NYU Langone Outpatient Surgery
New York, New York

MEG A. ROSENBLATT, M.D.
Professor of Anesthesiology and Orthopaedics
Director, Division of Orthopaedic Anesthesiology
Mount Sinai School of Medicine
New York, New York

GEORGE J. SPESSOT, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

SANTHANAM SURESH, M.D., FAAP
Anesthesiologist-in-Chief
Department of Pediatric Anesthesiology
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

TIFFANY R. TEDORE, M.D.
Assistant Professor of Anesthesiology
Chief, Regional Anesthesia
New York-Presbyterian Hospital
Cornell University, Weill Cornell Medical College
New York, New York

DANIEL D. WAMBOLD, M.D.
Attending Anesthesiologist
The Valley Hospital
Ridgewood, New Jersey

RICHA WARDHAN, M.D.
Associate Director, Regional Anesthesia
Department of Anesthesiology
Yale University, School of Medicine
New Haven, Connecticut

LISA WARREN, M.D.
Director, Ambulatory and Regional Anesthesia
Massachusetts General Hospital
Department of Anesthesia and Critical Care
Boston, Massachusetts

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Apply the use of nerve stimulator techniques for upper and lower extremity blocks;
- Treat reflex sympathetic dystrophy with either intravenous anesthesia (Bier block) or nerve block;
- Utilize ultrasound technology for upper and lower extremity blocks.

FACULTY DISCLOSURE STATEMENTS:

Drs. Albert, Altman, Anderson, Atchabahian, Birmingham, Capan, Chen, Feng, Jeng, J.T. Kim, S. Kim, Kitain, Lee, Ludwin, Marshall, Popovic, Rosenblatt, Spessot, Tedore, Wambold, Wardhan and Warren did not disclose any financial relationships.
Dr. Durkin receives funded research support from Purdue Pharma L.P. and is on the Pfizer Inc. and Forrest Pharmaceuticals speakers bureau.
Dr. Greene receives royalties in support of patents pertaining to a safety needle catheter.
Dr. Suresh receives funded research support from Ferndale Labs and Purdue Pharma, consultant fees from Orthopedic Knowledge Online and material support from GE Healthcare, Philips Healthcare and Sonosite, Inc.

NOTE: This Workshop will be repeated Friday as W-03, Sunday as W-10 and Tuesday as W-18.

The Anesthetic Management of the Patient with Coexisting Critical Illness

Panel Moderator:
ROBERT N. SLADEN, M.B., Ch.B., FCCM
Professor and Vice Chair | Department of Anesthesiology | Chief, Division of Critical Care
Columbia University, College of Physicians & Surgeons | New York, New York

Disclosure: Dr. Sladen receives honoraria from Orion Pharma Hutchinson Technologies and is on their speaker bureau. He is an unpaid consultant for Imacor.

Objective(s):

The participant will be able to:
- Describe the underlying pathophysiology of advanced liver disease, advanced cardiac failure requiring an LVAD, acute lung injury, and end stage renal disease requiring hemodialysis;
- Formulate an anesthetic plan for the management of patients with coexisting critical illnesses.

Panelists' Presentations:

1. Perioperative Considerations for the Patient with Advanced Liver Disease

MICHAEL A.E. RAMSAY, M.D., F.R.C.A.
Chair, Department of Anesthesiology and Pain Management
President Baylor Research Institute
Baylor University Medical Center
Dallas, Texas

2. Perioperative Considerations for the Patient with an LVAD

MABEL CHUNG, M.D.
Assistant Professor of Anesthesiology
Albert Einstein College of Medicine
Montefiore Medical Center
Bronx, New York

3. Perioperative Considerations for the Patient with Acute Lung Injury

AVERY TUNG, M.D.
Associate Professor of Anesthesia & Critical Care
Director, Critical Care Services, Burn Unit
University of Chicago Medical Center
Chicago, Illinois

4. Perioperative Considerations for the Patient on Hemodialysis

ROBERT N. SLADEN, M.B., Ch.B., FCCM

FACULTY DISCLOSURE STATEMENTS:
Drs. Chung, Ramsay and Tung did not disclose any financial relationships.

Host: David J. Wlody, M.D.

Morning Session • 09:00 - 11:30 • South Ballroom • 6th Floor

Scientific Panel — SP-02

The Anesthetic Management of the Child with Coexisting Disease

Panel Moderator:
LINDA J. MASON, M.D.
Professor of Anesthesiology and Pediatrics | Loma Linda University School of Medicine | Loma Linda, California

Disclosure: Dr. Mason did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Manage pediatric patients with significant pulmonary disease, including asthma, cystic fibrosis, and bronchopulmonary dysplasia;
- Formulate an anesthetic plan based on common cardiac diseases seen in childhood;
- Identify airway anomalies in children and describe the management of both the recognized and unrecognized difficult airway;
- Describe the implications of neuromuscular diseases seen in childhood on anesthetic management.

Panelists' Presentations:

1. Pulmonary Disease
LINDA J. MASON, M.D.

2. Cardiac Disease
DAWN M SWEENEY, M.D.
Associate Professor of Anesthesiology and Pediatrics | University of Rochester School of Medicine and Dentistry
Rochester, New York

3. Diseases Affecting the Airway
SANTHANAM SURESH, M.D., FAAP
Anesthesiologist-in-Chief | Department of Pediatric Anesthesiology
Ann & Robert H. Lurie Children's Hospital of Chicago | Chicago, Illinois

4. Neuromuscular Disease
JERROLD LERMAN, M.D., FRCPC, FANZCA
Clinical Professor of Anesthesiology | Children's Hospital of Buffalo | Buffalo, New York
Clinical Professor of Anesthesiology | University of Rochester School of Medicine & Dentistry | Rochester, New York

FACULTY DISCLOSURE STATEMENTS:
Dr. Sweeney did not disclose any financial relationships.
Dr. Suresh receives funded research support from Ferndale Labs and Purdue Pharma, consultant fees from Orthopedic Knowledge Online and material support from GE Healthcare, Philips Healthcare and Sonosite, Inc.
Dr. Lerman receives honoraria from Abbott Laboratories (Canada) and reimbursement from Piramal Corporation to attend World Congress in Buenos Aires.

Host: Venkata Sampathi, M.D.

Morning Session • 09:00 - 11:30 • Astor Ballroom • 7th Floor

Scientific Panel — SP-03

Trauma Anesthesia Update

Panel Moderator:
RICHARD P. DUTTON, M.D., M.B.A.
Executive Director | Anesthesia Quality Instituter | Park Ridge, Illinois

Disclosure: Dr. Dutton did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Describe the most recent guidelines for the management of head injury and their effect on outcome;
- Discuss strategies for volume replacement in patients with hemorrhagic shock;
- Develop a strategy for the evaluation and management of the airway in patients with traumatic injury;
- Formulate an anesthetic plan for the management of patients with combined traumatic and chemical injury.

Panelists' Presentations:

1. Hemostatic Resuscitation

RICHARD P. DUTTON, M.D., M.B.A.

2. Head Injury

AUDRÉE A. BENDO, M.D.
Professor of Anesthesiology | Vice-Chair, Educationr | Director, Neurosurgical Anesthesia
SUNY-Downstate Medical Center | Brooklyn, New York

3. Combined Trauma and Chemical Injury

JOSEPH H. McISAAC, III, M.D., M.S.
Associate Clinical Professor of Anesthesiologyr | University of Connecticut School of Medicine
Farmington, Connecticutr | Associate Adjunct Professor of Biomedical Engineering
University of Connecticut Graduate School | Storrs, Connecticutr | Chief of Trauma Anesthesia | Hartford Hospital
Hartford, Connecticutr | Vice President | Hartford Anesthesiology Associates, Inc.
East Hartford, Connecticutr | Supervisory Medical Officer | National Disaster Medical System
US Department of Health and Human Servicesr | CEO, Director of Research and Development
Mountain Laurel Biomedical, LLC | Avon, Connecticutr | Senior Member
Institute of Electrical and Electronics Engineersr | New York, New York

4. Airway Management of the Trauma Patient

LEVON M. CAPAN, M.D.
Professor of Anesthesiar | New York University School of Mediciner | Associate Director, Anesthesia
Bellevue Hospital Centerr | New York, New York

FACULTY DISCLOSURE STATEMENTS:
Drs. Bendo and Capan did not disclose any financial relationships.
Dr. McIsaac is the Vice President, a share holder and receives research funding from Hartford Anesthesiology Associates, Inc. He receives book royalties from Elsevier Scientific Publishing and is owner of Mountain Larel Biomedical, LLC.

Host: Peter M. Fleischut, M.D.

Morning Session • 09:00 - 11:30 • Manhattan Ballroom • 8th Floor

Scientific Panel — SP-04

Update on Operating Room Management

Panel Moderators:

VINOD MALHOTRA, M.D.
Professor of Clinical Anesthesiology
Professor of Anesthesiology in Clinical Urology
Cornell University, Weill Cornell Medical College
Vice-Chair, Clinical Affairs | Department of Anesthesiology
Clinical Director, Operating Rooms
New York-Presbyterian Hospital | New York, New York

MICHAEL P. SMITH, M.D., M.S., ED.
Past President, American Association of Clinical Directors
Partner, Professional Anesthesia Service, Inc.
Summa Health System
Akron, Ohio

Disclosure: Dr. Malhotra did not disclose any financial relationships.
Dr. Smith receives royalties from Verathon Medical.

Objective(s):

The participant will be able to:
- Describe the role of anesthesiologists as leaders in effecting changes in operating room management;
- Describe the role of a well functioning pre-admission evaluation center for surgery;
- Implement standardized checklists and systems management to improve compliance and patient safety;
- Apply the above principles to their practice.

Friday

Panelists' Presentations:

1. Preoperative Evaluation and Testing: Leveraging Resources and is it Worth the Costs?
   BRADLY J. NARR, M.D.
   Chair, Department of Anesthesiology | Mayo Medical School | Rochester, Minnesota

2. Value Based Purchasing: What Does It Mean for Anesthesiologists and How Can We Prepare Our ORs for it?
   JEFFRY A. PETERS, M.B.A.
   President/Chief Executive Officer | Surgical Directions, LLC | Chicago, Illinois

3. Check Lists: Do They Really Improve Safety and Efficiency?
   SUNIL EAPPEN, M.D.
   Assistant Professor of Anaesthesiology | Harvard Medical School | Chief, Anesthesiology
   Massachusetts Eye and Ear Infirmary | Assistant Professor of Anesthesiology, Perioperative and Pain Medicine
   Brigham & Women's Hospital | Boston, Massachusetts

4. Real Life Situation in OR Management: Lessons Learned
   VINOD MALHOTRA, M.D.
   and
   MICHAEL P. SMITH, M.D., M.S., ED.

FACULTY DISCLOSURE STATEMENTS:
Drs. Eappen and Narr did not disclose any financial relationships.
Mr. Peters is the president of Surgical Directions, a consulting firm that provide services to anesthesiologists.

Host: Lance W. Wagner, M.D.

Mid-Day Sessions • 11:45 - 12:45 • 4th Floor Rooms

Mini Workshop — M-05 - Odets Room

Interventional Pain Management Update

Speaker:
MICHAEL L. WEINBERGER, M.D.
Associate Clinical Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons | Director, Pain Management Center New York Presbyterian Hospital - Columbia Campus | New York, New York

Objective(s):

- Enumerate the indications for intrathecal pumps and spinal cord stimulators;
- Delineate the relative and absolute contraindications for spinal interventions;
- Enumerate at least three complications which can arise from interventional approaches.

Disclosure: Dr. Weinberger did not disclose any financial relationships.

Mini Workshop — M-06 - Wilder Room

Management of Anesthesia Departments: The Good, The Bad and The UGLY

Speaker:
PHILIP W. LEBOWITZ, M.D., M.B.A.
Professor of Clinical Anesthesiology | Albert Einstein College of Medicine
Attending Anesthesiologist | Montefiore Medical Center | Bronx, New York

Objective(s):

- Delineate the challenges facing management during times of expanding caseload as well as decreasing caseload;
- Formulate a plan for managing during change of ownership or contract;
- Delineate a plan for managing difficult internal and external consumers.

Disclosure: Dr. Lebowitz did not disclose any financial relationships.

Mini Workshop — M-07 - Ziegfeld Room

Anesthesia for Major Vascular Surgery

Speaker:
GREGORY W. FISCHER, M.D.
Assistant Professor of Anesthesiology and Cardiothoracic Surgery | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Enumerate the possible complications that can arise from endovascular approaches;
- Delineate anesthetic risk factors for the vascular patient;
- Enumerate the possibilities for postoperative analgesia in this population of patients.

Disclosure: Dr. Fischer is on the speakers bureau for CASMED.

Mini Workshop — M-08 - O'Neill Room

Perioperative Coagulopathy Management Update

Speaker:
MARIA A. BUSTILLO, M.D.
Assistant Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Define which medications may affect the coagulation pathway;
- Delineate which medications may complicate regional anesthesia;
- Define which tests may help to guide intraoperative therapy.

Disclosure: Dr. Bustillo did not disclose any financial relationships.

Mid-Day Sessions • 11:45 - 12:45 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-01 - Majestic Room

Predicting and Managing Postoperative Atrial Fibrillation

Speaker:
DAVID AMAR, M.D.
Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | Director, Thoracic Anesthesia
Memorial-Sloan Kettering Cancer Center | New York, New York

Objective(s):

- Discuss the epidemiology and scope of the occurrence of postoperative atrial fibrillation;
- Review proven measures of prophylaxis for postoperative atrial fibrillation;
- Employ acute therapy measures for postoperative atrial fibrillation;
- Employ methods to prevent stroke associated with postoperative atrial fibrillation.

Disclosure: Dr. Amar did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-02 - Music Box Room

The Pregnant Patient for Non-Obstetric Surgery

Speaker:
ELLEN S. STEINBERG, M.D.
Clinical Associate Professor of Anesthesiology, Obstetrics & Gynecology | SUNY-Health Sciences Center at Stony Brook | Stony Brook, New York

Objective(s):

- Identify various anesthetic and non-obstetrical surgery considerations throughout pregnancy;
- Formulate an anesthetic plan that takes into consideration the fetal and maternal effects of non-obstetric surgery during pregnancy;
- Manage the issues surrounding laparoscopic surgery in the parturient.

Disclosure: Dr. Steinberg did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-03 - Winter Garden Room

Central Venous Catheter Placement: Checklists and Guidelines

Speakers:
JORDON E. BRAND, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine
New York, New York

DAVID J. KOPMAN, M.D.
Assistant Professor of Anesthesiology
Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Review the indications for central venous catheter placement;
- Discuss the effectiveness of implementing a checklist program in reducing complications;
- Formulate a plan to deal with central venous line complications.

Disclosures: Drs. Brand and Kopman did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-04 - Palace Room

Infant with Post Conceptual Age of 50 Weeks for Laparoscopic Inguinal Hernia Repair: Can the Patient Go Home the Same Day?

Speakers:
JUNG H. HAN, M.D.
Assistant Professor of Anesthesiology
Cornell University, Weill Cornell Medical College | New York, New York

MARIE ANNE SANKARAN RAVAL, M.D.
Assistant Professor of Anesthesiology
Virginia Commonwealth University Health System
Richmond, Virginia

Objective(s):

- Identity concerns regarding postoperative apnea in the newborn patient;
- Establish criteria to determine which patients need to be admitted for apnea monitoring after general anesthesia.

Disclosures: Drs. Han and Sankaran Raval did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-05 - Shubert Room

Lung Isolation in the Patient with a Difficult Airway

Speakers:
GUY SALOMON, M.D.
Attending Anesthesiologist | Good Samaritan Hospital
Suffern, New York

MARIA CASTILLO, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine
New York, New York

Objective(s):

- Discuss the indications, different options for, and management of one-lung ventilation;
- Apply a plan for the management of simple thoracic cases;
- Employ various options for one-lung ventilation in the context of the difficult airway.

Disclosures: Drs. Castillo and Salomon did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-06 - Uris Room

How Low Can You Go: Transfusion Guidelines

Speaker:
JOSEPH S. YEH, M.D.
Assistant Professor of Anesthesiology | New York University School of Medicine | New York, New York

Objective(s):

- Review the most recent guidelines regarding perioperative blood product transfusion;
- Identify barriers to the timely provision of adequate blood products in a case requiring massive transfusion;
- Implement a comprehensive transfusion protocol, including one addressing massive transfusions.

Disclosure: Dr. Yeh did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-07 - Plymouth Room

Fractured Humerus in a Patient on Clopidrogrel: ASRA Guidelines

Speaker:
YAN LAI, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Review current ASRA guidelines regarding anticoagulation and antiplatelet therapy;
- Select the appropriate anesthetic management plan in the anticoagulated patient.

Disclosure: Dr. Lai did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-08 - Royale Room

Postoperative Brachial Plexus Injury: But the Surgeon Positioned the Arms!!

Speaker:
JOEL M. YARMUSH, M.D.
Residency Program Director | New York Methodist Hospital | Brooklyn, New York

Objective(s):

- Identify patient related and procedural related risk factors for peripheral nerve injury;
- Formulate multidisciplinary team approach to prevent peripheral nerve injury;
- Develop a multifaceted patient-centered approach to evaluating and treating a nerve injury should it occur.

Disclosure: Dr. Yarmush did not disclose any financial relationships.

Mid-Day Session • 12:00 - 15:00 • Soho Complex • 7th Floor

Workshop — W-03

Ultrasound, Simulation and Stimulation for Peripheral Nerve Blocks

Station I Nerve Blocks of the Upper Extremity - Ultrasound Technique

Station II Nerve Blocks of the Upper Extremity - Nerve Stimulator Technique

Station III Nerve Blocks of the Lower Extremity - Ultrasound and Nerve Stimulator Technique

Station IV Simulation and Equipment for Performing Peripheral Nerve Blocks

Workshop Moderators:

DAVID B. ALBERT, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

MITCHELL H. MARSHALL, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

Assisted by:

ROBERT A. ALTMAN, M.D.
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

MICHAEL R. ANDERSON, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

ARTHUR ATCHABAHIAN, M.D.
Associate Professor of Clinical Anesthesiology
NYU Hospital for Joint Diseases
New York, New York

PATRICK BIRMINGHAM, M.D., FAAP
Professor of Anesthesiology
Northwestern University Feinberg School of Medicine
Associate Chair, Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

LEVON M. CAPAN, M.D.
Professor of Anesthesia
New York University School of Medicine
Associate Director, Anesthesia
Bellevue Hospital Center
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STEVE S. CHEN, M.D.
Assistant Professor of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

BRIAN T. DURKIN, D.O.
Assistant Professor of Anesthesiology
Director, Center for Pain Management
SUNY- Health Sciences Center at Stony Brook
Stony Brook, New York

CYNTHIA L. FENG, M.D.
Assistant Professor of Anesthesiology
NYU Hospital for Joint Diseases
New York, New York

CHRISTINA L. JENG, M.D.
Assistant Professor of Anesthesiology and Orthopaedics
Mount Sinai School of Medicine
New York, New York

JUNG T. KIM M.D.
Associate Professor of Clinical Anesthesiology
Vice Chair, Chief of Service
Department of Anesthesiology
Medical Director, Perioperative Surgical Services
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SUNMI KIM, M.D., B.S.
Assistant Professor of Anesthesiology
New York University School of Medicine
New York, New York

ERIC M. KITAIN, M.D.
Chair, Department of Anesthesiology
Norwalk Hospital
Norwalk, Connecticut

MITCHELL Y. LEE, M.D., B.A.
Assistant Professor of Anesthesiology
Assistant Residency Director
NYU Langone Medical Center
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New York, New York

DANIELLE B. LUDWIN, M.D.
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New York, New York

JOVAN POPOVIC, M.D., FRCPC
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New York University School of Medicine
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Director, Division of Orthopaedic Anesthesiology
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New York, New York

GEORGE J. SPESSOT, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

SANTHANAM SURESH, M.D., FAAP
Anesthesiologist-in-Chief
Department of Pediatric Anesthesiology
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

TIFFANY R. TEDORE, M.D.
Assistant Professor of Anesthesiology
Chief, Regional Anesthesia
New York-Presbyterian Hospital
Cornell University, Weill Cornell Medical College
New York, New York

DANIEL D. WAMBOLD, M.D.
Attending Anesthesiologist
The Valley Hospital
Ridgewood, New Jersey

RICHA WARDHAN, M.D.
Associate Director, Regional Anesthesia
Department of Anesthesiology
Yale University, School of Medicine
New Haven, Connecticut

LISA WARREN, M.D.
Director, Ambulatory and Regional Anesthesia
Massachusetts General Hospital
Department of Anesthesia and Critical Care
Boston, Massachusetts

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Apply the use of nerve stimulator techniques for upper and lower extremity blocks;
- Treat reflex sympathetic dystrophy with either intravenous anesthesia (Bier block) or nerve block;
- Utilize ultrasound technology for upper and lower extremity blocks.

FACULTY DISCLOSURE STATEMENTS:

Drs. Albert, Altman, Anderson, Atchabahian, Birmingham, Capan, Chen, Feng, Jeng, J.T. Kim, S. Kim, Kitain, Lee, Ludwin, Marshall, Popovic, Rosenblatt, Spessot, Tedore, Wambold, Wardhan and Warren did not disclose any financial relationships.
Dr. Durkin receives funded research support from Purdue Pharma L.P. and is on the Pfizer Inc. and Forrest Pharmaceuticals speakers bureau.
Dr. Suresh receives funded research support from Ferndale Labs and Purdue Pharma, consultant fees from Orthopedic Knowledge Online and material support from GE Healthcare, Philips Healthcare and Sonosite, Inc.

NOTE: This Workshop is a repeat of W-02 on Friday morning, and will be repeated on Sunday as W-10 and, Tuesday as W-18.

Afternoon Session • 13:00 - 15:30 • North Ballroom • 6th Floor

Scientific Panel — SP-05

Gertie F. Marx Memorial Lecture: Patient Safety in Obstetric Anesthesia

This panel was created to honor the life, career and memory of Professor Gertie F. Marx, the "Mother of Obstetric Anesthesia." Gertie was born in Frankfurt am Main, Germany. She studied medicine in Germany and Switzerland in the mid 1930s, before emigrating to the United States. She trained at Beth Israel Medical Center, where she worked for 10 years as an attending anesthesiologist. She then came to Jacobi Medical Center and the Albert Einstein School of Medicine in the Bronx, becoming the first Director of Obstetric Anesthesiology at those institutions. She continued to work at Jacobi and Einstein for over 40 years, rising to the rank of Professor. Gertie dedicated her life to the "care of mothers and their babies," which she did through both her clinical care and her research. Gertie held just as strong a commitment to the education of anesthesia residents and medical students, training untold numbers of obstetric anesthesiologists. To these students of anesthesia, Gertie was the model for pride, dedication and professionalism. During her illustrious career, Gertie received many honors in the U.S., the U.K. and elsewhere. She was only the second woman in the history of the ASA to receive the ASA Distinguished Service Award. The last of many awards that Gertie received in her life, was the Distinguished Service Award of the NYSSA.

This patient safety activity helps fulfill the patient safety CME requirement for Part II of the Maintenance of Certification in Anesthesiology Program® (MOCA) of The American Board of Anesthesiology® (ABA). Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.

Panel Moderator: **DAVID J. WLODY, M.D.**
Medical Director and Vice President, Medical Affairs | Chief, Department of Anesthesiology
Long Island College Hospital | Professor of Clinical Anesthesiology | Vice-Chair, Clinical Affairs
Department of Anesthesiology | SUNY-Downstate Medical Center | Brooklyn, New York

Disclosure: Dr. Wlody did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Formulate an anesthetic plan for the management of maternal hemorrhage;
- Communicate effectively on the labor and delivery suite to improve patient safety;
- Describe the impact of neuraxial labor analgesia on the progress of labor and mode of delivery;
- Incorporate changes to PACU practice that will improve maternal safety.

Panelists' Presentations:

1. Improving Outcome in Obstetric Hemorrhage: The Anesthesiologist's Role

DAVID J. WLODY, M.D.

2. Improving Patient Safety in Obstetrics Through Enhanced Communication Strategies

DAVID J. BIRNBACH, M.D., M.P.H.
Professor and Executive Vice-Chair | Department of Anesthesiology | Vice Provost | University of Miami School of Medicine | Miami, Florida

3. Neuraxial Labor Analgesia: Can We Affect Outcome?

CYNTHIA A. WONG, M.D.
Professor and Vice Chair | Department of Anesthesiology | Northwestern University Feinberg School of Medicine | Chicago, Illinois

4. Current Guidelines for the Obstetric PACU

JILL M. MHYRE, M.D.
Assistant Professor of Anesthesiology | University of Michigan Health System | Director of Research, Obstetric Anesthesiology
Ann Arbor, Michigan

FACULTY DISCLOSURE STATEMENTS:
Drs. Birnbach, Mhyre and Wong did not disclose any financial relationships.

Host: David J. Wlody, M.D.

Afternoon Session • 13:00 - 15:30 • South Ballroom • 6th Floor

Scientific Panel — SP-06

CNS Injury, Anesthetics and Monitoring

Maintenance of Certification in Anesthesiology Program® and MOCA® are registered certification marks of The American Board of Anesthesiology®.

This patient safety activity helps fulfill the patient safety CME requirement for Part II of the Maintenance of Certification in Anesthesiology Program® (MOCA) of The American Board of Anesthesiology® (ABA). Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.

Panel Moderator:

DANIEL J. COLE, M.D.
Professor of Anaesthesiology | College of Medicine, Mayo Clinic | Chair, Department of Anesthesiology | Mayo Clinic Arizona | Phoenix, Arizona

Disclosure: Dr. Cole did not disclose any financial relationships.

Objective(s):

The participant will be able to:

- Describe the mechanisms underlying perioperative CNS injury in both adults and neonates;
- Formulate strategies to prevent and ameliorate CNS injury;
- Delineate the effects of different anesthetics on outcome after CNS injury;
- Describe the role of CNS monitoring in improving outcomes after CNS injury.

Panelists' Presentations:

1. Does CNS Monitoring Improve Outcome?

DANIEL J. COLE, M.D.

2. Does the Choice of Anesthetic Agents Matter?

AUDRÉE A. BENDO, M.D.
Professor of Anesthesiology | Vice-Chair, Education | Director, Neurosurgical Anesthesia
SUNY-Downstate Medical Center | Brooklyn, New York

3. Perioperative CNS Injury in Neonates

SULPICIO G. SORIANO, M.D.
Professor of Anaesthesia | Harvard Medical School | Boston Children's Hospital
Endowed Chair in Pediatric Neuroanesthesia | Boston, Massachusetts

4. Perioperative CNS Injury in Adults

ALEX Y. BEKKER, M.D., Ph.D.
Professor and Chair | Department of Anesthesiology | UMDNJ-New Jersey Medical School | Newark, New Jersey

FACULTY DISCLOSURE STATEMENTS:
Drs. Bekker, Bendo and Soriano did not disclose any financial relationships.

Host: Fenghua Li, M.D.

Scientific Panel — SP-07

Surgical Innovations: Unique Anesthetic Challenges

Panel Moderator:

VINOD MALHOTRA, M.D.
Professor of Clinical Anesthesiology | Professor of Anesthesiology in Clinical Urology | Weill Cornell Medical College
Vice-Chair, Clinical Affairs | Department of Anesthesiology | Clinical Director, Operating Rooms | New York-Presbyterian Hospital
New York, New York

Disclosure: Dr. Malhotra did not disclose any financial relationships.

Objective(s):

The participant will be able to:

- Describe the implications of newer surgical procedures on anesthetic management;
- Formulate anesthetic plans for newer procedures such as robotic surgery, interventional radiology, and advanced gastrointestinal endoscopy.

Panelists' Presentations:

1. Anesthetic Concerns for Robotic Radical Prostatectomy

VINOD MALHOTRA, M.D.

2. Expanding Indications for Robotic Surgery – How Does It Affect Us?

ASHISH C. SINHA, M.D., Ph.D., DABA
Professor and Vice Chair, Research | Director, Clinical Research | Anesthesiology and Perioperative Medicine
Drexel University College of Medicine | Hahnemann University Hospital | Philadelphia, Pennsylvania

3. The Interventional Radiology Suite: An Anesthesiologist's Nightmare

PATRICIA FOGARTY MACK, M.D.
Associate Professor of Clinical Anesthesiology | Weill Cornell Medical College | New York, New York

4. More Invasive Procedures in the Endoscopy Suite: Stretching the Boundaries for Anesthesia

ERIC P. WILKENS, M.D., M.P.H., CHS-IV
Assistant Professor of Clinical Anesthesiology | Albert Einstein College of Medicine | Montefiore Medical Center
Deputy Director, Mobile Trauma Unit | Bronx, New York

FACULTY DISCLOSURE STATEMENTS:

Drs. Fogarty Mack, Sinha and Wilkens did not disclose any financial relationships.

Host: David Seligsohn, M.D.

Afternoon Session • 13:00 - 15:30 • Manhattan Ballroom • 8th Floor

Scientific Panel — SP-08

Providing Safe Anesthesia Care to the Elderly Patient

This patient safety activity helps fulfill the patient safety CME requirement for Part II of the Maintenance of Certification in Anesthesiology Program® (MOCA) of The American Board of Anesthesiology® (ABA). Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.

Panel Moderator:

JEFFREY H. SILVERSTEIN, M.D.
Vice Chair, Research | Department of Anesthesiology | Associate Dean, Research | Mount Sinai School of Medicine | New York, New York

Disclosure: Dr. Silverstein did not disclose any financial relationships.

Objective(s):

The participant will be able to:

- Describe the physiologic changes seen in the elderly patient and how they influence anesthetic management;
- Explain the mechanisms underlying postoperative cognitive dysfunction in the elderly;
- Compare the advantages and disadvantages of regional and general anesthesia in the elderly patient.

Panelists' Presentations:

1. Physiologic Changes and Preoperative Evaluation of the Elderly Patient

JEFFREY H. SILVERSTEIN, M.D.

2. Ambulatory Anesthetic Considerations in the Elderly Patient

KATHRYN E. McGOLDRICK, M.D.
Professor and Chair | Department of Anesthesiology | Westchester Medical Center | New York Medical College
Valhalla, New York

3. Etiology and Prevention of Postoperative Cognitive Dysfunction in the Elderly

TERRI G. MONK, M.D.
Professor of Anesthesiology | Duke University Medical Center | Durham, North Carolina

4. Choice of Anesthesia in the Elderly?

STACIE G. DEINER, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

FACULTY DISCLOSURE STATEMENTS:

Drs. Deiner and McGoldrick did not disclose any financial relationships.
Dr. Monk receives funded research support from Massimo Corp, honoraria from Baxter Corporation and consultant fees from both.

Host: Andrew D. Rosenberg, M.D.

Afternoon Session • 15:45 - 17:00 • 4th Floor Rooms

Focus Sessions — FS-01 • Odets Room • 4th Floor

Office-Based Anesthesia Issues

Focus Session Moderator:
MICHAEL T. BIALOS, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Which Patients and What Procedures for Office-Based Settings
MICHAEL T. BIALOS, M.D.

Update on Regulations Pertaining to Office-Based Procedures
MARIA GALATI, M.B.A.
Vice-Chair, Administration | Department of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

The participants will be able to:
- Discuss what procedures and which patients are suitable for office based procedures and which should not be done in this venue;
- Incorporate the new state regulations pertaining to office based anesthesia to their practice.

Focus Sessions — FS-02 • Wilder Room • 4th Floor

The Disruptive Physician, The Impaired Physician: The Joint Commission and The Department of Health Guidelines and Recommendations

Focus Session Moderator:
GEORGE G. NEUMAN, M.D.
Professor of Anesthesiology | New York Medical College | Director, Westchester Medical Center Advanced Physicians Services, PC
Valhalla, New York

Faculty Presentations:

The Disruptive Physician: TJC and Institutional Approach
GEORGE G. NEUMAN, M.D.

The Impaired Physician: The DOH and the Committee for Physician Health
TERRANCE M. BEDIENT, FACHE
Vice President, Medical Society of the State of New York
Director, Committee for Physician Health | Albany, New York

Objective(s):

The participants will be able to:
- Identify and assess the disruptive/impaired physician;
- Interpret the current recommendations of the Department of Health's committee for physician health;
- Develop a plan to manage the disruptive/impaired physician in their institution/department.

FACULTY DISCLOSURE STATEMENTS:
Drs. Bialos, Neuman, Ms. Galati and Mr. Bedient did not disclose any financial relationships.

Afternoon Session • 15:45 - 17:00 • 4th Floor Rooms

Focus Sessions — FS-03 • Ziegfeld Room • 4th Floor

Pro/Con Laryngeal Mask Airway for Tonsillectomy and Adenoidectomy

Focus Session Moderator:

BARBARA M. DILOS, D.O.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Pro

BARBARA M. DILOS, D.O.

Con

REBECCA N. LINTNER, M.D.
Director, Pediatric Anesthesia | Montefiore Medical Center
Bronx, New York

Objective(s):

The participant will be able to:
- Discuss the advantages and disadvantages of different airway management practices for T&A;
- Choose the appropriate airway management for their patients.

Focus Sessions — FS-04 • O'Neill Room • 4th Floor

Malignant Hyperthermia Update

Focus Session Moderator:

HENRY ROSENBERG, M.D.
Director, Department of Medical Education and Clinical Research | St. Barnabas Medical Center | President, MHAUS | Livingston, New Jersey

Faculty Presentations:

An Update on Testing for Malignant Hyperthermia Susceptibility

HENRY ROSENBERG, M.D.

Clinical Management of Malignant Hyperthermia

JERROLD LERMAN, M.D., FRCPC, FANZCA
Clinical Professor of Anesthesiology | Children's Hospital of Buffalo | Buffalo, New York
Clinical Professor of Anesthesiology | University of Rochester School of Medicine & Dentistry | Rochester, New York

Objective(s):

The participant will be able to:
- Discuss the importance of malignant hyperthermia in their practice;
- Discuss the various testing methods for malignant hyperthermia;
- Arrange for the appropriate test for diagnosing malignant hyperthermia;
- Develop a MH treatment plan for their institutions.

FACULTY DISCLOSURE STATEMENTS:
Drs. Dilos, Lintner and Rosenberg did not disclose any financial relationships.
Dr. Lerman receives honoraria from Abbott Laboratories (Canada) and reimbursement from Piramal Corporation to attend World Congress in Buenos Aires.

Focus Sessions — FS-05 • Soho Complex • 7th Floor

New Concepts in Mechanical Ventilation

Focus Session Moderator:

ALESSIA C. PEDOTO, M.D.

Attending Anesthesiologist | Memorial Sloan-Kettering Cancer Center | New York, New York

Faculty Presentations:

Ventilation Strategies for the Operating Room

ALESSIA C. PEDOTO, M.D.

New Concepts in ICU Ventilation

JAY BERGER, M.D., Ph.D.

Assistant Professor of Anesthesia and Department of Medicine | Division of Critical Care Medicine | Albert Einstein College of Medicine
Montefiore Medical Center | Bronx, New York

Objective(s):

The participant will be able to:

- Incorporate new ventilating strategies into their ventilator management;
- Discuss non-invasive ventilation;
- Incorporate non-invasive ventilation modality into their practice.

Focus Sessions — FS-06 • Astor Ballroom • 7th Floor

Update In Pain Management

Focus Session Moderator:

MARK J. LEMA, M.D., Ph.D.

Professor and Chair | Department of Anesthesiology | SUNY-Buffalo School of Medicine and Biomedical Sciences
Chair, Department of Anesthesiology | Roswell Park Cancer Institute | Buffalo, New York

Faculty Presentations:

Pre-Emptive Analgesia: Does It Work?

MARK J. LEMA, M.D., Ph.D.

Opioids for Non-Malignant Pain

LAWRENCE J. EPSTEIN, M.D.

Associate Director Division of Pain Management | Director, Outpatient Pain Management | Assistant Professor of Anesthesiology
Mount Sinai School of Medicine | New York, New York

Objective(s):

The participant will be able to:

- Discuss the indications for opiates for non-malignant pain;
- Discuss the evidence supporting the use of opiates for non-malignant pain;
- Discuss the evidence for the safety of opiates for non-malignant pain;
- Develop a plan to optimize pain management for non-malignant pain and prevention of diversion.

FACULTY DISCLOSURE STATEMENTS:

Drs. Berger, Epstein, Lema and Pedoto did not disclose any financial relationships.

Focus Sessions — FS-07 • Manhattan Ballroom • 8th Floor

Clinical Challenges in the Patient with Obstructive Sleep Apnea *(OSA)*

Focus Session Moderator:
KATHRYN E. McGOLDRICK, M.D.
Professor and Chair | Department of Anesthesiology | Westchester Medical Center | New York Medical College | Valhalla, New York

Faculty Presentations:

The Patient with Suspected OSA for Ambulatory Surgery
KATHRYN E. McGOLDRICK, M.D.

Postoperative Pain Management in the Patient with OSA
EUGENE R. VISCUSI, M.D.
Director, Acute Pain Management | Jefferson Medical College | Thomas Jefferson University | Philadelphia, Pennsylvania

Objective(s):

The participant will be able to:
- Discuss the pathophysiology of obstructive sleep apnea (OSA) in adults;
- Assess the eligibility of patients with OSA for ambulatory anesthesia;
- Develop an anesthetic plan for patients with OSA for ambulatory procedures;
- Identify the problems of postoperative pain management in patients with OSA;
- Develop a plan for postoperative pain management for patients with OSA in the in-patient and ambulatory setting.

Friday

Focus Sessions — FS-08 • Columbia/Duffy Rooms • 7th Floor

Anesthesiologists and Hospitals: Challenges with the New Health Care Environment

Focus Session Moderator:
MICHAEL J. SCHOPPMANN, Esq.
General Counsel, NYSSA | Kern Augustine Conroy & Schoppmann, P.C. | Garden City, New York

Faculty Presentations:

Employment Models
MICHAEL J. SCHOPPMANN, Esq.

The Anesthesiologist's Challenge of Staying Compliant in this New Healthcare Environment
ALAN F. STROBEL, M.D., M.B.A., C.P.C.
Director, Division of Obstetrical Anesthesiology | Director, Healthcare Compliance Services | North Shore University Hospital
North American Partners in Anesthesia | Manhasset, New York

Objective(s):

The program is designed to provide attendees with:
- The current status of the ever changing dynamic between hospitals and anesthesiologists;
- Insights as to hidden issues, threats and strategies within these relationships;
- Strategies as to how to evaluate, manage and succeed within the hospital based relationship.

FACULTY DISCLOSURE STATEMENTS:
Drs. McGoldrick, Strobel and Mr. Schoppmann did not disclose any financial relationships.
Dr. Viscusi receives funded research support from AcelRx Pharmaceuticals, Inc., Adolor Corporation, Cadence Pharmaceuticals, Inc. and Progenics Pharmaceuticals, Inc. He receives honoraria from Merck & Co., Inc. and consultant fees from AcelRx Pharmaceuticals, Inc., Cadence Pharmaceuticals, Inc., Pacira Pharmaceuticals, Inc.

Afternoon Sessions • 15:45 - 17:00 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-09 - Majestic Room

Peer Review and the Anatomy of a Lawsuit

Speaker:

VILMA A. JOSEPH, M.D., M.P.H.
Associate Professor of Clinical Anesthesiology | Albert Einstein College of Medicine | Bronx, New York

Objective(s):

- Describe medical-legal issues regarding confidentiality and the peer review process;
- Describe the process of a hospital, state or federal investigation;
- Analyze landmark court cases surrounding peer review issues;
- Recognize the implications of being reported to the National Practitioner Databank;
- Improve management of Quality and Performance Improvement issues.

Disclosure: Dr. Joseph did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-10 - Music Box Room

Are ICU Ventilation Strategies Beneficial in the OR

Speaker:

ANAHITA DABO-TRUBELJA, M.D.
Assistant Attending in Anesthesiology | Memorial Sloan-Kettering Cancer Center | New York, New York

Objective(s):

- Identify the advantages and disadvantages of alternative ventilation strategies such as pressure controlled ventilation and low tidal volume with increased PEEP;
- Analyze the evidence regarding the implementation of these techniques in the non-thoracic surgical population;
- Select the appropriate ventilation strategy for the general surgery patient.

Disclosure: Dr. Dabo-Trubelja did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-11 - Winter Garden Room

Establishing Institutional Guidelines for the Perioperative Management of Patients with Drug-Eluting Stents Placed More Than One Year Ago

Speakers:

PATRICIA FOGARTY MACK, M.D.
Associate Professor of Clinical Anesthesiology
Cornell University, Weill Cornell Medical College | New York, New York

PETER M. FLEISCHUT, M.D.
Assistant Professor of Anesthesiology | Deputy Quality and Patient Safety Officer
Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Discuss the American College of Cardiology Guidelines regarding maintenance of anticoagulation during the perioperative period in patients with drug-eluting stents;
- Identify barriers to multi-specialty communication regarding preoperative medical conditions;
- Institute a program to streamline the perioperative management of patients with chronic drug-eluting stents.

Disclosures: Drs. Fogarty Mack and Fleischut did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-12 - Palace Room

The Parturient with Cardiomyopathy

Speakers:

IVAN A. VELICKOVIC, M.D.
Director, Obstetric Anesthesiology
SUNY-Downstate Medical Center | Brooklyn, New York

KORAY E. ARICA, M.D.
Assistant Professor of Clinical Anesthesiology
SUNY-Downstate Medical Center | Brooklyn, New York

Objective(s):

- Recognize the differential diagnosis of cardiac disease in pregnancy.
- Formulate an anesthetic plan for a patient with peripartum cardiomyopathy.

Disclosures: Drs. Velickovic and Arica did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-13 - Shubert Room

Supraglottic Airway for Tonsillectomy in Child with Sleep Apnea

Speaker:
JASON BROWN, M.D.
Assistant Professor of Pediatric Anesthesia | New York University School of Medicine | New York, New York

Objective(s):

- Recognize risk factors for sleep apnea in children;
- Apply current guidelines for management of the child with sleep apnea;
- Formulate an anesthetic plan utilizing a supraglottic airway for the child with sleep apnea.

Disclosure: Dr. Brown did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-14 - Uris Room

Obstetric Analgesia in the Patient with Previous Back Surgery

Speaker:
RISHIMANI S.N. ADSUMELLI, M.D.
Associate Professor of Anesthesiology | SUNY-Health Sciences Center at Stony Brook | Stony Brook, New York

Objective(s):

- Identify the postoperative changes associated with various types of spinal surgery;
- Design an obstetrical anesthetic plan with contingencies for the patient with a history of scoliosis repair.

Disclosure: Dr. Adsumelli did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-15 - Plymouth Room

Anesthetic Concerns for Robotic Radical Prostatectomy

Speaker:
DANIEL M. GAINSBURG, M.D., M.S.
Assistant Professor of Anesthesiology and Urology | Director, GU Anesthesia | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Identify perioperative complications associated with robotic prostatectomy;
- Recognize the hemodynamic and pulmonary changes associated with pneumoperitoneum and steep Trendelenberg position.

Disclosure: Dr. Gainsburg did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-16 - Royale Room

Continuous Perineural Analgesia: Home with a Catheter?

Speaker:
TONI TORRILLO, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Identify which patients would benefit from an indwelling perineural catheter;
- Identify the possible complications of indwelling perineural catheters;
- Manage the patient with an indwelling perineural catheter;
- Implement a plan for patients to be discharged home with an indwelling perineural catheter.

Disclosure: Dr. Torrillo did not disclose any financial relationships.

Exhibit Raffle!
Visit the Exhibit Hall on the 5th floor for a chance to win great prizes!

Reminder
Please silence your mobile devices during sessions

Saturday, December 15, 2012

Times

Registration	07:00
Interactive Workshops	07:30, 08:00, 09:00 & 12:00
NYSSA Resident and Fellow Section Meeting	07:30
Mini Workshops	07:45 & 11:45
Welcome Plenary Session:	
Broadway on Broadway	08:30
28th Annual Robertazzi Memorial Panel	09:00
Technical Exhibits	08:00
Scientific Exhibits	10:00
Poster Presentations & Medically Challenging Case Reports	11:00 & 14:00
Problem-Based Learning Discussions	11:45 & 15:45
Resident Research Contest	12:30
Scientific Panels	13:00
Focus Sessions	15:45

Other Activities:

NYSSA House of Delegates	11:00
Reference Committee	13:45
American Board of Anesthesiology Program	17:30

Workshops, **Mini Workshops** and **Problem-Based Learning Discussions** **require a ticket for entrance**. **Please refer to page 9 for fees**.

Workshop | Saturday, December 15, 2012

All Day Session • 07:30 - 17:00

The location of this workshop is off-site at SUNY-Downstate Medical Center. Transportation will be provided.

Workshop — W-04

Hands-On Cadaver, Ultrasound and Live Model Regional Anesthesia

Station 1 Cadaver Interscalene and Supraclavicular Blocks
Station 2 Cadaver Infraclavicular and Axillary Blocks
Station 3 Cadaver Paravertebral Blocks
Station 4 Cadaver Femoral Block
Station 5 Cadaver Sciatic and Popliteal Blocks
Station 6 Model Ultrasound Interscalene and Supraclavicular Block
Station 7 Model Ultrasound Infraclavicular and Axillary Blocks
Station 8 Model Ultrasound Guided Epidural and Spinal Blocks
Station 9 Model Ultrasound Femoral Blocks
Station 10 Model Ultrasound Sciatic and Popliteal Blocks

Workshop Moderators:

STEFAN E. LUCAS, M.D.
Assistant Professor in Anesthesiology
University of Rochester School of Medicine & Dentistry
Rochester, New York

Assisted by:

CHESTER C. BUCKENMAIER, III, M.D., COL, MC, USA
Program Director, Defense and Veterans Center for Integrative Pain Management
Rockville, Maryland

JOSE C. A. CARVALHO, M.D., Ph.D., FANZCA, FRCPC
Professor of Anesthesia, Obstetrics and Gynecology
University of Toronto | Director, Obstetric Anesthesia
Mount Sinai Hospital Toronto, Ontario, Canada

SCOTT M. CROLL, M.D., LTC, MC
Assistant Professor of Anesthesiology, USUHS
Chief, Anesthesiology Department
Evans Army Community Hospital | Fort Carson, Colorado

DENNIS P. DIMACULANGAN, M.D.
Clinical Assistant Professor of Anesthesiology
SUNY-Downstate Medical Center
Brooklyn, New York

CARLO D. FRANCO, M.D.
Professor of Anesthesiology and Anatomy
Rush University Medical Center
Chair, Regional Anesthesia
JHS Hospital of Cook County | Chicago, Illinois

GARY W. HABER, M.D.
Medical Director | Linden Oaks Surgery Center
Rochester, New York

MICHAEL S. PATZKOWSKI, M.D.
Faculty Fellow, Regional Anesthesia and Acute Pain Medicine
Walter Reed National Military Medical Center
Washington, DC

Saturday

WORKSHOP DESCRIPTION:

Hands-on Cadaver, Ultrasound and Live Model Regional Anesthesia Workshop will be held in the State of the Art Anatomy Lab located in the SUNY-Downstate Medical Center (Brooklyn, New York.) Round trip bus transportation is provided from the New York Marriott Marquis directly to SUNY-Downstate. You will be instructed in small groups with hands-on practice by world renowned faculty.

As a participant you can expect the following:

- Cadavers expertly dissected to show anatomy;
- Hands-on practice on dissected cadavers;
- Ultrasound display on large LCD screens;
- Ultrasound guided blocks demonstrated on live models;
- Ultrasound guided blocks practiced on cadavers;
- Participants rotate between cadaver and live model stations.

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Demonstrate basic skills in ultrasound technology;
- Apply ultrasound technology to perform peripheral and neuraxial blocks;
- Relate cadaver anatomy of peripheral nerve structures to live-model sonoanatomy;
- Discuss advantages and pitfalls of ultrasound guidance for paravertebral blocks;
- Utilize ultrasound techniques to perform truncal field blocks (TAP block, Ilioinguinal-Iliohypogastric blocks).

FACULTY DISCLOSURE STATEMENTS:

Drs. Buckenmaier, Carvalho, Croll, Dimaculangan, Franco, Haber, Lucas and Patzkowski did not disclose any financial relationships.

Looking to the Future

The day-long NYSCARF meeting will provide an opportunity for residents and fellows in anesthesiology to learn about changes in our specialty, discover factors which should be considered when applying for a job after training, discuss research being completed by colleagues, and practice techniques in regional anesthesia. A variety of teaching formats have been incorporated into the day. In addition to lectures, there will be a business meeting of the Resident Section of the NYSSA, a regional anesthesia workshop and poster presentations. Given the extent of topics being covered, there should be something for everyone over the course of this meeting.

07:30 - 08:00 Continental Breakfast and Introductions of NYSSA Resident and Fellow Leadership

08:00 - 09:05 ASA and NYSSA Leadership

Effective Physician Advocacy: Lessons from the Dark Side
JOHN M. ZERWAS, M.D.
President, American Society of Anesthesiologists | Greater Houston Anesthesiologists | Houston, Texas

Patient Safety: Past, Present & Future
JANE C. K. FITCH, M.D.
President Elect American Society of Anesthesiologists | John L. Plewes Professor & Chair | Department of Anesthesiology | University of Oklahoma Oklahoma City, Oklahoma

Update on the NYSSA
SALVATORE G. VITALE, M.D.
President, New York State Society of Anesthesiologists, Inc. | Director, Section of Cardiac Anesthesia | Westchester Medical Center | Valhalla, New York

Advocacy a Lifecycle Perspective: Residency & Beyond
MICHAEL B. SIMON, M.D.
President-Elect, New York State Society of Anesthesiologists, Inc. | Regional Director, North American Partners in Anesthesia | Poughkeepsie, New York

09:15 - 09:50 Anesthesia for Intraoperative MRI

KEITH J. RUSKIN, M.D.
Professor of Anesthesiology & Neurosurgery | Yale University, School of Medicine | New Haven, Connecticut

10:00 - 11:00 Resident Research Contest Presentations*

CHARLES W. EMALA, Sr., M.S., M.D., MODERATOR
Henrik H. Bendixen Professor of Anesthesiology | Vice Chair for Research | Department of Anesthesiology
Columbia University College of Physicians & Surgeons | New York, New York

11:00 - 12:00 Contract Negotiations and Legal Pitfalls in Anesthesiology Practice

CHARLES J. ASSINI, Jr., Esq.
Counsel to the Board and Legislative Counsel | The New York State Society of Anesthesiologists, Inc. | Partner, Higgins, Roberts, Beyerl & Coan, P.C.
Schenectady, New York

Private or Academic Practice: How Do I Choose?
KENNETH B. NEWMAN, M.D.
Attending Anesthesiologist | Senior Partner | Cross River Anesthesiology Services | Mount Kisco, New York

12:00 - 12:45 Luncheon and Announcement of Research Contest Presentation Winners

12:45 - 14:30 Regional/Ultrasound Workshop

PAUL H. WILLOUGHBY, M.D. | Associate Professor of Anesthesiology | SUNY-Health Sciences Center at Stony Brook | Stony Brook, New York
and
FACULTY FROM NEW YORK STATE DEPARTMENTS OF ANESTHESIOLOGY

14:30 - 15:00 Resident and Fellow Section Business Meeting

15:00 - 17:00 Resident Poster Presentations/Discussion - Sky Lobby - 16th Floor

KANE O. PRYOR, M.D., MODERATOR
Assistant Professor of Anesthesiology and Psychiatry | Cornell University, Weill Cornell Medical College | New York, New York

* After the winners are announced, the Resident Research Contest Presentations will be displayed on the 6th Floor Promenade on Saturday from 12:30 until 13:00 on Monday.

Host: Amit Patel, M.D., President, NYSSA Resident and Fellow Section

Morning Sessions • 07:45 - 08:45 • 4th Floor Rooms

Mini Workshop — M-09 - Odets Room

Maintenance of Competency in Anesthesiology: Nuts and Bolts

Speaker:
CYNTHIA A. LIEN, M.D.
Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | Attending Anesthesiologist | New York-Presbyterian Hospital New York, New York

Objective(s):

- Delineate the new requirements for documenting CME in preparation for MOCA;
- Formulate a plan of study to prepare for MOCA examinations;
- Delineate the periodicity of MOCA.

Disclosure: Dr. Lien did not disclose any financial relationships.

Mini Workshop — M-10 - Wilder Room

Neurophysiological Monitoring

Speaker:
STACIE G. DEINER, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Delineate the parameters which are observed during anesthesia;
- Enumerate the confounding factors which may interfere with the monitoring;
- Delineate the current limitations of monitoring.

Disclosure: Dr. Deiner did not disclose any financial relationships.

Mini Workshop — M-11 - Ziegfeld Room

Off-Pump Coronary Artery Bypass Surgery: Anesthetic Considerations

Speaker:
BHARATHI SCOTT, M.D.
Professor of Clinical Anesthesiology | SUNY-Health Sciences Center at Stony Brook | Stony Brook, New York

Objective(s):

- Describe the evolution of off-pump coronary artery bypass surgery;
- Describe the indications, surgical technique and anesthetic challenges;
- Discuss the safety and efficacy of this procedure;
- Examine current literature comparing on- and off- pump coronary surgery.

Disclosure: Dr. Scott did not disclose any financial relationships.

Mini Workshop — M-12 - O'Neill Room

Setting Up and Running a Pre-Anesthetic Assessment Clinic

Speaker:
DANIEL M. LAHM, M.D.
Associate Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Delineate the challenges in creating a pre-anesthesia clinic;
- Discuss the systems used in the pre-anesthesia clinic;
- Discuss the objectives of the pre-anesthesia clinic;
- Discuss the staffing in the pre-anesthesia clinic.

Disclosure: Dr. Lahm did not disclose any financial relationships.

Morning Session • 08:00 - 11:00 • Manhattan Ballroom • 8th Floor

Workshop — W-05

Difficult Airway Management

A Hands-On Demonstration

Workshop Moderators:

ALLAN P. REED, M.D.
Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

IRENE P. OSBORN, M.D.
Associate Professor of Anesthesiology
Director, Neuroanesthesia
Mount Sinai School of Medicine
New York, New York

Assisted by:

LEVON M. CAPAN, M.D.
Professor of Anesthesia
New York University School of Medicine
Associate Director, Anesthesia
Bellevue Hospital Center
New York, New York

ELVIRA CHO, M.D.
Staff Anesthesiologist
Interfaith Medical Center
Brooklyn, New York

EDMOND COHEN, M.D.
Professor of Anesthesiology
Director, Thoracic Anesthesia
Mount Sinai School of Medicine
New York, New York

STACIE G. DEINER, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

PANCHALI DHAR, M.D.
Assistant Professor of Anesthesiology
New York-Presbyterian Hospital
New York, New York

BARBARA M. DILOS, D.O.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

MICHAEL FRASS, M.D.
Professor of Medicine
Medical University of Vienna
Vienna, Austria

CHERYL K. GOODEN, M.D.
Associate Professor of Anesthesiology and Pediatrics
Mount Sinai School of Medicine
New York, New York

ADAM I. LEVINE, M.D.
Associate Professor of Anesthesiology, Physiology,Otolaryngology, Structural and Chemical Biology
Vice-Chair, Education
Director, Residency Training Program
Program Director, ASA Endorsed HELPS Simulation Program
Department of Anesthesiology
Mount Sinai School of Medicine
New York, New York

MITCHELL H. MARSHALL, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

STEVEN M. NEUSTEIN, M.D.
Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

DANIEL K. O'NEILL, M.D.
Assistant Professor of Anesthesiology
New York University School of Medicine
New York, New York

SLAWOMIR P. OLESZAK, M.D.
Associate Professor of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

JON D. SAMUELS, M.D.
Assistant Professor of Clinical Anesthesiology
Joan and Sanford I. Weill Medical College of Weill Cornell University
New York, New York

JOHN J. SCHAEFER, III, M.D.
Professor of Anesthesia and Perioperative Medicine
Medical University of South Carolina
Lewis W. Haskell Blackman Endowed Chair
Director, Clinical Effectiveness and Patient Safety Center of Excellence
HealthCare Simulation of South Carolina
Charleston, South Carolina

RALPH L. SLEPIAN, M.D.
Associate Professor of Anesthesiology
Medical Director of Inpatient Operating Rooms & Post Anesthesia Care Unit
Cornell University, Weill Cornell Medical College
New York, New York

FRANCIS S. STELLACCIO, M.D.
Assistant Professor of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

TRACEY STRAKER, M.D., M.P.H.
Associate Professor of Anesthesiology
Albert Einstein College of Medicine
Bronx, New York

SONIA J. VAIDA, M.D.
Professor of Anesthesiology, Obstetrics and Gynecology
Vice-Chair, Research
Director, Obstetric Anesthesia
Penn State College of Medicine
Penn State Milton S. Hershey Medical Center
Hershey, Pennsylvania

STEPHEN A. VITKUN, M.D., M.B.A., Ph.D.
SUNY Distinguished Teaching Professor
Professor and Vice-Chair
Department of Anesthesiology
Professor of Pharmacological Sciences (Clinical Pharmacology)
Professor of Clinical Health Sciences
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

CHARLES B. WATSON, M.D., FCCM
Clinical Associate Professor of Anesthesiology
University of Connecticut
Farmington, Connecticut
Chair, Department of Anesthesia
Deputy Surgeon-in-Chief
Bridgeport Hospital
Yale-New Haven Health System
Bridgeport, Connecticut

Saturday

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Perform appropriate airway evaluation;
- Utilize numerous commercially available airway devices;
- Apply the ASA Difficult Airway Practice Parameters in clinical scenarios.

FACULTY DISCLOSURE STATEMENTS:

Drs. Capan, Cho, Deiner, Dhar, Dilos, Frass, Gooden, Levine, Marshall, Neustein, Oleszak, O'Neill, Reed, Samuels, Stellaccio, Straker, Vaida, Vitkun and Watson did not disclose any financial relationships.
Dr. Cohen receives honoraria from Cook Medical.
Dr. Osborn receives material support from Aircraft Medical, Inc. and Verathon®.
Dr. Schaefer receives royalties from Laerdal Medical Corp and is an owner of Sim Tunes.

NOTE: This Workshop will be repeated on Saturday as W-07.

Morning Session • 08:30 - 11:30 • Broadway Ballroom • 6th Floor

Welcome Plenary Session — SP-09

PGA66 OPENING CEREMONY

"Broadway on Broadway"

Highlighting Broadway's Best Show Tunes

Featuring Professional Broadway Talents

Brief remarks by:

- **JOHN M. ZERWAS, M.D.**, 2012/2013 President, American Society of Anesthesiologists
- **SALVATORE G. VITALE, M.D.**, 2012 President, The New York State Society of Anesthesiologists, Inc.
- **ANDREW D. ROSENBERG, M.D.**, PGA General Chair

In addition, the annual NYSSA Distinguished Service Award will be presented to **MARK J. LEMA, M.D., Ph.D.**

28th Annual
R.W. Robertazzi Memorial Panel

(1912-1971)

Raphael "Ray" W. Robertazzi was an outstanding clinical anesthesiologist, and a pioneer in the development of the specialty, in New York City. He trained in Anesthesiology at New York Post Graduate Hospital, served in the United States Army during World War II, and then returned to the Post Graduate Hospital as Director of Anesthesiology and Clinical Professor at New York University in the Department of Emery Rovenstine. He successfully blended clinical care and clinical research when he published his observations, and the results of his operating room studies. Ray Robertazzi was an inspirational role model to his residents and students.

Morning Session • 08:30 - 11:30 • Broadway Ballroom • 6th Floor

Welcome Plenary Session — SP-09

To Do No Harm: What We Must Do Better

Maintenance of Certification in Anesthesiology Program® and MOCA® are registered certification marks of The American Board of Anesthesiology®.

This patient safety activity helps fulfill the patient safety CME requirement for Part II of the Maintenance of Certification in Anesthesiology Program® (MOCA) of The American Board of Anesthesiology® (ABA). Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.

Panel Moderator:

MARK A. WARNER, M.D.
Professor of Anesthesiology | Mayo Clinic
Rochester, Minnesota

Disclosure: Dr. Warner did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Describe the difficulties in assuring compliance with evidence-based practice guidelines;
- Explain the mechanisms by which cognitive errors in anesthesia occur and how these can be minimized;
- Explain the role of communication between providers in the genesis of medical errors;
- Describe the ASA Closed Claims Project and how the data obtained from the project can improve patient safety.

Panelists' Presentations:

1. Malpractice or Miscommunication? Lessons We've Learned to Improve Patient Safety

DAVID J. BIRNBACH, M.D., M.P.H.
Professor and Executive Vice-Chair | Department of Anesthesiology | Vice Provost
University of Miami School of Medicine | Miami, Florida

2. Cognitive Errors in Anesthesiology: Making Mistakes Even Though We Know Better

MARJORIE STIEGLER, M.D.
Assistant Clinical Professor of Anesthesiology | Department of Anesthesiology
University of North Carolina at Chapel Hill | Chapel Hill, North Carolina

3. New Findings from the ASA Closed Claims Project and its Registries

KAREN B. DOMINO, M.D., M.P.H.
Professor of Anesthesiology and Pain Medicine | University of Washington School of Medicine
Seattle, Washington

4. The Mysteries of Guideline Noncompliance: Why Don't Doctors Do the Right Thing?

AVERY TUNG, M.D.
Associate Professor of Anesthesia & Critical Care | Director, Critical Care Services, Burn Unit
University of Chicago Medical Center | Chicago, Illinois

FACULTY DISCLOSURE STATEMENTS:
Drs. Birnbach, Domino, Stiegler and Tung did not disclose any financial relationships.

Host: Andrew D. Rosenberg, M.D.

All Day Session • 09:00 - 17:00 • Soho Complex • 7th Floor

Workshop — W-06

Advanced Cardiac Life-Support (ACLS)

A Certification Course for Skilled Providers

Workshop Moderator: **STEPHEN A. VITKUN, M.D., M.B.A., Ph.D.**
SUNY Distinguished Teaching Professor
Professor and Vice-Chair
Department of Anesthesiology
Professor of Pharmacological Sciences (Clinical Pharmacology)
Professor of Clinical Health Sciences
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

W. WALTER BACKUS, M.D.
Professor of Clinical Anesthesiology and Pediatrics
Director, Perioperative Services
Department of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

JEANNE CAVALIERI, MPAS, RPAC
Director of Clinical Education
Clinical Assistant Professor
Department of PA Education
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

LINDA M. CIMINO, Ed.D., M.S., CPNP, ANP
Instructor in Anesthesiology
Assistant Professor of Nursing
Assistant Professor of Clinical Health Sciences
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

DONNA CRAPANZANO, M.P.H., RPAC
Clinical Assistant Professor
Health Science Program
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

MALCOLM DEVINE, NREMT-P
ACLS Instructor
Paramedic Faculty Member
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

MAGDALENA GODLEWSKA, NREMT-P
Lecturer in Health Sciences
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

THEODORE LAMONICA, NREMT-P
Lecturer in Health Sciences
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

ARET OZKAN, NREMT-P
Lecturer in Health Sciences
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

CHRIS TREMBLAY, NREMT-P
Lecturer in Health Sciences
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

PAUL A. WERFEL, NREMT-P
Long Island Regional ACLS Faculty
Paramedic Program Director and Clinical Instructor
School of Health Technology and Management
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

Saturday

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Apply the current guidelines and treatment protocols for Advanced Cardiac Life Support.
- Demonstrate Basic Life Support skills.

The participants, upon successful completion of the course material, will receive the American Heart Association ACLS provider card.

Requirements for Certificate:

To receive a ACLS Certificate, the participant will have to successfully complete the course and pass a written and practical examination which will be administered at the end of the course.

Due to the requirement to review literature in advance for ACLS, this workshop is limited to pre-registration.

FACULTY DISCLOSURE STATEMENTS:
Drs. Backus and Vitkun, Ms. Cavalieri, Ms. Cimino, Ms. Crapanzano, Mr. Devine, Ms. Godlewska, Mr. Lamonica, Mr. Ozkan, Mr. Tremblay and Mr. Werfel did not disclose any financial relationships.

Mid-Day Sessions • 11:45 - 12:45 • 4th Floor Rooms

Mini Workshop — M-13 - Odets Room

The Critically Ill Cardiac Patient - Challenges and Solutions

Speaker:
JENNIE Y. NGAI, M.D.
Assistant Professor of Anesthesiology | Director, Cardiothoracic Anesthesiology Fellowship | Division of Cardiothoracic Anesthesiology
NYU Langone Medical Center | New York, New York

Objective(s):

- Delineate the indications for assist devices;
- Delineate three common complications from using assist devices;
- Enumerate two pharmacologic approaches to the critically ill cardiac patient.

Disclosure: Dr. Ngai did not disclose any financial relationships.

Mini Workshop — M-14 - Wilder Room

The Pregnant Patient for Non-Obstetric Surgery

Speaker:
HOWARD H. BERNSTEIN,M.D.
Associate Professor of Anesthesiology | Director, Obstetric Anesthesia | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Identify the risk factors associated with surgery during pregnancy;
- Enumerate the qualifiable rate of miscarriage;
- Delineate the critical time periods for organogenesis during pregnancy.

Disclosure: Dr. Bernstein did not disclose any financial relationships. Dr. Bernstein's wife owns Concepts in Health, Inc., which produces and manufacturers a melatonin based sleep aide.

Mini Workshop — M-15 - Ziegfeld Room

Problems in Office-Based Surgery Patients

Speaker:
ISABELLE DeLEON-VOLPE, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

The participant will be able to:

- Delineate three conditions which contraindicate anesthesia in the office;
- Delineate the three most common causes of hospital admission from an office-based anesthetic;
- Define the role of capnography in sedation cases.

Disclosure: Dr. DeLeon-Volpe did not disclose any financial relationships.

Mini Workshop — M-16 - O'Neill Room — Mid-Day Sessions • 11:45 - 13:00

FIRE in the OR, What Every Anesthesiologist Needs to Know

Speaker:
TERRANCE R. BURNS, M.D.
Assistant Professor of Anesthesiology | SUNY-Buffalo School of Medicine and Biomedical Sciences | Kaleida Millard Fillmore Gates
Buffalo, New York

Objective(s):

- Identify the three components needed for a fire to start;
- Prioritize how to put out a fire;
- Understand the different fire extinguisher types.

Disclosure: Dr. Burns did not disclose any financial relationships.

Mid-Day Sessions • 11:45 - 12:45 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-17 - Majestic Room

Emergency Management of Severe Brain Injury

Speaker:

STAFFAN B. WAHLANDER, M.D.
Associate Clinical Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons
Associate Director, Division of Critical Care | Associate Vice Chair, Resident Education | Columbia Presbyterian Medical Center | New York, New York

Objective(s):

- Manage increased intracranial pressure (ICP);
- Discuss controversies that may arise regarding hyperventilation, blood pressure management, osmotherapy, barbiturates and chemical paralysis;
- Employ emergency anesthetic management of airways, fluid resuscitation balance and effects of anesthetics/muscle relaxants on intracranial pressure in severe traumatic brain injury.

Disclosure: Dr. Wahlander did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-18 - Music Box Room

Cricoid Pressure in the Pediatric Patient: To Push or Not To Push?

Speaker:

JENNIFER BROWN, M.D., Ph.D.
Instructor in Anesthesiology | Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Identify the limitations of cricoid pressure in the pediatric population;
- Discuss the literature that supports and refutes the use of cricoid pressure in both adult and pediatric patients;
- Formulate a plan for induction of anesthesia in the pediatric patient with a full stomach.

Disclosure: Dr. Brown did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-19 - Winter Garden Room

Femoral Sciatic Nerve Block: Appropriate Patient Selection

Speaker:

ENRIQUE A. GOYTIZOLO, M.D.
Attending Anesthesiologist | Hospital for Special Surgery | New York, New York

Objective(s):

- Discuss basic ultrasound principles pertaining to the use of ultrasound for regional anesthesia;
- Describe the benefits of ultrasound use in regional anesthesia;
- Apply techniques that would result in a successful intraneural injection.

Disclosure: Dr. Goytizolo did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-20 - Palace Room

Elective Surgery in a Patient with Recently Placed Drug Eluting Stents

Speakers:

ADAM I. LEVINE, M.D.
Associate Professor of Anesthesiology, Physiology, Otolaryngology, Structural & Chemical Biology | Vice-Chair, Education | Director, Residency Training
Program Director, ASA Endorsed HELPS Simulation Program
Department of Anesthesiology | Mount Sinai School of Medicine | New York, New York

KENNETH B. NEWMAN, M.D.
Attending Anesthesiologist | Senior Partner
Cross River Anesthesiology Services | Mount Kisco, New York

Objective(s):

- Discuss the American College of Cardiology Guidelines regarding maintenance of anticoagulation during the perioperative period in patients with drug eluting stents;
- Identify barriers to multi-specialty communication regarding preoperative medical conditions;
- Develop an anesthetic plan for the management of the patient with recently placed drug eluting stents.

Disclosures: Drs. Levine and Newman did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-21 - Shubert Room

Torsade After Hysterectomy: The Impact of Prolonged QT on Antiemesis Guidelines

Speaker:

ANUJ MALHOTRA, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Review the mechanism of action of antiemetic medications;
- Identify potential side effects and complications from antiemetic medications;
- Formulate a comprehensive plan to limit postoperative nausea and vomiting.

Disclosure: Dr. Malhotra did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-22 - Uris Room

Placental Abruption, Fetal Demise, and HELLP Syndrome: Patient Refuses General Anesthesia: Is Regional Anesthesia Acceptable?

Speaker:

ROULHAC D. TOLEDANO, M.D., Ph.D.
Assistant Clinical Professor of Anesthesiology | SUNY-Downstate Medical Center | Attending Anesthesiologist | Lutheran Medical Center
Brooklyn, New York

Objective(s):

- Discuss the dilemma when patient wishes conflict with standard medical practice;
- List conditions that predispose a parturient to disseminated intravascular coagulation (DIC);
- Identify the risks and benefits of neuraxial blockade in this obstetric emergency;
- Discuss risks and benefits of general anesthesia for cesarean delivery in this patient;
- Devise a treatment plan for the patient with peripartum hemorrhage complicated by DIC.

Disclosure: Dr. Toledano did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-23 - Plymouth Room

Cardiac Arrest After Interscalene Block: Treatment Guidelines

Speaker:

MELINDA A. AQUINO, M.D.
Assistant Professor of Anesthesiology and Pain Management | Albert Einstein College of Medicine | Bronx, New York

Objective(s):

- Recognize the complications of regional anesthesia for shoulder surgery;
- Formulate a plan to treat cardiac toxicity due to local anesthetic.

Disclosure: Dr. Aquino did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-24 - Royale Room

The Diagnosis and Management of a Malignant Hyperthermic Reaction

Speakers:

JILL FONG, M.D.
Associate Professor of Clinical Anesthesiology
Cornell University, Weill Cornell Medical College
New York, New York

ADAM D. LICHTMAN, M.D.
Associate Professor of Anesthesiology
Cornell University, Weill Cornell Medical College
New York, New York

Objective(s):

- Identify patients at risk for malignant hyperthermia;
- Recognize the signs of malignant hyperthermia;
- Formulate and execute a plan for the management of a malignant hyperthermia reaction.

Disclosures: Drs. Fong and Lichtman did not disclose any financial relationships.

Mid-Day Session • 12:00 - 15:00 • Manhattan Ballroom • 8th Floor

Workshop — W-07

Difficult Airway Management

A Hands-On Demonstration

Workshop Moderators:

ALLAN P. REED, M.D.
Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

IRENE P. OSBORN, M.D.
Associate Professor of Anesthesiology
Director, Neuroanesthesia
Mount Sinai School of Medicine
New York, New York

Assisted by:

LEVON M. CAPAN, M.D.
Professor of Anesthesia
New York University School of Medicine
Associate Director, Anesthesia
Bellevue Hospital Center
New York, New York

ELVIRA CHO, M.D.
Staff Anesthesiologist
Interfaith Medical Center
Brooklyn, New York

EDMOND COHEN, M.D.
Professor of Anesthesiology
Director, Thoracic Anesthesia
Mount Sinai School of Medicine
New York, New York

STACIE G. DEINER, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

PANCHALI DHAR, M.D.
Assistant Professor of Anesthesiology
New York-Presbyterian Hospital
New York, New York

BARBARA M. DILOS, D.O.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

MICHAEL FRASS, M.D.
Professor of Medicine
Medical University of Vienna
Vienna, Austria

CHERYL K. GOODEN, M.D.
Associate Professor of Anesthesiology and Pediatrics
Mount Sinai School of Medicine
New York, New York

ADAM I. LEVINE, M.D.
Associate Professor of Anesthesiology, Physiology,Otolaryngology, Structural and Chemical Biology
Vice-Chair, Education
Director, Residency Training Program
Program Director, ASA Endorsed HELPS Simulation Program
Department of Anesthesiology
Mount Sinai School of Medicine
New York, New York

MITCHELL H. MARSHALL, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

STEVEN M. NEUSTEIN, M.D.
Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

DANIEL K. O'NEILL, M.D.
Assistant Professor of Anesthesiology
New York University School of Medicine
New York, New York

SLAWOMIR P. OLESZAK, M.D.
Associate Professor of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

MICHAEL RUFINO, M.D.
Assistant Professor of Anesthesiology
Albert Einstein College of Medicine
Bronx, New York

JON D. SAMUELS, M.D.
Assistant Professor of Clinical Anesthesiology
Joan and Sanford I. Weill Medical College of Weill Cornell University
New York, New York

JOHN J. SCHAEFER, III, M.D.
Professor of Anesthesia and Perioperative Medicine
Medical University of South Carolina
Lewis W. Haskell Blackman Endowed Chair
Director, Clinical Effectiveness and Patient Safety Center of Excellence
HealthCare Simulation of South Carolina
Charleston, South Carolina

RALPH L. SLEPIAN, M.D.
Associate Professor of Anesthesiology
Medical Director of Inpatient Operating Rooms & Post Anesthesia Care Unit
Cornell University, Weill Cornell Medical College
New York, New York

FRANCIS S. STELLACCIO, M.D.
Assistant Professor of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

SONIA J. VAIDA, M.D.
Professor of Anesthesiology, Obstetrics and Gynecology
Vice-Chair, Research
Director, Obstetric Anesthesia
Penn State College of Medicine
Penn State Milton S. Hershey Medical Center
Hershey, Pennsylvania

STEPHEN A. VITKUN, M.D., M.B.A., Ph.D.
SUNY Distinguished Teaching Professor
Professor and Vice-Chair
Department of Anesthesiology
Professor of Pharmacological Sciences (Clinical Pharmacology)
Professor of Clinical Health Sciences
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

CHARLES B. WATSON, M.D., FCCM
Clinical Associate Professor of Anesthesiology
University of Connecticut
Farmington, Connecticut
Chair, Department of Anesthesia
Deputy Surgeon-in-Chief
Bridgeport Hospital
Yale-New Haven Health System
Bridgeport, Connecticut

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Perform appropriate airway evaluation;
- Utilize numerous commercially available airway devices;
- Apply the ASA Difficult Airway Practice Parameters in clinical scenarios.

FACULTY DISCLOSURE STATEMENTS:

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Dr. Schaefer receives royalties from Laerdal Medical Corp and is an owner of Sim Tunes.

NOTE: This Workshop is a repeat of W-05.

Notes

Ancillary Session

Resident Research Contest

Program Chair

CHARLES W. EMALA, Sr., M.S., M.D.
Henrik H. Bendixen Professor of Anesthesiology
Vice Chair for Research
Department of Anesthesiology
Columbia University College of Physicians & Surgeons
New York, New York

The Resident Research Contest is a unique program in continuing medical education. It provides an opportunity to introduce the international anesthesia community to some of the brightest young researchers in the specialty today.

Residents will be orally summarizing their work in a poster discussion format from 10:00 to 11:00 on Saturday in the Empire Complex. They will be available by their posters from 12:30-14:30, to discuss their research and answer questions.

Research Contest Presenter — R-01

Anti-metastatic Potential of Amide-Linked Local Anesthetics: Inhibition of Lung Adenocarcinoma Cell Migration and Inflammatory Src Signaling Independent of Sodium Channel Blockade

Presenter: **TOBIAS PIEGELER, M.D.**
Departments of Anesthesiology and Pharmacology | Center for Lung and Vascular Biology
University of Illinois at Chicago | Jess Brown VA Medical Center | Chicago, Illinois

Co-Authors: E. Gina Votta-Velis | Beatrice Beck-Schimmer | David E. Schwartz | Richard D. Minshall | Alain Borgeat

Research Contest Presenter — R-02

Anesthetics Interfere with Axon Guidance in Developing Mouse Neocortical Neurons via a $GABA_A$ Receptor Mechanism

Presenter: **CYRUS DAVID MINTZ, M.D., Ph.D.**
Departments of Anesthesiology and Pharmacology | Columbia University, College of Physicians & Surgeons
New York, New York

Co-Authors: Kendall M. S. Barrett | Sarah C. Smith | Deanna L. Benson | Neil L. Harrison

Research Contest Presenter — R-03

Non-invasive Placental and Fetal Organ Hemodynamic Monitoring Using BOLD-fMRI in Pregnant Mice: Comparing the Effects of Maternal Ephedrine and Phenylephrine Administration

Presenter: **JOEL SHAPIRO, M.B., Ch.B.**
Department of Anesthesiology and Critical Care Medicine | Hadassah Hebrew University Medical Center
Ein Karem, Jerusalem, Israel

Co-Authors: Yehuda Ginosar | Uriel Elchalal | Nathalie Corchia-Nachmanson | Rinat Abramovitch

Research Contest Presenter — R-04

Pharmacological Consequences of the A118G Mu Opioid Receptor Polymorphism on Morphine- and Fentanyl-Mediated Modulation of Ca^{2+} Channels in Humanized Mouse Sensory Neurons

Presenter: **SAFELDIN MAHMOUD, M.B., B.Ch, M.Sc.**
Department of Anesthesiology | Penn State College of Medicine | Hershey, Pennsylvania

Co-Authors: Annika Thorsell | Wolfgang H. Sommer | Markus Heilig | Joan K. Holgate | Selena E. Bartlett | Victor Ruiz-Velasco

Research Contest Presenter — R-05

Thoracic Epidural Anesthesia/Analgesia Prevents BNP Level Increasing after Major Abdominal Surgery

Presenter: **OKSANA SHAIDA, M.D.**
Department of Anesthesiology and Intensive Care | Dnepropetrovsk State Medical Academy
Dnepropetrovsk, Ukraine

Co-Authors: Yuriy Kobelyatskyy

Resident Research Committee:

Maria A. Bustillo, M.D.
Charles W. Emala, Sr., M.S., M.D
Admir Hadzic, M.D., Ph.D.
Suzanne B. Karan, M.D.
Ira S. Kass, Ph.D.
Jung T. Kim, M.D.
John J. Savarese, M.D.
Jeffrey H. Silverstein, M.D.
Stacey A. Watt, M.D.

Announcements and prizes will be awarded at the Luncheon at 12:00, Saturday in the Empire Room.

Afternoon Session • 13:00 - 15:30 • North Ballroom • 6th Floor

Scientific Panel — SP-10

Improving Outcomes in the Patient with Cardiac Disease Undergoing Non-Cardiac Surgery

This patient safety activity helps fulfill the patient safety CME requirement for Part II of the Maintenance of Certification in Anesthesiology Program® (MOCA) of The American Board of Anesthesiology® (ABA). Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.

Panel Moderator:

PAUL G. BARASH, M.D.
Professor of Anesthesiology | Yale University, School of Medicine | New Haven, Connecticut

Disclosure: Dr. Barash did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Formulate an anesthetic management plan for the patient with coronary artery stents;
- Describe how anesthesia can be provided safely in the patient with an implantable cardiac rhythm device;
- Provide a rationale for the use of beta blockade in the perioperative period;
- Devise a strategy for minimizing the risks of regional anesthesia in patients receiving anticoagulants.

Panelists' Presentations:

1. Managing the Patient with Coronary Artery Stents

PAUL G. BARASH, M.D.

2. Avoiding the Shock of a Lifetime-Managing The Patient with an Implantable Cardiac Rhythm Device

MARC A. ROZNER, Ph.D., M.D.
Departments of Anesthesiology & Cardiology | The University of Texas | MD Anderson Cancer Center
Houston, Texas

3. Preventing Complications of Regional Anesthesia in the Cardiac Patient Receiving Anticoagulants

TERESE T. HORLOCKER, M.D.
Professor of Anesthesiology and Orthopedics | Mayo Clinic in Rochester | Rochester, Minnesota

4. Perioperative Beta-Blockade: What Are the Guidelines This Month?

JOHN E. ELLIS, M.D.
Adjunct Professor of Anesthesiology and Critical Care | University of Pennsylvania Perelman School of Medicine
Philadelphia, Pennsylvania

FACULTY DISCLOSURE STATEMENTS:
Drs. Horlocker and Rozner did not disclose any financial relationships.
Dr. Ellis is on the speakers bureau, receives honoraria and consultant fees from Baxter International Inc.

Host: Shamantha G. Reddy, M.D.

Afternoon Session • 13:00 - 15:30 • South Ballroom • 6th Floor

Scientific Panel — SP-11

Can Anesthetic Technique Alter Long and Short Term Outcomes?

Maintenance of Certification in Anesthesiology Program® and MOCA® are registered certification marks of The American Board of Anesthesiology®.

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Panel Moderator:

LEIF SAAGER, M.D.
Assistant Professor | Department of Outcomes Research
The Cleveland Clinic | Cleveland, Ohio

Disclosure: Dr. Saager did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Describe the evidence suggesting that anesthetic technique can influence tumor recurrence;
- Describe the impact of neuraxial labor analgesia on progress of labor and mode of delivery;
- Describe the mechanisms underlying postoperative visual loss and strategies to minimize the risk;
- Describe the effect of neonatal anesthetic exposure on future neurobehavioral development.

Panelists' Presentations:

1. Can Anesthetic Technique Influence Cancer Recurrence?

LEIF SAAGER, M.D.

2. Can Labor Analgesia Influence Obstetric Outcome?

CYNTHIA A. WONG, M.D.
Professor and Vice Chair | Department of Anesthesiology | Northwestern University Feinberg School of Medicine
Chicago, Illinois

3. Can Anesthetic Management Influence Postoperative Visual Loss?

KAREN B. DOMINO, M.D., M.P.H.
Professor of Anesthesiology | University of Washington School of Medicine | Seattle, Washington

4. Can Anesthetic Management in the Neonate Influence Cognitive Development

SULPICIO G. SORIANO, M.D.
Professor of Anaesthesia | Harvard Medical School | Boston Children's Hospital Endowed Chair in Pediatric Neuroanesthesia | Boston, Massachusetts

FACULTY DISCLOSURE STATEMENTS:
Drs. Domino, Soriano and Wong did not disclose any financial relationships.
Dr. Sneyd has a relationship and receives consultant fees from Maruishi Pharmaceutical. Co., Ltd.

Host: Andrew D. Rosenberg, M.D.

Afternoon Session • 13:00 - 15:30 • Astor Ballroom • 7th Floor

Scientific Panel — SP-12

Update: Acute Pain Management

Panel Moderator:
EUGENE R. VISCUSI, M.D.
Director, Acute Pain Management | Jefferson Medical College | Thomas Jefferson University | Philadelphia, Pennsylvania

Disclosure: Dr. Viscusi receives funded research support from AcelRx Pharmaceuticals, Inc., Adolor Corporation, Cadence Pharmaceuticals, Inc. and Progenics Pharmaceuticals, Inc. He receives honoraria from Merck & Co., Inc. and consultant fees from AcelRx Pharmaceuticals, Inc., Cadence Pharmaceuticals, Inc., Pacira Pharmaceuticals, Inc.

Objective(s):

The participant will be able to:
- Formulate an analgesic strategy that minimizes the risk of postoperative nausea and vomiting;
- Incorporate multimodal analgesia strategies in the postoperative period;
- Explain the mechanisms by which chronic pain can develop after surgery or traumatic injury.

Panelists' Presentations:

1. Peripheral Opioid Antagonists
EUGENE R. VISCUSI, M.D.

2. Multimodal Analgesia: The Latest Evidence
CHRISTOPHER G. GHARIBO, M.D.
NYU Hospital for Joint Diseases | New York University School of Medicine | Medical Director, Pain Medicine
NYU Hospital for Joint Diseases | New York, New York

3. Strategies to Reduce PONV: An Extension of Multimodal Analgesia
TONG J. GAN, M.D., M.H.S., FRCA
Professor of Anesthesiology | Vice Chair for Clinical Research | Duke University School of Medicine | Durham, North Carolina

4. Chronic Post Surgical Pain: What Causes It and Can We Prevent It?
THOMAS J. J. BLANCK, M.D., Ph.D.
Professor and Chair, Department of Anesthesiology | Professor of Physiology and Neuroscience
New York University School of Medicine | New York, New York

FACULTY DISCLOSURE STATEMENTS:
Dr. Blanck did not disclose any financial relationships.
Dr. Gharibo is on the speakers bureau for Cadence Pharmaceuticals, Inc.
Dr. Gan receives funded research support from AcelRx Pharmaceuticals, Inc., CARA, Cumberland, Fresenius and Pacira Pharmaceuticals, Inc. Also receives honoraria from Baxter International Inc., Edwards Life Science, Fresenius, Hospira, Inc. and Pacira Pharmaceuticals, Inc.

Host: Neel Mehta, M.D.

Afternoon Session • 15:45 - 17:00 • 4th Floor Rooms

Focus Sessions — FS-09 • Odets Room • 4th Floor

Operating Room Efficiency: Optimizing Resource Utilization Without Compromising Patient Safety

Focus Session Moderator:

VINOD MALHOTRA, M.D.

Professor of Clinical Anesthesiology | Professor of Anesthesiology in Clinical Urology | Weill Cornell Medical College
Vice-Chair, Clinical Affairs | Department of Anesthesiology
Clinical Director, Operating Rooms | New York-Presbyterian Hospital | New York, New York

Faculty Presentations:

Resource Utilization

VINOD MALHOTRA, M.D.

Patient Safety

ALAN E. CURLE, M.D.

Associate Professor of Clinical Anesthesiology | Chief of Anesthesia | Highland Hospital | Rochester, New York

Objective(s):

The participant will be able to:

- Discuss different approaches to increase OR-efficiency;
- Discuss the risks to patient safety and how to avoid this complication;
- Develop plans for their practice to increase operating room efficiency without compromising safety.

Focus Sessions — FS-10 • Wilder Room • 4th Floor

Perioperative Medicine: Glycemic Control, Beta-Blockade

Focus Session Moderator:

ANDREW B. LEIBOWITZ, M.D.

Professor of Anesthesiology and Surgery | Executive Vice Chair of Anesthesiology | Co-Director, Surgical Intensive Care Unit
Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Glycemic Control

LEILA HOSSEINIAN, M.D.

Assistant Professor of Anesthesiology and Critical Care | Mount Sinai School of Medicines | New York, New York

Beta Blockade: Update

ANDREW B. LEIBOWITZ, M.D.

Objective(s):

The participant will be able to:

- Discuss the current guidelines for pre-intra and postoperative glycemic control;
- Recognize the consequences of poor glycemic control;
- Develop strategies to maintain euglycemia in the perioperative period;
- Discuss the issues surrounding SCIP guidelines on beta blockade in the perioperative period;
- Develop a practical approach to implementing SCIP guidelines for perioperative beta blockade.

FACULTY DISCLOSURE STATEMENTS:

Drs. Curle, Hosseinian and Malhotra did not disclose any financial relationships.
Dr. Leibowitz is a consultant for Elcam Medical and his spouse is employed by Merck & Co., Inc.

Afternoon Session • 15:45 - 17:00 • 4th Floor Rooms

Focus Sessions — FS-11 • Ziegfeld Room • 4th Floor

Insight into Legal Process Using Case-Based Mock-Trials: Tips and Strategies for Anesthesiologists

For the Plaintiff

JAMES E. SZALADOS, M.D., M.B.A., Esq.
Professor of Anesthesiology | University of Rochester School of Medicine | Attending, Westside Anesthesiology Associates of Rochester, LLP
Attending in Critical Care | Unity and Rochester General Hospitals | Rochester, New York | VPMA and CMO, Lakeside Health System
Brockport, New York | Counselor and Attorney at Law | Rochester, New York

For the Defense

MICHAEL J. SCHOPPMANN, Esq.
General Counsel, NYSSA | Kern Augustine Conroy & Schoppmann, P.C. | Garden City, New York

Objective(s):

The participant will be able to:

- Discuss the administrative and legal requirements of informed consent;
- Discuss the importance of documentation;
- Discuss the importance of guidelines and protocols;
- Develop defensive strategies to decrease the likelihood of being successfully sued for malpractice.

Focus Sessions — FS-12 • O'Neill Room • 4th Floor

Update in Cerebral Function Monitoring

Focus Session Moderator:

GREGORY W. FISCHER, M.D.
Assistant Professor of Anesthesiology and Cardiothoracic Surgery | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Cerebral Oximetry

GREGORY W. FISCHER, M.D.

Integrated or Processed EEG

IRA J. RAMPIL, M.S., M.D.
Professor of Anesthesiology and Neurological Surgery | SUNY-Health Sciences Center at Stony Brook | Stony Brook, New York

Objective(s):

The participant will be able to:

- Compare/contrast various cerebral function monitors currently available for use;
- Discuss the indications for use of the various cerebral function monitors available;
- Develop a strategy of care for a patient who develops unacceptable changes in cerebral function under anesthesia.

FACULTY DISCLOSURE STATEMENTS:

Drs. Szalados and Mr. Schoppmann did not disclose any financial relationships.
Dr. Fischer is on the speakers bureau for CASMED.
Dr. Rampil receives funded research support from Aspect Medical Systems, Baxter International Inc., GE Health Care and GlaxoSmithKline plc.

Afternoon Session • 15:45 - 17:00 • 7th Floor Rooms

Focus Sessions — FS-13 • Astor Ballroom • 7th Floor

Challenges in Regional Anesthesia

Focus Session Moderator:
WILLIAM F. URMEY, M.D.
Associate Professor of Clinical Anesthesiology | Cornell University, Weill Cornell Medical College | Attending Anesthesiologist Hospital for Special Surgery | New York, New York

Faculty Presentations:

Regional Anesthesia in the Pulmonary Cripple
WILLIAM F. URMEY, M.D.

Regional Block under General Anesthesia: Is it Safe?
MEG A. ROSENBLATT, M.D.
Professor of Anesthesiology and Orthopaedics | Director, Division of Orthopaedic Anesthesiology
Mount Sinai School of Medicine | New York, New York

Objective(s):

The participant will be able to:
Discuss the indications for the use of a nerve stimulator in regional anesthesia;
- Discuss the use of regional anesthesia in the pulmonary cripple;
- Develop a plan for use of regional anesthesia in the pulmonary cripple;
- Discuss the issues surrounding performance of a block under general anesthesia;
- Develop strategies to minimize complications when performing a block under general anesthesia.

Focus Sessions — FS-14 • Empire Complex • 7th Floor

The Anesthesia Work Station and Safety Issues: Are Our Patients Safer?

Focus Session Moderator:
JAMES B. EISENKRAFT, M.D.
Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York |

Faculty Presentations:

Machine Safety
JAMES B. EISENKRAFT, M.D.

Intelligent Monitors
KEITH J. RUSKIN, M.D.
Professor of Anesthesiology and Neurosurgery | Yale University, School of Medicine | New Haven, Connecticut

Objective(s):

The participant will be able to:
- Discuss advantages and disadvantages of the new anesthesia machines;
- Discuss the new development in monitoring;
- Discuss equipment safety issue in anesthesia practice;
- Develop a plan to safely integrate the new anesthesia machines and intelligent monitors into their practice;
- Know the limitations of modern anesthesia machines and intelligent monitors and apply this knowledge to their practice.

FACULTY DISCLOSURE STATEMENTS:
Drs. Eisenkraft and Rosenblatt did not disclose any financial relationships.
Dr. Ruskin received a consulting fee from Masimo Corporation.
Dr. Urmey receives royalties from B. Braun Medical Inc.

Afternoon Session • 15:45 - 17:00 • 8th Floor Room

Focus Sessions — FS-15 • Manhattan Ballroom • 8th Floor

Pediatric Pain Management: What Is Best Practice?

Focus Session Moderator:

SANTHANAM SURESH, M.D., FAAP
Anesthesiologist-in-Chief
Department of Pediatric Anesthesiology
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

Faculty Presentations:

Regional Methods

SANTHANAM SURESH, M.D., FAAP

Pharmacological Approach

BETTINA SMALLMAN, M.D.
Associate Professor of Anesthesiology
SUNY-Upstate Medical University
Syracuse, New York

Objective(s):

The participant will be able to:

- Discuss current methods of pain management in pediatric patients including both pharmacologic and regional methods;
- Describe the medications used for pain relief in children in terms of pharmacokinetics, pharmacodynamics and adverse side effects;
- Discuss the risks and benefits of various types of regional anesthesia for pediatric patients;
- Formulate an anesthetic plan for pain management in pediatric patients undergoing various types of surgical procedures.

FACULTY DISCLOSURE STATEMENTS:

Dr. Smallman did not disclose any financial relationships.
Dr. Suresh receives funded research support from Ferndale Labs and Purdue Pharma, consultant fees from Orthopedic Knowledge Online and material support from GE Healthcare, Philips Healthcare and Sonosite, Inc.

Afternoon Sessions • 15:45 - 17:00 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-25 - Majestic Room

Maintaining Regulatory Compliance and Avoiding Fraud

Speakers:

JUNG T. KIM, M.D.
Associate Professor of Clinical Anesthesiology | Vice-Chair, Chief of Service | Department of Anesthesiology
Medical Director, Perioperative Surgical Services | NYU Langone Medical Center | New York, New York

SUSAN FIRESTONE, M.S.
Departmental Administrator | Department of Anesthesiology | New York University School of Medicine | New York, New York

BRETT R. FRIEDMAN, Esq.
Associate | Ropes & Gray LLP | New York, New York

Objective(s):

- Learn how everyday anesthesiologists risk committing fraud;
- Identify anti-kickback issues;
- Recognize billing instances that send up red flags;
- Question decision-making that will leave you defenseless on an audit;
- Understand the importance of devising a compliance plan;
- Recognize pitfalls for accepting a patient's insurance payment as payment in full;
- Discover how some anesthesiologists in office based practices may be opening themselves up for heavy penalties.

Disclosures: Dr. Kim, Ms. Firestone and Mr. Friedman did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-26 - Music Box Room

Obstructive Sleep Apnea and Ambulatory Surgery

Speaker:

DANIELLE B. LUDWIN, M.D.
Assistant Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons | New York, New York

Objective(s):

- Discuss the pathophysiology of Obstructive Sleep Apnea (OSA) in adults;
- Make a presumptive diagnosis of OSA in undiagnosed patients;
- Assess the eligibility of OSA patients for ambulatory surgery;
- Evaluate the effects of anesthetics on patients with OSA;
- Formulate postoperative pain control in OSA patients in an outpatient setting;
- Establish the outpatient PACU monitoring and discharge criteria for OSA patients.

Disclosure: Dr. Ludwin did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-27 - Winter Garden Room

The Pediatric Difficult Airway: No Larynx in View Now What Do I Do?

Speakers:

GORDANA STJEPANOVIC, M.D.
Clinical Assistant Professor of Anesthesiology | New York University School of Medicine | New York, New York

AARTI SHARMA, M.D.
Associate Professor of Clinical Anesthesiology | Associate Director, Pediatric Anesthesia | New York-Presbyterian Hospital | New York, New York

Objective(s):

- Identify criteria for difficult intubation in pediatric age group;
- Describe technologies available for difficult intubation in pediatric age group;
- Formulate management strategies for difficult intubation in pediatric age group.

Disclosures: Drs. Stjepanovic and Sharma did not disclose any financial relationships.

Afternoon Sessions • 15:45 - 17:00 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-28 - Palace Room

Pitfalls of Pulmonary Hypertension

Speaker:

JAMES A. OSORIO, M.D.
Assistant Professor of Anesthesiology | Cornell University, Weill Cornell Medical Center | New York, New York

Objective(s):

- Identify the etiologies and pathophysiology of pulmonary hypertension;
- Identify factors that alter pulmonary vascular resistance;
- Diagnose and manage perioperative complications in patients with pulmonary hypertension.

Disclosure: Dr. Osorio did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-29 - Shubert Room

Parturient with a History of Tracheostomy Leading to Failed Intubation

Speaker:

DIVINA J. SANTOS, M.D.
Associate Professor of Anesthesiology | Albert Einstein College of Medicine | Bronx, New York

Objective(s):

- Identify the anesthetic risks of scleroderma, especially those related to airway management and pregnancy;
- Establish an appropriate anesthetic plan to manage the scleroderma patient during pregnancy;
- Develop a technique of awake fiberoptic intubation for cesarean section.

Disclosure: Dr. Santos did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-30 - Uris Room

14 Year Old Status Post Fontan Procedure: Presents For Emergency Appendectomy

Speaker:

GALINA LEYVI, M.D.
Associate Professor of Anesthesiology | Albert Einstein College of Medicine/Montefiore Medical Center | Bronx, New York

Objective(s):

- Describe Fontan physiology;
- Formulate a plan to provide anesthetic care to a patient status post Fontan procedure.

Disclosure: Dr. Leyvi did not disclose any financial relationships.

Afternoon Sessions • 15:45 - 17:00 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-31 - Plymouth Room

The Disruptive Anesthesiologist

Speakers:
KENNETH B. NEWMAN, M.D.
Attending Anesthesiologist | Senior Partner | Cross River Anesthesiology Services | Mount Kisco, New York

CHARLES J. ASSINI, Jr., Esq.
Counsel to the Board and Legislative Counsel | The New York State Society of Anesthesiologists, Inc.
Partner, Higgins, Roberts, Beyerl & Coan, P.C.
Schenectady, New York

Objective(s):

- Recognize the problem employee/partner;
- Outline the legal issues and process of termination;
- Illustrate how to protect you and non-involved partners;
- Assess how hospital bylaws affect your decisions;
- Determine how to deal with the physician or employee who asks for help in confidence;
- Identify how to "issue spot" -- a legal term for a situation which will likely require the assistance of counsel;
- Define the employer's and employee's pre- and post-termination obligations; relinquishment of privileges; restrictions against competition; insurance issues; deferred compensation; indemnification; release of claims and considerations; right of "set-offs" and future references ("non-disparaging" provisions and confidentiality).

Disclosures: Dr. Newman and Mr. Assini did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-32 - Royale Room

Anaphylaxis in the Operating Room

Speaker:
VENKATA K. SAMPATHI, M.D.
Instructor in Anesthesiology | SUNY-Upstate Medical University | Syracuse, New York

Objective(s):

- Identify the differential diagnosis of post induction, preincision cardiovascular collapse;
- Recognize the signs and symptoms of anaphylaxis under general anesthesia;
- Develop a treatment plan for anaphylaxis.

Disclosure: Dr. Sampathi did not disclose any financial relationships.

Evening Session • 17:30 - 18:30 • O'Neill Room • 4th Floor

Ancillary Session

American Board of Anesthesiology

This information session conducted by Directors of the American Board of Anesthesiology (ABA) will provide information and answer questions about the ABA assessment programs for primary certification (including the transition to Staged Examinations). Maintenance of Certification in Anesthesiology (MOCA®), and MOCA for Subspecialties (MOCA-SUBS). MOCA is the program that the ABA developed so diplomates with a time-limited anesthesiology certificate could maintain uninterrupted certification status.

Topics

Primary Certification in Anesthesiology:

- Overview of the transition to Staged Examinations in 2014
- Comparison of the tradition Part 1 and Part 2 Examinations
- Overview of specific areas evaluated in the Part 2 Examination
- Outline of the Part 2 Examination process
- Identification of common problems encountered by candidates
- Discussion of the successful candidate of the Part 2 Examination

Maintenance of Certification in Anesthesiology (MOCA):

- Part 1: Assessments of Professional Standing (Medical Licensure)
- Part 2: Lifelong Learning and Self-Assessment (CME activities)
- Part 3: Cognitive Examination and Prerequisites
- Part 4: Practice Performance Assessment and Improvement
- Diplomates' online portal accounts
- MOCA-SUBS for maintenance of subspecialty certification

FACULTY PRESENTATIONS:

DANIEL J. COLE, M.D.
Professor of Anesthesiology
Mayo Clinic, College of Medicine
Chair, Department of Anesthesiology
Mayo Clinic Arizona
Phoenix, Arizona

CYNTHIA A. LIEN, M.D.
Professor of Anesthesiology
Cornell University, Weill Cornell Medical College
Attending Anesthesiologist
New York-Presbyterian Hospital
New York, New York

This Program is conducted by The American Board of Anesthesiology and is independent of PGA66. You are not required to register for the PGA if you only plan to attend this session. Additionally, the ABA will be exhibiting at the 2012 66th Post Graduate Assembly. Please stop by the ABA Booth to get details about Primary and Subspecialty Certification, as well as, Maintenance of Certification. ABA staff can guide you through the ABA website and your online personal portal account.

66th Annual

PostGraduate Assembly in Anesthesiology

December 14 – December 18, 2012

Marriott Marquis, New York | USA

Exhibit Raffle!

Visit the Exhibit Hall on the 5th floor for a chance to win great prizes!

Reminder

Please silence your mobile devices during sessions

Sunday, December 16, 2012

	Times
Registration	07:00
Mini Workshops	07:45 & 11:45
Interactive Workshops	08:00 & 12:00
Focus Sessions	08:00, 15:00 & 15:45
Technical Exhibits	08:00
Scientific Panels	08:30, 09:00 & 13:00
Scientific Exhibits	10:00
Poster Presentations & Medically Challenging Case Reports	11:00 & 14:00
Problem-Based Learning Discussions	11:45 & 15:45

Other Activities:

NYSSA House of Delegates	09:30

Workshops, **Mini Workshops** and **Problem-Based Learning Discussions** **require a ticket for entrance**. **Please refer to page 9 for fees**.

Morning Sessions • 07:45 - 08:45 • 4th Floor Rooms

Mini Workshop — M-17 - Odets Room

Problems in the PACU

Speaker:
ELIZABETH A. M. FROST, M.D.
Clinical Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Delineate state and national guidelines for PACU care;
- Enumerate the more common complications in the PACU;
- Devise approaches to minimize postoperative problems.

Disclosure: Dr. Frost did not disclose any financial relationships.

Mini Workshop — M-18 - Wilder Room

Anesthetic Challenges in the Morbidly Obese

Speaker:
JON D. SAMUELS, M.D.
Assistant Professor of Anesthesiology | Joan and Sanford I. Weill Medical College of Weill Cornell University | New York, New York

Objective(s):

- Delineate the approach to airway assessment and management;
- Identify the intraoperative complications which may arise;
- Enumerate at least three postoperative complications which may occur.

Disclosure: Dr. Samuels did not disclose any financial relationships.

Mini Workshop — M-19 - Ziegfeld Room

Thoracic Anesthesia Update

Speaker:
EDMOND COHEN, M.D.
Professor of Anesthesiology | Director, Thoracic Anesthesia | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Enumerate the indications for lung separation and thorascopy;
- Determine which lung separation device is appropriate for the planned surgery;
- Evaluate and treat intraoperative complications during thoracic surgery.

Disclosure: Dr. Cohen receives honoraria from Cook Medical.

Mini Workshop — M-20 - O'Neill Room

Private Pain Practice: Does It Have a Future and How to Do It?

Speakers:
JOEL KREITZER, M.D.
Associate Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

GORDON M. FREEDMAN, M.D.
Associate Professor of Anesthesiology | Mount Sinai School of Medicine | Partner, Upper East Side Pain Medicine, PC | New York, New York

Objective(s):

- Identify which interventions are evidence-based and will be reimbursed;
- Which interventions are not evidenced-based and will not be reimbursed;
- Identify strategies to survive under the new healthcare reimbursement guidelines.

Disclosures: Dr. Kreitzer is on the Purdue Pharma L.P. speakers bureau.
Dr. Freedman did not disclose any financial relationships.

Workshop — W-08

Ultrasound for Vascular Access: A Workshop

Workshop Moderator: **NIKOLAOS J. SKUBAS, M.D., FASE**
Associate Professor of Anesthesiology
Director, Cardiac Anesthesia
Cornell University, Weill Medical College
New York, New York

Assisted by:

Physics
MEGHANN M. FITZGERALD, M.D.
Assistant Professor of Anesthesiology
Cornell University, Weill Cornell Medical College
New York, New York

Arterial Access
ALEXANDER J. C. MITTNACHT, M.D.
Associate Professor of Anesthesiology
Director, Pediatric Cardiac Anesthesia
Mount Sinai School of Medicine
New York, New York

Central Venous Access
ANUP PAMNANI, M.D.
Assistant Professor of Anesthesiology
Cornell University, Weill Medical College
Attending Anesthesiologist
New York-Presbyterian Hospital
New York, New York

Logistics and Billing
NIKOLAOS J. SKUBAS, M.D., FASE

Objective(s):

After successfully completing this workshop, the participant will be able to:
- Demonstrate basic skills in ultrasound technology;
- Utilize ultrasound technology for central venous and arterial access;
- Optimize billing for ultrasound use in vascular access.

FACULTY DISCLOSURE STATEMENTS:
Dr. Skubas received a consultant fee from Winchester Medical Center.
Drs. Fitzgerald, Mittnacht and Pamnani did not disclose any financial relationships.

NOTE: This Workshop will be repeated Tuesday as W-16.

Morning Session • 08:00 am - 15:00 • Empire Complex • 7th Floor

Workshop — W-09

Intensive Interactive Echocardiography Review with the Experts

A Hands-on Demonstration

Workshop Moderators:

STEVEN N. KONSTADT, M.D., M.B.A., FACC
Professor and Chair
Department of Anesthesiology
Maimonides Medical Center
Brooklyn, New York

ALEXANDER J. C. MITTNACHT, M.D.
Associate Professor of Anesthesiology
Director, Pediatric Cardiac Anesthesi
Mount Sinai School of Medicine
New York, New York

Assisted by:

PATRICIA M. APPLEGATE, M.D.
Associate Professor of Medicine and Cardiology
Loma Linda University School of Medicine
Loma Linda, California

RICHARD L. APPLEGATE, II, M.D.
Professor and Vice-Chair
Department of Anesthesiology
Medical Director, Operating Room
Loma Linda University School of Medicine
Loma Linda, California

WALTER BETHUNE, M.D.
Attending Physician
Department of Anesthesiology
Maimonides Medical Center
Brooklyn, New York

HIMANI BHATT, D.O., M.P.A.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

ZAK HILLEL, M.D., Ph.D.
Professor of Clinical Anesthesiology
Columbia University, College of Physicians & Surgeons
Director, Cardiothoracic Anesthesia
St. Luke's-Roosevelt Hospital Center
New York, New York

JONATHAN D. LEFF, M.D.
Assistant Professor of Anesthesiology
Montefiore Medical Center
Bronx, New York

CHIROJIT MUKHERJEE, M.D.
Director, Cardiothoracic and Vascular Fellowship Program
Department of Anesthesia and Intensive Medicine II
Heart Center Leipzig
University of Leipzig
Leipzig, Germany

CESAR RODRIGUEZ-DIAZ, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

JACK S. SHANEWISE, M.D.
Director, Cardiothoracic Anesthesiology
Columbia University, College of Physicians & Surgeons
New York, New York

LINDA SHORE-LESSERSON, M.D., FASE
Professor of Anesthesiology
Albert Einstein College of Medicine
Bronx, New York

NIKOLAOS J. SKUBAS, M.D., FASE
Associate Professor of Anesthesiology
Director, Cardiac Anesthesia
Cornell University, Weill Cornell Medical College
New York, New York

CHRISTOPHER A. TROIANOS, M.D.
Professor and Chair
Department of Anesthesiology
The Western Pennsylvania Hospital
Pittsburgh, Pennsylvania

GIUSEPPE V. TRUNFIO, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York
Director, Cardiac Anesthesiology
Maimonides Medical Center
Brooklyn, New York

MENACHEM WEINER, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Describe basic principles of echocardiographic imaging of the heart;
- Identify standard echocardiographic views of the heart, in multiple planes;
- Identify normal and abnormal mitral and aortic valve anatomy;
- Utilize TEE in the differential diagnosis of clinical scenarios in patients undergoing cardiac and non-cardiac procedures;
- Perform Doppler and 2-D imaging;
- Determine ventricular function and diagnose regional wall motion abnormalities.

Note: This is a full day workshop. Lunch will not be provided.

FACULTY DISCLOSURE STATEMENTS:

Drs. P. M. Applegate, Bethune, Bhatt, Hillel, Konstadt, Leff, Mittnacht, Mukherjee, Rodriguez-Diaz, Shanewise, Troianos, Trunfio and Weiner did not disclose any financial relationships.

Dr. R. L. Applegate receives funded research support from Baxter Healthcare and Edwards Lifesciences. Additionally, he receives funded research support, and industry sponsored research support from Masimo Corporation.

Dr. Shore-Lesserson is on the speakers bureau for Grifols Inc. and receives consultant fees from Elcam Medical Inc. and AstraZeneca.

Dr. Skubas received a consultant fee from Winchester Medical Center.

Current Issues Forum

Focus Session Moderator:

DAVID J. WLODY, M.D.
Medical Director and Vice President, Medical Affairs | Chief, Department of Anesthesiology
Long Island College Hospital | Professor of Clinical Anesthesiology | Vice-Chair, Clinical Affairs
Department of Anesthesiology | SUNY-Downstate Medical Center | Brooklyn, New York

Faculty Presentations:

Value Based Payment Modifier and Meaningful Use

NORMAN A. COHEN, M.D.
Associate Professor Anesthesiology and Perioperative Medicine | Oregon Health and Science University
Vice President for Professional Affairs | American Society of Anesthesiologists | Portland, Oregon

Objective(s):

The participant will be able to:

- Define the value-based payment modifier;
- Describe the initial implementation and how it will impact anesthesiologists;
- Delineate the requirements for anesthesiologist participation in meaningful use incentives;
- Project the impact of the progression from Stage 1 through Stage 3 of meaningful use as it relates to anesthesia practice.

FACULTY DISCLOSURE STATEMENTS:

Drs. Wlody and Cohen did not disclose any financial relationships.

Morning Session • 08:30 - 11:00 • Majestic/Music Box/Winter Garden Rooms • 6th Floor

Scientific Panel — SP-13

Safe Opioid Prescribing for Chronic Pain

Maintenance of Certification in Anesthesiology Program® and MOCA® are registered certification marks of The American Board of Anesthesiology®.

This patient safety activity helps fulfill the patient safety CME requirement for Part II of the Maintenance of Certification in Anesthesiology Program® (MOCA) of The American Board of Anesthesiology® (ABA). Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.

Panel Moderator:

OSCAR A. DeLEON-CASASOLA, M.D.
Professor of Anesthesiology and Medicine | Vice-Chair, Clinical Affairs | Department of Anesthesiology | University of Buffalo
Chief, Pain Medicine and Professor of Oncology | Roswell Park Cancer Institute | Buffalo, New York

Disclosure: Dr. DeLeon-Casasola receives consultant fees from Covidien, Hospira Inc. and Shionogi Pharma, Inc.

Objective(s):

The participant will be able to:
- Describe the misconceptions about opioid therapy that contribute to opioid abuse;
- Compare the pros and cons of the use of opioids to treat chronic non-malignant pain;
- Formulate a management plan for the opioid addicted patient with acute pain;
- Describe strategies for minimizing abuse and medicolegal risk when prescribing opioids for chronic pain.

Panelists' Presentations:

1. ## Managing the Addicted Patient with Acute Pain
   OSCAR A. DeLEON-CASASOLA, M.D.

2. ## Chronic Opioid Therapy for Non-Malignant Pain: Is It Rational?
   RICARDO VALLEJO, M.D., Ph.D.
   Director, Research | Millennium Pain Center Bloomington | Bloomington, Illinois

3. ## Myths of Opioid Therapy and Chronic Opioid Abuse
   ANDREW KOLODNY, M.D.
   Chair, Department of Psychiatry | Maimonides Medical Center | Brooklyn, New York

4. ## Practical Considerations in Chronic Opioid Therapy
   CHRISTOPHER G. GHARIBO, M.D.
   Associate Professor of Anesthesiology | New York University School of Medicine
   Medical Director, Pain Medicine | New York University School of Medicine | NYU Hospital for Joint Diseases
   New York, New York

FACULTY DISCLOSURE STATEMENTS:
Drs. Kolodny and Vallejo did not disclose any financial relationships.
Dr. Gharibo is on the speakers bureau for Cadence Pharmaceuticals, Inc.

Host: Karina O. Gritsenko, M.D.

Scientific Panel — SP-14

Challenging Medical Cases in Anesthesiology

Panel Moderator:

DAVID L. REICH, M.D.
Horace W. Goldsmith | Professor and Chair | Department of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Disclosure: Dr. Reich did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Manage the patient with pulmonary hypertension;
- Manage the patient with advanced cardiac failure undergoing major abdominal surgery;
- Manage the patient who consents to regional but not general anesthesia;
- Manage the patient with early postoperative neuropathic pain.

Panelists' Presentations:

1. Early Postoperative Neuropathic Pain

CHRISTOPHER G. GHARIBO, M.D.
Associate Professor of Anesthesiology | New York University School of Medicine | Medical Director, Pain Medicine NYU Hospital for Joint Diseases | New York, New York

2. Pulmonary Hypertension

LEILA HOSSEINIAN, M.D.
Assistant Professor of Anesthesiology and Critical Care | Mount Sinai School of Medicine | New York, New York

3. NYHA Class IV Heart Failure Patient for Pancreatectomy

PAUL G. BARASH, M.D.
Professor of Anesthesiology | Yale University, School of Medicine | New Haven, Connecticut

4. A Patient Who Consents to Regional, But Refuses General Anesthesia

JAMES E. SZALADOS, M.D., M.B.A., ESQ.
Professor of Anesthesiology | University of Rochester School of Medicine | Attending, Westside Anesthesiology Associates of Rochester, LLP | Attending in Critical Care | Unity and Rochester General Hospitals
Rochester, New York | VPMA and CMO, Lakeside Health System | Brockport, New York
Counselor and Attorney at Law | Rochester, New York

FACULTY DISCLOSURE STATEMENTS:
Drs. Barash, Hosseinian and Szalados did not disclose any financial relationships.
Dr. Gharibo is on the speakers bureau for Cadence Pharmaceuticals, Inc.

Host: Kathleen J. Park, M.D.

Current Concepts in Regional Anesthesia

Panel Moderator:

ANDREW D. ROSENBERG, M.D.

Clinical Professor of Anesthesiology and Orthopaedics | New York University School of Medicine | Chair, Department of Anesthesiology
NYU Hospital for Joint Diseases | New York, New York

Disclosure: Dr. Rosenberg did not disclose any financial relationships.

Objective(s):

The participant will be able to:

- Discuss the indications for and techniques of continuous catheter techniques in regional anesthesia;
- Describe the management of regional anesthesia in patients receiving anticoagulant and anti-platelet medications;
- Discuss the evidence supporting the routine use of ultrasound guidance in regional anesthesia.

Panelists' Presentations:

1. The Safe Use of Regional Anesthesia in the Anticoagulated Patient

TERESE T. HORLOCKER, M.D.

Professor of Anesthesiology and Orthopedics | Mayo Clinic in Rochester | Rochester, Minnesota

2. Update on Ultrasound-Guided Regional Anesthesia

VINCENT W. CHAN, M.D.

Professor of Anesthesiology | University of Toronto | Toronto, Ontario, Canada

3. Is Ultrasound the Best Technique for Regional Anesthesia? An Evidence Based Review

JOSEPH M. NEAL, M.D.

Anesthesia Faculty | Virginia Mason Medical Center | Clinical Professor of Anesthesiology | University of Washington
Seattle, Washington

4. Catheter-Based Regional Anesthetic Techniques

MEG A. ROSENBLATT, M.D.

Professor of Anesthesiology and Orthopaedics | Director, Division of Orthopaedic Anesthesiology | Mount Sinai School of Medicine | New York, New York

FACULTY DISCLOSURE STATEMENTS:

Drs. Horlocker, Neal, Rosenblatt and Rosenberg did not disclose any financial relationships.
Dr. Chan receives honoraria from Teleflex and BK Medical and material support from SonoSite, BK Medical, Philips and GE Healthcare.

Host: Tiffany R. Tedore, M.D.

Morning Session • 08:30 - 11:00 • Astor Ballroom • 7th Floor

Scientific Panel — SP-16

Running an Efficient Practice: What is Expected of Us?

Panel Moderator:
ROBERT E. JOHNSTONE, M.D.
Professor of Anesthesiology | West Virginia University | Morgantown, West Virginia

Disclosure: Dr. Johnstone did not disclose any financial relationships.

Objective(s):

The participant will be able:
- Incorporate methods by which anesthesia groups can measure quality;
- Incorporate strategies for recruiting qualified and compatible physicians to an anesthesia group;
- Incorporate strategies to maintain access by anesthesia groups to the most up to date technology.

Panelists' Presentations:

1. Collect Enough to Pay Well
ROBERT E. JOHNSTONE, M.D.

2. Measure and Improve Quality
ROBERT S. LAGASSE, M.D.
Professor of Anesthesiology | Director, Quality Management and Perioperative Safety | Department of Anesthesiology
Yale University School of Medicine | New Haven, Connecticut

3. Recruit Good Colleagues
TIMOTHY J. DOWD, M.D.
Chair, Department of Anesthesiology | Vassar Brothers Medical Center | Poughkeepsie, New York

4. Keep Your Technology Up-to-Date
JOHN P. ABENSTEIN, MSEE, M.D.
Associate Professor of Anesthesiology | Faculty, Department of Biomedical Engineering | Mayo College of Medicine and Graduate School | Rochester, Minnesota

5. Run a High-Quality Ambulatory Surgery Program
FRANK B. FLORENCE, M.B., Ch.B.
Associate Professor of Anesthesiology | Director, Ambulatory Surgery Center | SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

FACULTY DISCLOSURE STATEMENTS:
Drs. Abenstein, Dowd, Florence, Johnstone and Lagasse did not disclose any financial relationships.

Host: Richard A. Beers, M.D.

Mid-Day Sessions • 12:00 - 13:00 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-33 - Majestic Room

Unusual Complications of Difficult Intubations in the Morbidly Obese: Recognition and Management

Speaker:
LOUIS BRUSCO, JR., M.D., FCCM
President, Medical Board | Associate Medical Director | Director, Critical Care Anesthesiology | St. Luke's-Roosevelt Hospital Center
New York, New York

Objective(s):

- Evaluate complications from a difficult intubation;
- Identify and distinguish between pre-existing anatomical abnormalities and aberrations caused by therapeutic procedures;
- Manage the patient with difficult intubation at each point in the process and be able to plan a new course of action.

Disclosure: Dr. Brusco did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-34 - Music Box Room

The Current Recommendations for Perioperative Beta Blockade

Speaker:
STEWART J. LUSTIK, M.D., M.B.A.
Associate Professor of Anesthesiology | University of Rochester School of Medicine and Dentistry | Rochester, New York

Objective(s):

- Identify the pro and con data regarding beta-blockade and perioperative outcomes;
- Understand the physiology behind the beneficial and adverse effects of perioperative beta-blockade use;
- Formulate an appropriate policy for use of perioperative beta-blockers.

Disclosure: Dr. Lustik did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-35 - Winter Garden Room

Jet Ventilation

Speaker:
TRACEY STRAKER, M.D., M.P.H.
Associate Professor of Anesthesiology | Albert Einstein College of Medicine | Bronx, New York

Objective(s):

- Assess the airway of a patient with an airway mass;
- Identify anesthetic concerns of laser surgery;
- Describe the indications for and complications of jet ventilation;
- Formulate an anesthetic plan for utilizing jet ventilation.

Disclosure: Dr. Straker did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-36 - Palace Room

Maternal Hemorrhage

Speaker:
SHAMANTHA G. REDDY, M.D.
Assistant Professor of Anesthesiology | Albert Einstein College of Medicine | Bronx, New York

Objective(s):

- Recognize the implications of the different types of placental abnormalities on post partum hemorrhage;
- Identify alternative methods for treating maternal hemorrhage, i.e. embolization;
- Establish a plan for multidisciplinary communication and teamwork in the event of maternal hemorrhage.

Disclosure: Dr. Reddy did not disclose any financial relationships.

Mid-Day Sessions • 12:00 - 13:00 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-37 - Shubert Room

Complications of Neuromuscular Blockade Reversal: Should Reversal Be Given to All Patients?

Speaker:
MARK ABEL, M.D.
Attending Anesthesiologist | Lawrence Hospital | Bronxville, New York

Objective(s):

- Describe the physiology and pharmacology of neuromuscular blocking drugs and reversal agents;
- Identify the risks of residual paralysis and reversal agents;
- Manage the emergence from anesthesia in the patient who received neuromuscular blockade.

Disclosure: Dr. Abel did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-38 - Uris Room

Undiagnosed Myopathy in a Toddler: Inhalational or Intravenous Anesthesia

Speaker:
JERRY Y. CHAO, M.D.
Assistant Professor of Anesthesiology | Children's Hospital at Montefiore | Montefiore Medical Center | Bronx, New York

Objective(s):

- Recognize the pathophysiology, natural history and anesthetic implications of mitochondrial myopathy and muscular dystrophy;
- Develop an anesthetic plan for pediatric patients with undiagnosed myopathies.

Disclosure: Dr. Chao did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-39 - Plymouth Room

Urgent Cholecystectomy in a Patient with Drug Eluting Stents Placed Ten (10) Months Ago

Speaker:
JILL E. ZAFAR, M.D.
Assistant Professor of Anesthesiology & Pain Medicine | Roswell Park Cancer Institute | Assistant Professor of Anesthesiology Academic Scholar | SUNY-Buffalo School of Medicine and Biomedical Sciences | Buffalo, New York

Objective(s):

- Discuss current guidelines for the perioperative management of patients with drug eluting stents;
- Select an appropriate anesthetic plan for management of patients with drug eluting stents;
- Formulate a plan to manage a patient with perioperative acute stent thrombosis.

Disclosure: Dr. Zafar did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-40 - Royale Room

SPLAT: Massive Resuscitation for Blunt Trauma

Speaker:
J. DAVID ROCCAFORTE, M.D.
Assistant Professor of Anesthesiology | New York University School of Medicine
Co-Director, Surgical Intensive Care Unit | Bellevue Hospital | New York, New York

Objective(s):

- Employ Advanced Trauma Life Support (ATLS) guidelines for initial resuscitation;
- Assess controversies regarding hypotensive resuscitation;
- Select fluid choices and transfusion triggers;
- Identify endpoints of resuscitation.

Disclosure: Dr. Roccaforte did not disclose any financial relationships.

Mid-Day Sessions • 12:00 - 13:00 • 4th Floor Rooms

Mini Workshop — M-21 - Odets Room

Update on Complex Regional Pain Syndrome

Speaker:
DAVID A. ZYLBERGER, M.D.
Assistant Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Define the components of Complex Regional Pain Syndrome I and II;
- Enumerate the diagnostic and therapeutic options for treatment;
- Describe outcome data.

Disclosure: Dr. Zylberger did not disclose any financial relationships.

Mini Workshop — M-22 - Wilder Room

Anesthesia and Addiction

Speaker:
ETHAN O. BRYSON, M.D.
Associate Professor of Anesthesiology and Psychiatry | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Evaluate the patient with acute versus chronic drug abuse;
- Avoid complications that can occur with acute and chronic intoxication;
- Plan an anesthetic for intra-operative and postoperative care in patients with a history of drug abuse.

Disclosure: Dr. Bryson receives royalties from Springer, an academic textbook about anesthesia and addiction.

Mini Workshop — M-23 - Ziegfeld Room

Anesthesia Outside the Operating Room

Speaker:
COREY S. SCHER, M.D.
Residency Program Director | Albert Einstein College of Medicine | Bronx, New York

Objective(s):

- Delineate the requirements for monitoring outside the operating room with emphasis on pediatrics;
- Develop a plan to get back-up;
- Delineate needs for safe anesthesia in extreme environments.

Disclosure: Dr. Scher did not disclose any financial relationships.

Mini Workshop — M-24 - O'Neill Room

Update on Anesthesia for Spinal Surgery

Speaker:
MICHAEL K. URBAN, M.D., PH.D.
Associate Clinical Professor of Anesthesiology | Cornell University, Weill Cornell Medical College
Attending Anesthesiologist | Hospital for Special Surgery | New York, New York

Objective(s):

- Evaluate the proper monitoring and position required for spinal surgery;
- Assess the need for cell-saver, autologous blood donation and hemodilution;
- Enumerate the risk factors for postoperative visual loss;
- Implement changes in practice to avoid postoperative visual loss.

Disclosure: Dr. Urban did not disclose any financial relationships.

Mid-Day Session • 12:00 - 15:00 • Soho Complex • 7th Floor

Workshop — W-10

Ultrasound, Simulation and Stimulation for Peripheral Nerve Blocks

Station I Nerve Blocks of the Upper Extremity - Ultrasound Technique

Station II Nerve Blocks of the Upper Extremity - Nerve Stimulator Technique

Station III Nerve Blocks of the Lower Extremity - Ultrasound and Nerve Stimulator Technique

Station IV Simulation and Equipment for Performing Peripheral Nerve Blocks

Workshop Moderators:

DAVID B. ALBERT, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

MITCHELL H. MARSHALL, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

Assisted by:

ROBERT A. ALTMAN, M.D.
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

MICHAEL R. ANDERSON, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

ARTHUR ATCHABAHIAN, M.D.
Associate Professor of Clinical Anesthesiology
NYU Hospital for Joint Diseases
New York, New York

PATRICK BIRMINGHAM, M.D., FAAP
Professor of Anesthesiology
Northwestern University Feinberg School of Medicine
Associate Chair, Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

LEVON M. CAPAN, M.D.
Professor of Anesthesia
New York University School of Medicine
Associate Director, Anesthesia
Bellevue Hospital Center
New York, New York

STEVE S. CHEN, M.D.
Assistant Professor of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

BRIAN T. DURKIN, D.O.
Assistant Professor of Anesthesiology
Director, Center for Pain Management
SUNY- Health Sciences Center at Stony Brook
Stony Brook, New York

CYNTHIA L. FENG, M.D.
Assistant Professor of Anesthesiology
NYU Hospital for Joint Diseases
New York, New York

SHELDON A. ISAACSON, M.D.
Associate Professor of Anesthesiology
Director, Regional Anesthesiology
SUNY-Upstate Medical University
Syracuse, New York

CHRISTINA L. JENG, M.D.
Assistant Professor of Anesthesiology and Orthopaedics
Mount Sinai School of Medicine
New York, New York

JUNG T. KIM M.D.
Associate Professor of Clinical Anesthesiology
Vice Chair, Chief of Service
Department of Anesthesiology
Medical Director, Perioperative Surgical Services
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SUNMI KIM, M.D., B.S.
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New York, New York

ERIC M. KITAIN, M.D.
Chair, Department of Anesthesiology
Norwalk Hospital
Norwalk, Connecticut

MITCHELL Y. LEE, M.D., B.A.
Assistant Professor of Anesthesiology
Assistant Residency Director
NYU Langone Medical Center
New York University School of Medicine
New York, New York

DANIELLE B. LUDWIN, M.D.
Assistant Professor of Anesthesiology
Columbia University, College of Physicians & Surgeons
New York, New York

JOVAN POPOVIC, M.D., FRCPC
Assistant Professor of Anesthesiology
New York University School of Medicine
Medical Director, NYU Langone Outpatient Surgery
New York, New York

MEG A. ROSENBLATT, M.D.
Professor of Anesthesiology and Orthopaedics
Director, Division of Orthopaedic Anesthesiology
Mount Sinai School of Medicine
New York, New York

GEORGE J. SPESSOT, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

SANTHANAM SURESH, M.D., FAAP
Anesthesiologist-in-Chief
Department of Pediatric Anesthesiology
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

TIFFANY R. TEDORE, M.D.
Assistant Professor of Anesthesiology
Chief, Regional Anesthesia
New York-Presbyterian Hospital
Cornell University, Weill Cornell Medical College
New York, New York

DANIEL D. WAMBOLD, M.D.
Attending Anesthesiologist
The Valley Hospital
Ridgewood, New Jersey

RICHA WARDHAN, M.D.
Associate Director, Regional Anesthesia
Department of Anesthesiology
Yale University, School of Medicine
New Haven, Connecticut

LISA WARREN, M.D.
Director, Ambulatory and Regional Anesthesia
Massachusetts General Hospital
Department of Anesthesia and Critical Care
Boston, Massachusetts

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Apply the use of nerve stimulator techniques for upper and lower extremity blocks;
- Treat reflex sympathetic dystrophy with either intravenous anesthesia (Bier block) or nerve block;
- Utilize ultrasound technology for upper and lower extremity blocks.

FACULTY DISCLOSURE STATEMENTS:

Drs. Albert, Altman, Anderson, Atchabahian, Birmingham, Capan, Chen, Feng, Isaacson, Jeng, J.T. Kim, S. Kim, Kitain, Lee, Ludwin, Marshall, Popovic, Rosenblatt, Spessot, Tedore, Wambold, Wardhan and Warren did not disclose any financial relationships.
Dr. Durkin receives funded research support from Purdue Pharma L.P. and is on the Pfizer Inc. and Forrest Pharmaceuticals speakers bureau.
Dr. Suresh receives funded research support from Ferndale Labs and Purdue Pharma, consultant fees from Orthopedic Knowledge Online and material support from GE Healthcare, Philips Healthcare and Sonosite, Inc.

NOTE: This Workshop is a repeat of W-02 and W-03 and will be repeated again as W-18 on Tuesday.

Scientific Panel — SP-17

Innovations in Airway Management

Panel Moderator:
TIM COOK, FRCA
Consultant in Anaesthesia and Intensive Care Medicine | Royal United Kingdom | Bath, United Kingdom

Disclosure: Dr. Cook did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Enumerate the advantages and disadvantages of the most recently developed airway management equipment;
- Evaluate the airway utilizing both traditional and innovative methods;
- Incorporate methods to prevent and treat airway management complications.

Panelists' Presentations:

1. Evaluating New Airway Devices
   TAKASHI ASAI, M.D., Ph.D.
   Assistant Professor of Anesthesiology | Kansai Medical University - Takii Hospital | Osaka, Japan

2. Complications of Airway Management
   TIM COOK, FRCA

3. Novel Means of Bedside Airway Assessment
   WILLIAM H. ROSENBLATT, M.D.
   Professor of Anesthesiology | Yale University, School of Medicine | New Haven, Connecticut

4. Controversies in Airway Management
   ALLAN P. REED, M.D.
   Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

FACULTY DISCLOSURE STATEMENTS:
Drs. Asai, Cook, Reed and Rosenblatt did not disclose any financial relationships.

Host: David J. Wlody, M.D.

Afternoon Session • 13:00 - 15:30 • South Ballroom • 6th Floor

Scientific Panel — SP-18

Perioperative Management of the Morbidly Obese Patient

Panel Moderator:
JAY B. BRODSKY, M.D.
Professor of Anesthesiology | Stanford University School of Medicine | Stanford, California

Disclosure: Dr. Brodsky is on the Airway Advisory Board, of Ambu Copenhagen, DK.

Objective(s):

The participant will be able to:
- Identify the most critical aspects of the preoperative evaluation of the morbidly obese patient;
- Manage common postoperative complications in the morbidly obese patient;
- Alter drug dosing accordingly in the morbidly obese patient;
- Describe the special concerns in the management of the morbidly obese parturient.

Panelists' Presentations:

1. Postoperative Complications in the Morbidly Obese Patient

JAY B. BRODSKY, M.D.

2. Preoperative Evaluation of the Morbidly Obese Patient

LOUIS BRUSCO, Jr., M.D., FCCM
Vice-Chair, Department of Anesthesiology | Associate Medical Director | St. Luke's-Roosevelt Hospital Center
Co-Director, Surgical Intensive Care Unit | Director, Critical Care Anesthesiology
Medical Director, Post-Anesthesia Care Unit | New York, New York

3. Dose Adjustment of Anesthetics in the Morbidly Obese Patient

HENDRIKUS J. LEMMENS, M.D., Ph.D.
Professor of Anesthesia | Chief General Operating Rooms/Multispecialty Division | Stanford University School of Medicine | Stanford, California

4. Anesthetic Management of the Morbidly Obese Parturient

GILBERT J. GRANT, M.D.
Associate Professor of Anesthesiology | Vice Chair for Academic Affairs | Director of Obstetric Anesthesia
New York University School of Medicine | New York, New York

FACULTY DISCLOSURE STATEMENTS:
Drs. Brusco, Grant and Lemmens did not disclose any financial relationships.

Host: Richard A. Beers, M.D.

Afternoon Session • 13:00 - 15:30 • Astor Ballroom • 7th Floor

Scientific Panel — SP-19

Challenging Cases in Thoracic Anesthesia

Panel Moderator:

EDMOND COHEN, M.D.
Professor of Anesthesiology | Director, Thoracic Anesthesia | Mount Sinai School of Medicine | New York, New York

Disclosure: Dr. Cohen receives honoraria from Cook Medical.

Objective(s):

The participants will be able to:

- Formulate an anesthetic management plan for the resection of an intratracheal mass;
- Describe the management of profound hypoxemia during one lung ventilation;
- Formulate an analgesic regimen for post-thoracotomy patients receiving medications affecting anticoagulation;
- Describe the anesthetic management of a patient with sleep apnea undergoing lung resection.

Panelists' Presentations:

1. Resection of a Large Intratracheal Mass

EDMOND COHEN, M.D.

2. Profound Hypoxia During One-Lung Ventilation

PAUL H. ALFILLE, M.D.
Director, Thoracic Anesthesia Section | Department of Anesthesia, Critical Care and Pain Medicine
Massachusetts General Hospital | Boston, Massachusetts

3. Post-Thoracotomy Pain Management in a Patient on Anticoagulant Therapy

KATHERINE P. GRICHNIK, M.D., M.S., FASE
Director, Center for Educational Excellence, DCRI | Associate Dean, Duke CME | Professor of Anesthesia and Critical Care | Duke University School of Medicine | Durham, North Carolina

4. Lung Resection in a Morbidly Obese Patient with Sleep Apnea

DOUGLAS R. BACON, M.D., M.A.
Professor and Chair | Department of Anesthesiology | Wayne State University School of Medicine
Detroit, Michigan

FACULTY DISCLOSURE STATEMENTS:

Drs. Alfille and Bacon did not disclose any financial relationships.
Dr. Grichnik's spouse is a major shareholder in DigitalDerm, Inc. and PELI. He receives consultant fees from Genetech and Mela Sciences, Inc.

Host: Zoulfuira Nisnevitch, M.D.

Scientific Panel — SP-20

What's New in Interventional Pain Management?

Panel Moderator:

TIMOTHY R. DEER, M.D.

Clinical Professor of Anesthesiology | West Virginia University School of Medicine | President and CEO, The Center of Pain Relief
Charleston, West Virginia

Disclosure: Dr. Deer receives funded research support and consultant fees from Bioness Inc., Medtronic, Inc., St. Jude Medical, Inc. and Vertos Medical Inc. As well as consultant fees from Spinal Cord Stimulation.

Objective(s):

The participant will be able to:

- Discuss the newest advances in peripheral nerve stimulation for chronic pain;
- Describe the advantages and outcomes in minimally invasive lumbar decompression;
- Discuss the evidence supporting the use of invasive procedures for the treatment of chronic pain;
- Describe the indications for intrathecal drug therapy in the treatment of chronic pain.

Panelists' Presentations:

1. DRG Stimulation, HF Stimulation, Percutaneous Paddles and New Methods of PNS

   TIMOTHY R. DEER, M.D.

2. Functional Outcomes with Minimally Invasive Lumbar Decompression: The Cleveland Clinic Experience

   NAGY A. MEKHAIL, M.D., Ph.D.
   Chair, Pain Management Center | Cleveland Clinic Foundation | Cleveland, Ohio

3. What is the Evidence for Common Interventional Procedures for the Treatment of Pain?

   MICHAEL L. WEINBERGER, M.D.
   Associate Clinical Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons
   Director, Pain Management Center | New York Presbyterian Hospital - Columbia Campus | New York, New York

4. Intrathecal Drug Delivery: What are the Current Recommendations?

   SUDHIR A. DIWAN, M.D.
   Associate Professor of Anesthesiology | SUNY-Downstate Medical Center | Brooklyn, New York
   Associate Professor of Anesthesiology | Staten Island University Hospital | Staten Island, New York

FACULTY DISCLOSURE STATEMENTS:
Drs. Diwan, Mekhail and Weinberger did not disclose any financial relationships.

Host: Brian T. Durkin, D.O.

Afternoon Session • 15:00 - 17:00 • Marquis Ballroom "C" • 9th Floor

Focus Sessions — FS-17

Preparing For Retirement

Focus Session Moderators:

ALBERT J. SAUBERMANN, M.D.
Professor Emeritus of Anesthesiology
Albert Einstein College of Medicine
Bronx, New York

MICHAEL S. JAKUBOWSKI, M.D.
Attending Anesthesiologist | Ellis Hospital | Schenectady, New York
Co-Chair, NYSSA Committee on Retirement
New York, New York

Faculty Presentations:

Significant Psychological and Emotional Issues in Planning For and During Retirement

MICHAEL F. MYERS, M.D.
Professor of Clinical Psychiatry | Vice-Chair of Education
Director, Training Department of Psychiatry and Behavioral Sciences
SUNY-Downstate Medical Center
Brooklyn, New York

Personal Experience - What Caused Me to Loose Sleep as I Approached Retirement

MICHAEL S. JAKUBOWSKI, M.D.

Personal Narrative: Husband

JARED C. BARLOW, M.D.
Clinical Associate Professor of Anesthesiology
Administrator and Medical Director | Millard Fillmore Surgery Center
Williamsville, New York

Personal Narrative: Wife

MRS. BARBARA A. BARLOW
Grand Island, New York

Sunday

Objective(s):

The participant will be able to:

- Identify the most common psychological challenges associated with retirement and their effects on mental and physical health;
- Recognize the psychological impact of retirement on personal relations, marriage and committed relationships;
- Examine personal conceptions of retirement and how they interact with one's patient care and current practice;
- Successfully employ effective strategies to enable patients to prepare and master successful retirement by overcoming emotional challenges.

Disclosures: Drs. Barlow, Jakubowski, Myers, Saubermann and Mrs. Barlow did not disclose any financial relationships.

Afternoon Session • 15:45 - 17:00 • 4th Floor Rooms

Focus Sessions — FS-18 • Odets Room • 4th Floor

Challenges in Neuroanesthesia

Focus Session Moderator:

IRENE P. OSBORN, M.D.
Associate Professor of Anesthesiology | Director, Neuroanesthesia | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Anesthesia for Functional Neurosurgery

IRENE P. OSBORN, M.D.

Anesthesia for Acute Stroke

MATHEW B. WECKSELL, M.D.
Assistant Professor of Anesthesiology | Albert Einstein College of Medicine | Director of Medical Student Education | Montefiore Medical Center
Bronx, New York

Objective(s):

The participant will be able to:

- Discuss the problems in providing anesthesia for cerebrovascular surgery;
- Discuss the problems in providing anesthesia for acute stroke management;
- Develop an anesthetic plan for patients requiring interventions for acute stroke;
- Identify the patient population requiring awake craniotomy;
- Provide an anesthetic plan to allow for awake craniotomy and patient comfort.

Focus Sessions — FS-19 • Wilder Room • 4th Floor

Misconduct in Research and Publication: How to Recognize It, How to Prevent It

Focus Session Moderator:

JEFFREY H. SILVERSTEIN, M.D.
Vice Chair, Research | Department of Anesthesiology | Associate Dean, Research | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Research: The Role of the IRB

JEFFREY H. SILVERSTEIN, M.D.

Publication: The Role of the Editor-in-Chief

JAMES C. EISENACH, M.D.
Professor of Anesthesia and Physiology & Pharmacology | Wake Forest School of Medicine | Winston-Salem, North Carolina

Objective(s):

The participant will be able to:

- Define what is considered academic misconduct;
- Discuss the role of the IRB in overseeing research;
- Develop research proposals that conform to IRB guidelines;
- Discuss the role of an editor in chief;
- Develop a plan for submitting a manuscript that conforms to editorial guidelines.

FACULTY DISCLOSURE STATEMENTS:

Drs. Silverstein and Wecksell did not disclose any financial relationships.
Dr. Osborn receives material support from Aircraft Medical, Inc. and Verathon®.
Dr. Eisenach receives consultant fees from Adynxx, NeurogesX®, Targacept, Inc. and Vertex Pharmaceuticals Inc.

Afternoon Session • 15:45 - 17:00 • Various Rooms

Focus Sessions — FS-20 • Ziegfeld Room • 4th Floor

The Patient with Heart Failure: Update on Management Strategies

Focus Session Moderator:

ROBERT N. SLADEN, M.B., Ch.B., FCCM
Professor and Executive Vice Chair | Department of Anesthesiology | Chief, Division of Critical Care | Columbia University, College of Physicians & Surgeons | New York, New York

Faculty Presentations:

Update on Pharmacological Approaches

ROBERT N. SLADEN, M.B., Ch.B., FCCM

Update on Mechanical Support

MARC E. STONE, M.D.
Associate Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

The participant will be able to:

- Describe and incorporate new mechanical and pharmacologic strategies to manage patients with heart failure;
- Formulate an anesthetic plan for patients whose heart failure is being managed using newer mechanical and pharmacologic strategies.

Focus Sessions — FS-21 • Empire Complex • 7th Floor

Update on Thoracic Anesthesia

Focus Session Moderator:

EDMOND COHEN, M.D.
Professor of Anesthesiology | Director, Thoracic Anesthesia | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Lung Isolation in the Patient with a Difficult Airway

EDMOND COHEN, M.D.

Thoracic Surgery in the Morbidly Obese

JAY B. BRODSKY, M.D.
Professor of Anesthesiology | Stanford University School of Medicine | Stanford, California

Objective(s):

The participant will be able to:

- Discuss the different options and techniques available for managing patients with a difficult airway needing lung isolation;
- Discuss the possible complications arising from various airway techniques in patients with a difficult airway;
- Develop an anesthetic plan for the patients with a difficult airway requiring lung isolation;
- Discuss the problem of morbid obesity for thoracic procedures;
- Develop a plan of optimal management of the patient with morbid obesity for thoracic surgery.

FACULTY DISCLOSURE STATEMENTS:

Dr. Sladen receives honoraria from Orion Pharma Hutchinson Technologies and is on their speaker bureau. He is an unpaid consultant for Imacor.
Dr. Stone did not disclose any financial relationships.
Dr. Cohen receives honoraria from Cook Medical.
Dr. Brodsky is on the Airway Advisory Board of Ambu Copenhagen, DK.

Afternoon Session • 15:45 - 17:00 • 7th Floor Rooms

Focus Sessions — FS-22 • Soho Complex • 7th Floor

Update on TJC and CMS Regulations That Impact Your Practice

Focus Session Moderator:
ROBERT S. LAGASSE, M.D.
Professor of Anesthesiology | Director, Quality Management & Perioperative Safety | Department of Anesthesiology | Yale University School of Medicine | New Haven, Connecticut

Faculty Presentations:

Accreditation Issues: Update (TJC, DNV)
ROBERT S. LAGASSE, M.D.

Regulatory Update (CMS, State)
REBECCA S. TWERSKY, M.D., M.P.H.
Professor of Anesthesiology | Vice-Chair, Research | Medical Director, Ambulatory Surgery Unit | SUNY-Downstate Medical Center Brooklyn, New York

Objective(s):
The participant will be able to:
- Discuss value-based purchasing and how it affects their practice;
- Develop a plan how to achieve maximum rewards;
- Discuss the conditions of participation and what they need to document;
- Develop a program in their practice to comply with all CMS documentation requirements.

FACULTY DISCLOSURE STATEMENTS:
Drs. Lagasse and Twersky did not disclose any financial relationships.
Dr. Cohen receives honoraria from Cook Medical.
Dr. Brodsky is on the Airway Advisory Board, of Ambu Copenhagen, DK.

Focus Sessions — FS-23 • Manhattan Ballroom • 8th Floor

Infection Control Issues Impacting Anesthesiology Practice

Focus Session Moderator:
RICHARD A. BEERS, M.D.
Professor of Anesthesiology | SUNY-Upstate Medical University | Associate Chief, Anesthesia | Veteran's Administration Medical Center Syracuse, New York

Faculty Presentations:

The Anesthesia Professional's Role in Limiting Infectious Risks
RICHARD A. BEERS, M.D.

Safe Injection Practices: Is This Something New?
ELLIOTT S. GREENE, M.D.
Professor of Anesthesiology | Albany Medical College | Albany, New York

Objective(s):
The participant will be able to:
- Discuss the issue of perioperative infections and the anesthesiologists role in prevention;
- Discuss current infection control recommendations and safe injection practices;
- Employ techniques in medication safety and infection control practices to prevent cross contamination of medications;
- Incorporate infection control guidelines into their practice.

FACULTY DISCLOSURE STATEMENTS:
Drs. Beers, Lagasse and Twersky did not disclose any financial relationships.
Dr. Greene receives royalties in support of patents pertaining to a safety needle catheter.

Afternoon Session • 15:45 - 17:00 • Astor Ballroom • 7th Floor

Special Session

The Fungal Meningitis Crisis

Panel Moderator:

JOHN F. DOMBROWSKI, M.D.
Director, Washington Pain Center
Washington, D.C.

Disclosure: Dr. Dombrowski did not disclose any financial relationships.

Panelists' Presentations:

1. ## Have We Been Here Before?: The Florida Experience with Tainted Injectables

STEVEN I. GAYER, M.D.
Professor of Anesthesiology and Ophthalmology
University of Miami Miller School of Medicine | Miami, Florida
Chief of Surgical and Anesthesia Services
Bascom Palmer Eye Institute Miami and The Palm Beaches Florida
Palm Beach, Florida

2. ## Aspergillosis and Other Acquired Infections from the Recent Crisis: Diagnosis and Treatment

MICHAEL S. PHILLIPS, M.D.
Clinical Associate Professor | Division of Infectious Diseases
Hospital Epidemiologist | Medical Director, Employee Health Services
New York University School of Medicine | New York, New York

3. ## A Multistate Outbreak of Fungal Meningitis and Other Infections Associated with Preservative-Free Methylprednisolone Produced by a Single Compounding Pharmacy, 2012

JONATHAN T. WEBER, M.D.
Incident Manager | CDC Multistate Meningitis Outbreak Response | Chief, Prevention and Response Branch
Division of Healthcare Quality Promotion | National Center for Emerging and Zoonotic Infectious Diseases | Atlanta, Georgia

Objective(s):

The participant will be able to:

- Gain an understanding and enumerate the possible causes of the recent meningitis crisis, and other incidents that resulted in patient infection;
- Discuss diagnosis and treatment for patients who become ill as a result of this fungal meningitis crisis.

FACULTY DISCLOSURE STATEMENTS:

Drs. Dombrowski, Gayer and Weber did not disclose any financial relationships.
Dr. Phillips receives funded research support from 3M Corporation.

Afternoon Sessions • 15:45 - 17:00 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-41 - Majestic Room

6 Month Old for Inguinal Hernia Repair: Parents Are Concerned About Cognitive Dysfunction

Speaker:
JASON BROWN, M.D.
Assistant Professor of Pediatric Anesthesia | New York University School of Medicine | New York, New York

Objective(s):

- Review the most recent literature regarding cognitive dysfunction in the pediatric population following anesthesia;
- Identify patients thought to be at increased risk for cognitive dysfunction;
- Formulate an appropriate response for a parent expressing concern about cognitive dysfunction.

Disclosures: Dr. Brown did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-42 - Music Box Room

When Does an Elevated Preoperative Glucose Require Treatment?

Speaker:
SAUNDRA E. CURRY, M.D.
Clinical Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons | New York, New York

Objective(s):

- Describe the pathophysiology of hyperglycemia;
- Recognize and be able to diagnose the complications of perioperative hyperglycemia.

Disclosure: Dr. Curry did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-43 - Winter Garden Room

The Adolescent Patient and the Right to Refuse Care

Speakers:
FRANCINE S. YUDKOWITZ, M.D., FAAP
Associate Professor of Anesthesiology and Pediatrics | Director, Pediatric Anesthesia | Mount Sinai School of Medicine | New York, New York

DAPHNE PIERRE-PAUL, M.D.
Assistant Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Discuss the medicolegal issues regarding the adolescent's right to refuse surgery;
- Recognize which adolescent is "mature" enough to participate in the surgical/anesthesia decision making process;
- Formulate a plan to deal with the adolescent who refuses surgery but the parents are consenting to proceed with the surgery.

Disclosures: Dr. Yudkowitz and Pierre-Paul did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-44 - Palace Room

Respiratory Depression in the PACU: The Role of Non-Invasive Ventilation

Speaker:
SAMRAT H. WORAH, M.D.
Assistant Clinical Professor of Anesthesiology | SUNY-Downstate Medical Center | Brooklyn, New York

Objective(s):

- Review various non-invasive ventilation modalities available for PACU;
- Identify appropriate patients for the use of non-invasive ventilator assistance;
- Establish guidelines for the use of non-invasive ventilation in the postoperative patient.

Disclosure: Dr. Worah did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-45 - Shubert Room

Non-Surgical Approaches for the Herniated Disc

Speaker:
LEENA MATHEW, M.B., B.S., M.D.
Associate Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons | New York, New York

Objective(s):

- Identify etiologies of pain from a herniated disc;
- Describe various interventional techniques to address pain resulting from herniated lumbar disc;
- Formulate an interventional based plan for the management of a patient with a herniated lumbar disc.

Disclosure: Dr. Mathew did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-46 - Uris Room

Challenges in the Cardiology Procedure Suite

Speaker:
ERVANT NISHANIAN, M.D.
Assistant Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons | New York, New York

Objective(s):

- Recognize the critical portions of percutaneous valve procedures;
- Apply knowledge of the role of TEE during percutaneous valve replacement;
- Identify critical complications that may occur during the procedure;
- Formulate an anesthetic plan for the patient undergoing percutaneous valve procedure.

Disclosure: Dr. Nishanian did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-47 - Plymouth Room

Is Nitrous Oxide Obsolete?

Speaker:
KANE O. PRYOR, M.D.
Assistant Professor of Anesthesiology and Psychiatry | Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Discuss the potential risks and advantages of the use of nitrous oxide;
- Identify which patients may be at increased risk from use of nitrous oxide;
- Establish an anesthetic plan which does not require the use of nitrous oxide in at-risk patients.

Disclosure: Dr. Pryor did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-48 - Royale Room

Extubation of the Bariatric Patient

Speakers:
RAM ROTH, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

ROBERT M. CHUDA, M.D., M.B.A.
Attending Anesthesiologist | Lenox Hill Hospital | New York, New York

Objective(s):

- Define morbid obesity and calculate body mass index;
- Discuss the medical complications associated with morbid obesity;
- Design an anesthetic for the specific needs of the morbidly obese patient undergoing bariatric surgery.

66th Annual

PostGraduate Assembly in Anesthesiology

December 14 – December 18, 2012

Marriott Marquis, New York | USA

Exhibit Raffle!

Visit the Exhibit Hall on the 5th floor for a chance to win great prizes!

Reminder

Please silence your mobile devices during sessions

Monday, December 17, 2012

	Times
Registration	07:00
Interactive Workshops	08:00 & 12:00
Scientific Panel-International Forum	09:00
Technical Exhibits	08:00
Poster Presentations & Medically Challenging Case Reports	11:00 & 14:00
Rovenstein 42nd Annual Memorial Lecture	10:45
Problem-Based Learning Discussions	11:45 & 15:45
Mini Workshops	11:45
Scientific Panels	13:00
Focus Sessions	15:45

Workshops, **Mini Workshops** and **Problem-Based Learning Discussions** **require a ticket for entrance**. **Please refer to page 9 for fees**.

Note: Monday is the final day for Poster, Medically Challenging Case Report, and Technical Exhibits.

Morning Session • 08:00 - 11:00 • Empire Complex • 7th Floor

Workshop — W-11

Thoracic Anesthesia Workshop with Simulator and Cadaveric Torso

Workshop Moderator: **EDMOND COHEN, M.D.**
Professor of Anesthesiology
Director, Thoracic Anesthesia
Mount Sinai School of Medicine
New York, New York

Assisted by:

FELICE E. AGRO, M.D.
Professor and Chair
Department of Anesthesiology
Intensive Care and Pain Management
University Campus Bio-Medico
Rome, Italy

PAUL H. ALFILLE, M.D.
Director, Thoracic Anesthesia Section
Department of Anesthesia, Critical Care and Pain Medicine
Massachusetts General Hospital
Boston, Massachusetts

LEVON M. CAPAN, M.D.
Professor of Anesthesia
New York University School of Medicine
Associate Director, Anesthesia
Bellevue Hospital Center
New York, New York

MARIA CASTILLO, M.D.
Assistant Professor in Anesthesiology
Mount Sinai School of Medicine
New York, New York

SAMUEL DeMARIA, Jr., M.D.
Assistant Professor in Anesthesiology
Mount Sinai School of Medicine
New York, New York

DAWN P. DESIDERIO, M.D.
Professor of Clinical Anesthesiology
Cornell University, Weill Cornell Medical College
Clinical Member
Memorial Sloan-Kettering Cancer Center
New York, New York

MARIAN DUMITRU, M.D.
Attending Anesthesiologist
Jamaica Hospital Medical Center
Jamaica, New York

CHERYL K. GOODEN, M.D.
Associate Professor of Anesthesiology and Pediatrics
Mount Sinai School of Medicine
New York, New York

STEVEN M. NEUSTEIN, M.D.
Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

DANIEL K. O'NEILL, M.D.
Assistant Professor of Anesthesiology
New York University School of Medicine
New York, New York

ANDREW D. SCHWARTZ, M.D.
Fellow, HELPS Center Simulation Program
Mount Sinai School of Medicine
New York, New York

GEORGE SILVAY, M.D., Ph.D.
Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

EUGENE R. VISCUSI, M.D.
Director, Acute Pain Management
Jefferson Medical College
Thomas Jefferson University
Philadelphia, Pennsylvania

CHARLES B. WATSON, M.D., FCCM
Clinical Associate Professor of Anesthesiology
University of Connecticut
Farmington, Connecticut
Chair, Department of Anesthesia
Deputy Surgeon-in-Chief
Bridgeport Hospital
Yale-New Haven Health System
Bridgeport, Connecticut

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Place left-and right-sided double lumen endobronchial tubes utilizing fiberoptic bronchoscopy;
- Place various types of endobronchial blockers to provide one lung ventilation;
- Apply techniques for successful lung separation in patients with a difficult airway;
- Manage hypoxia in a patient with one-lung ventilation;
- Manage postoperative analgesia in the post-lung resection patient.

FACULTY DISCLOSURE STATEMENTS:

Dr. Cohen receives honoraria from Cook Medical.

Drs. Agro, Alfille, Capan, Castillo, DeMaria, Desiderio, Dumitru, Gooden, Neustein, O'Neill, Schwartz, Silvay and Watson did not disclose any financial relationships.

Dr. Viscusi receives funded research support from AcelRx Pharmaceuticals, Inc., Adolor Corporation, Cadence Pharmaceuticals, Inc. and Progenics Pharmaceuticals, Inc. He receives honoraria from Merck & Co., Inc. and consultant fees from AcelRx Pharmaceuticals, Inc., Cadence Pharmaceuticals, Inc., Pacira Pharmaceuticals, Inc.

Morning Session • 08:00 - 11:00 • Soho Complex • 7th Floor

Workshop — W-12

Simulation Experience for the Difficult Airway, Crisis Management and Team Training

Workshop Moderators:

ADAM I. LEVINE, M.D.
Associate Professor of Anesthesiology, Physiology, Otolaryngology, Structural and Chemical Biology
Vice-Chair, Education
Director, Residency Training Program
Program Director, ASA Endorsed HELPS Simulation Program
Department of Anesthesiology
Mount Sinai School of Medicine
New York, New York

SAMUEL DeMARIA, M.D.
Assistant Professor in Anesthesiology
Mount Sinai School of Medicine
New York, New York

Assisted by:

AMANDA R. BURDEN, M.D.
Assistant Professor of Anesthesiology
Director Simulation Program
Cooper Medical School of Rowan University
UMDNJ/Robert Wood Johnson Medical School
Camden, New Jersey

YURY KHELEMSKY, M.D.
Assistant Professor in Anesthesiology
Mount Sinai School of Medicine
New York, New York

RONALD S. LEVY, M.D.
Professor of Anesthesiology
University of Texas Distinguished Teaching Professor
Director, Patient Simulation Center
Department of Anesthesiology
University of Texas Medical Branch
Galveston, Texas

BRYAN P. MAHONEY, M.D.
Assistant Professor of Anesthesiology
Ohio State University
Columbus, Ohio

ANDREW D. SCHWARTZ, M.D.
Fellow, HELPS Center Simulation Program
Mount Sinai School of Medicine
New York, New York

ALAN J. SIM, M.D.
Instructor in Simulation and Liver Transplantation
Mount Sinai School of Medicine
New York, New York

FRANCINE S. YUDKOWITZ, M.D., FAAP
Associate Professor of Anesthesiology and Pediatrics
Director, Pediatric Anesthesia
Mount Sinai School of Medicine
New York, New York

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Apply skills of dynamic decision making, resource management, leadership and teamwork to a crisis scenario in the operating room;
- Demonstrate communication and leadership skills in working with different personalities and behaviors during a crisis scenario.

FACULTY DISCLOSURE STATEMENTS:
Drs. Burden, DeMaria, Khelemsky, Levine, Levy, Mahoney, Schwartz, Sim and Yudkowitz did not disclose any financial relationships.

NOTE: This Workshop will be repeated as W-14 this afternoon.

Notes

Scientific Panel — SP-21

International Forum

European Society of Anaesthesiology ESA

The faculty presenting this program are participating courtesy of the European Society of Anaesthesiologists as part of a collaborative educational exchange with the PostGraduate Assembly in Anesthesiology.

This is a continuing series of annual forums to discuss anesthesia practices throughout the world.

New Strategies for Perioperative Organ Protection

Panel Moderator:
BENEDIKT H.J. PANNEN, M.D.
Past Chair, Scientific Committee | European Society of Anaesthesiology | Professor and Chair | Department of Anaesthesiology
University Hospital Duesseldorft | Duesseldorf, Germany

Disclosure: Dr. Pannen did not disclose any financial relationships.

Objective(s):

The participant will be able to:
- Describe the role of the heme oxygenase/carbon monoxide pathway in ischemia/reperfusion injury and organ protection;
- Discuss the role that different anesthetic agents play in preventing perioperative organ dysfunction;
- Discuss the effect of anesthetic technique on tumor recurrence after cancer resection surgery.

Panelists' Presentations:

1. Role of the Heme Oxygenase/Carbon Monoxide Pathway
BENEDIKT H.J. PANNEN, M.D.

2. The Place of Anesthetic Agents
STEFAN De HERT, M.D.
Professor of Anaesthesia | Director, Division of Cardiothoracic and Vascular Anaesthesiology
University of Gent | Gent, Belgium

3. Could Anaesthetic Technique Influence Cancer Recurrence or Metastases?
DONAL BUGGY, M.D.
Professor of Anaesthesia | University College School of Medicine & Medical Science
Consultant in Anaesthesia | Mater Misericordiae University Hospital & National Cancer Screening Service
Dublin, Ireland

FACULTY DISCLOSURE STATEMENTS:
Drs. De Hert and Pannen did not disclose any financial relationships.
Dr. Buggy receives an unrestricted grant from Sisk Healthcare Foundation.

Host: Andrew D. Rosenberg, M.D.

42nd Annual

E.A. Rovenstine Memorial Lecture

(1895 - 1960)

This annual Memorial Lecture series, which began in 1971, is dedicated to honor the illustrious career of Dr. Emery Andrew Rovenstine, who was Director of Anesthesiology Service from 1935 to 1960 at a place he proudly referred to as "My Bellevue," which in his time was a charity hospital. He was also Professor of Surgery (Anesthesia) at The New York University School of Medicine. Dr. Rovenstine was a loved and eminent clinician and teacher, who played a major role in the development of academic anesthesia in the United States. In his lifetime, many great honors were bestowed upon him. He served as President of The American Society of Anesthesiologists in 1943/44, and in 1957 received that Society's Distinguished Service Award. Dr. Rovenstine was the founder of the PostGraduate Assembly in Anesthesiology. A scholarly man who helped to develop many drugs, techniques and machines to ease pain, Dr. Rovenstine devoted himself to training other physicians in his specialty. He was considered, in his time, to be the most knowledgeable anesthesiologist in the world.

Prior to the start of this lecture, there will be a brief ceremony to award the winners of the Resident Research Contest.

Introductions:

ANDREW D. ROSENBERG, M.D., PGA General Chair
DAVID J. WLODY, M.D., PGA Scientific Programs Chair

Over the years, guest lecturers have been recognized world leaders, and experts in Anesthesiology. This year we are pleased to present:

Delivering Anesthesia Care: Lessons From Old and New, Near and Far

Guest Lecturer: **STEPHEN J. THOMAS, M.D.**
Topkins - Van Poznak, Professor and Vice-Chair | Department of Anesthesiology | Cornell University, Weill Cornell Medical College | New York, New York

Disclosure: Dr. Thomas did not disclose any financial relationships.

Objective(s):

The participant will be able to:

- Describe the variety of methods used to deliver anesthesia services worldwide;
- Enumerate what methods might be 'best' in an era of projected cost cutting - with no reduction in quality;
- Analyze the educational, financial and practice implications of future decisions about anesthesia delivery.

Host: David J. Wlody, M.D.

About the Lecturer...

Stephen J. Thomas, M.D. attended Jefferson Medical College in Philadelphia, Pennsylvania and completed his anesthesiology residency and cardiac anesthesiology fellowship at the Massachusetts General Hospital. After the completion of his fellowship training, Dr. Thomas joined the faculty of Harvard Medical School. From 1976-1989, he was a member of the anesthesiology department at the New York University School of Medicine. Since 1989, he has served on the faculty at Weill Cornell Medical College, where he holds a Marjorie J. Topkins, M.D. - Alan Van Poznak, M.D. Distinguished Professorship in Anesthesiology and Vice Chair of the Department of Anesthesiology.

Dr. Thomas is a distinguished cardiovascular anesthesiologist, who has been named a Fellow of the Faculty of Anaesthetists of the Royal Australasian College of Surgeons, a Fellow of the Royal College of Anaesthetists, and has served as a visiting lecturer at over 80 institutions. Dr. Thomas has a keen interest in the economic aspects of anesthesiology, having served for many years as a member, and also as Chair, of the American Society of Anesthesiologists Committee on Economics. He is also dedicated to the education of the next generation of anesthesiologists, serving as a Director of the American Board of Anesthesiology from 1991-2003, and as President of the Board from 2001-2002. Dr. Thomas serves as a model for those who would combine clinical excellence, education, research, and service to the greater anesthesiology community, and the New York State Society of Anesthesiologists is honored to welcome him as the 42nd Annual E.A. Rovenstine Lecturer.

Past Rovenstine Memorial Lecturers

2011	Daniel I. Sessler, M.D.
2010	John C. Drummond, M.D.
2009	Lee A. Fleisher, M.D.
2008	Mark J. Lema, M.D., Ph.D.
2007	Steven L. Shafer, M.D.
2006	Mark A. Warner, M.D.
2005	Michael M. Todd, M.D.
2004	James E. Cottrell, M.D.
2003	Paul G. Barash, M.D.
2002	Michael F. Roizen, M.D.
2001	Tony L. Yaksh, Ph.D.
2000	Ronald D. Miller, M.D.
1999	Bernard V. Wetchler, M.D.
1998	James F. Arens, M.D.
1997	Edward D. Miller, Jr., M.D.
1996	Norig Ellison, M.D.
1995	Robert K. Stoelting, M.D.
1994	Betty J. Bamforth, M.D.
1993	Mieczyslaw Finster, M.D.
1992	E.S. Siker, M.D.
1991	Joseph F. Artusio, Jr., M.D.
1990	Sol N. Shnider, M.D.
1989	Henrik H. Bendixen, M.D.
1988	Paul Janssen, M.D.
1987	Michael J. Cousins, M.D.
1986	John W. Severinghaus, M.D., F.F.A.R.C.S.
1985	Benjamin G. Covino, Ph.D., M.D.
1984	Peter G. Wasser, M.D.
1983	John F. Nunn, M.D., Ph.D.
1982	Henning Pontoppidan, M.D.
1981	E.M. Papper, M.D.
1980	Edmond I. Eger, II, M.D.
1979	Cedric Prys-Roberts, M.A., D.M., Ph.D.
1978	Leon E. Farhi, M.D.
1977	Alon P. Winnie, M.D., John C. Liebeskind, Ph.D., John E. Adams, M.D. & Richard J. Miller, Ph.D.
1976	E.M. Papper, M.D., Richard J. Kitz, M.D., Robert M. Epstein, M.D., John J. Bonica, M.D. & D. Bruce Scott, M.D.
1975	C. Phillip Larson, Jr., M.D., Stanley Dudrick, M.D., H. Barrie Fairley, M.B., B.S., Richard I. Mazze, M.D. & Harvey B. Shapiro, M.D.
1974	Herman Turndorf, M.D., Myron B. Laver, M.D., John F. Viljoen, M.D., William C. Sheldon, M.D. & Saul Winegrad, M.D.
1973	Herbert Spiegel, M.D. & Ernest E. Rockey, M.D.
1972	Samuel Rosen, M.D., William S. Kroger, M.D. & Blaine S. Noshold, Jr., M.D.
1971	E. M. Papper, M.D., Albert M. Betcher, M.D., Solomon G. Hershey, M.D. & Richard J. Kitz, M.D.

Between 1971 and 1977 this memorial lecture series was in panel format. In 1978 it became a single-lecturer series.

Mid-Day Sessions • 11:45 - 12:45 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-49 - Majestic Room

Perioperative Control of Hypertension

Speakers:

VIVEK K. MOITRA, M.D.
Assistant Professor of Clinical Anesthesiology | Associate Program Director, Critical Care Medicine
Columbia University, College of Physicians & Surgeons | New York, New York

SUDHEER K. JAIN, M.D.
Assistant Professor of Anesthesiology | New York University School of Medicine | New York, New York

Objective(s):

- Describe the pathophysiology of hypertension;
- Describe the concept of tight control of BP;
- Identify the different medications used to control BP;
- Formulate an anesthetic plan for the patient with hypertension.

Disclosures: Drs. Moitra and Jain did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-50 - Music Box Room

STAT Cesarean Section: Spinal Versus General

Speakers:

YAAKOV BEILIN, M.D.
Professor of Anesthesiology, Obstetrics & Gynecology and Reproductive Sciences | Co-Director, Obstetric Anesthesia | Vice-Chair, Quality
Mount Sinai School of Medicine | New York, New York

SHARON ABRAMOVITZ, M.D.
Associate Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | Attending Anesthesiologist
New York-Presbyterian Hospital | New York, New York

Objective(s):

- Evaluate fetal heart rate tracings and understand the etiology of the different types of fetal heart rate patterns;
- Explain how opioids and anesthetics affect the fetus and the interpretation of the fetal heart rate tracing;
- Formulate a labor analgesia plan for the parturient with an ominous fetal heart rate tracing;
- Recognize the effects of spinal and general anesthesia on mother and baby;
- Formulate a management plan for an emergency cesarean section.

Disclosures: Drs. Beilin and Abramovitz did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-51 - Winter Garden Room

Perioperative Management with Implantable Devices: Pacemakers/Automatic Implantable Cardioverter-Defibrillators (AICDS)

Speaker:

DIANA ANCA, M.D.
Assistant Professor of Clinical Anesthesiology | Columbia University, College of Physicians & Surgeons
Attending Anesthesiologist | St. Luke's-Roosevelt Hospital Center | New York, New York

Objective(s):

- Describe the current indications for Pacemakers/AICDs type of devices and their functions;
- Perform a preoperative evaluation of the patient with implantable devices (Pacemakers/AICDs);
- Formulate a plan for perioperative management of patients with pacemakers/AICDs.

Disclosure: Dr. Anca did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-52 - Palace Room

Pain Management in The Drug Addicted Patient

Speaker: **STELIAN I. SERBAN, M.D.** | Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Identify drug addiction vs. drug tolerance vs. physical dependence;
- Assess the analgesic options regarding postoperative pain management;
- Identify analgesic requirements in the perioperative period;
- Formulate an outpatient strategic analgesic plan.

Disclosure: Dr. Serban did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-53 - Shubert Room

Hemiarthroplasty in the Patient with Pulmonary Hypertension: Role of Transesophageal Echocardiography

Speakers:

MICHAEL K. URBAN, M.D., Ph.D.
Associate Clinical Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | Attending Anesthesiologist Hospital for Special Surgery | New York, New York

Objective(s):

- Recognize the implications of pulmonary hypertension in the perioperative period;
- Identify instances in which intraoperative TEE may be useful in non-cardiac surgery;
- Formulate a plan to anesthetize the patient with significant pulmonary hypertension for orthopedic surgery.

Disclosure: Dr. Urban did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-54 - Uris Room

IV Acetaminophen: Patient Selection

Speaker: **INCA CHUI, M.D.** | Assistant Professor of Anesthesiology | New York University School of Medicine | New York, New York

Objective(s):

- Discuss the pharmacology, indications and contraindications for IV acetaminophen;
- Identify patients in their practice who would benefit from the administration of IV acetaminophen.

Disclosure: Dr. Chui did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-55 - Plymouth Room

Dexmedetomidine: A 21st Century Anesthetic

Speaker: **JOHN L. ARD, Jr., M.D.** | Assistant Professor of Anesthesiology | New York University School of Medicine | New York, New York

Objective(s):

- Enumerate the pharmacodynamics and pharmacokinetics of dexmedetomidine;
- Recognize the side effects of dexmedetomidine;
- Formulate a plan utilizing dexmedetomidine in the operating room and in other locations.

Disclosure: Dr. Ard did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-56 - Royale Room

Non-Invasive Hemodynamic Monitoring

Speaker: **JAMES A. OSORIO, M.D.** | Associate Professor of Clinical Anesthesiology | Cornell University, Weill Cornell Medical Center New York, New York

Objective(s):

- Review various modalities for non-invasive hemodynamic monitoring;
- Select patients and procedures in which non-invasive hemodynamic monitoring would be advantageous.

Disclosure: Dr. Osorio did not disclose any financial relationships.

Mid-Day Sessions • 11:45 - 12:45 • 4th Floor Rooms

Mini Workshop — M-25 - Odets Room

The Parturient with HELLP Syndrome

Speaker:
BRETT I. DANZER, M.D.
Director, Obstetric Anesthesia
Long Island Jewish Medical Center
New Hyde Park, New York

Objective(s):

- Identify the pathophysiologic changes and obstetric management of a parturient with HELLP syndrome;
- Compare and contrast the anesthetic management and monitoring techniques used in dealing with a patient with pregnancy induced hypertension.

Disclosure: Dr. Danzer did not disclose any financial relationships.

Mini Workshop — M-26 - Wilder Room

Anesthesia for Difficult Orthopedic Procedures

Speaker:
MITCHELL H. MARSHALL, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

Objective(s):

- Identify which procedures are at increased risk for perioperative complications;
- Identify procedures which would benefit from additional monitoring;
- Identify strategies to decrease blood lost.

Disclosure: Dr. Marshall did not disclose any financial relationships.

Mini Workshop — M-27 - Ziegfeld Room

Neuroanesthesia Update: Changes in Clinical Practice

Speaker:
PETER A. GOLDSTEIN, M.D.
Associate Professor of Anesthesiology in Public Health
Cornell University, Weill Cornell Medical College
New York, New York

Objective(s):

- Delineate the current controversies in treating patients with cerebral aneurysms;
- Detail the timing of surgery and outline the treatment of vasospasm;
- Enumerate the various means of cerebral protection.

Disclosure: Dr. Goldstein did not disclose any financial relationships.

Workshop — W-13

Hands-on Management of Pacemakers and ICDs

Workshop Moderator: **MARC E. STONE, M.D.**
Associate Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

Assisted by:

HIMANI BHATT, D.O., M.P.A.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

AMANDA J. RHEE, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

MARC A. ROZNER, Ph.D., M.D.
Departments of Anesthesiology & Cardiology
The University of Texas
MD Anderson Cancer Center
Houston, Texas

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Disable ICD's with a magnet;
- Use a standard pacemaker box;
- Identify the basic programming options for permanent pacemakers that are currently available on the market.

FACULTY DISCLOSURE STATEMENTS:
Drs. Bhatt, Rhee, Rozner and Stone did not disclose any financial relationships.

Mid-Day Session • 12:00 - 15:00 • Soho Complex • 7th Floor

Workshop — W-14

Simulation Experience for the Difficult Airway, Crisis Management and Team Training

Workshop Moderators:

ADAM I. LEVINE, M.D.
Associate Professor of Anesthesiology, Physiology, Otolaryngology, Structural and Chemical Biology
Vice-Chair, Education
Director, Residency Training Program
Program Director, ASA Endorsed HELPS Simulation Program
Department of Anesthesiology
Mount Sinai School of Medicine
New York, New York

SAMUEL DeMARIA, M.D.
Assistant Professor in Anesthesiology
Mount Sinai School of Medicine
New York, New York

Assisted by:

AMANDA R. BURDEN, M.D.
Assistant Professor of Anesthesiology
Director Simulation Program
Cooper Medical School of Rowan University
UMDNJ/Robert Wood Johnson Medical School
Camden, New Jersey

YURY KHELEMSKY, M.D.
Assistant Professor in Anesthesiology
Mount Sinai School of Medicine
New York, New York

RONALD S. LEVY, M.D.
Professor of Anesthesiology
University of Texas Distinguished Teaching Professor
Director, Patient Simulation Center
Department of Anesthesiology
University of Texas Medical Branch
Galveston, Texas

BRYAN P. MAHONEY, M.D.
Assistant Professor of Anesthesiology
Ohio State University
Columbus, Ohio

ANDREW D. SCHWARTZ, M.D.
Fellow, HELPS Center Simulation Program
Mount Sinai School of Medicine
New York, New York

ALAN J. SIM, M.D.
Instructor in Simulation and Liver Transplantation
Mount Sinai School of Medicine
New York, New York

FRANCINE S. YUDKOWITZ, M.D., FAAP
Associate Professor of Anesthesiology and Pediatrics
Director, Pediatric Anesthesia
Mount Sinai School of Medicine
New York, New York

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Apply skills of dynamic decision making, resource management, leadership and teamwork to a crisis scenario in the operating room;
- Demonstrate communication and leadership skills in working with different personalities and behaviors during a crisis scenario.

FACULTY DISCLOSURE STATEMENTS:
Drs. Burden, DeMaria, Khelemsky, Levine, Levy, Mahoney, Schwartz, Sim and Yudkowitz did not disclose any financial relationships.

Scientific Panel — SP-23

Residual Muscle Relaxant Inducted Weakness in the Postoperative Period: Is it a Patient Safety Issue?

Maintenance of Certification in Anesthesiology Program® and MOCA® are registered certification marks of The American Board of Anesthesiology®.

This patient safety activity helps fulfill the patient safety CME requirement for Part II of the Maintenance of Certification in Anesthesiology Program® (MOCA) of The American Board of Anesthesiology® (ABA). Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.

Panel Moderator:

ROBERT K. STOELTING, M.D.

President, Anesthesia Patient Safety Foundation | Indianapolis, Indiana

Disclosure: Dr. Stoelting did not disclose any financial relationships.

Objective(s):

The participant will be able to:

- Enumerate the advantages and disadvantages of utilizing different techniques for monitoring neuromuscular function during surgery;
- Recognize the implications of incomplete reversal of neuromuscular blockade in the postoperative period;
- Incorporate strategies to minimize complications of excessive neuromuscular blockade in the postoperative period.

Panelists' Presentations:

1. Perioperative Neuromuscular Monitoring: The Fine Print

AARON F. KOPMAN, M.D.

Clinical Professor of Anesthesiology (Retired) | Cornell University, Weill Cornell Medical College | New York, New York

2. Neuromuscular Management and Postoperative Complications

GLEN S. MURPHY, M.D.

Director, Cardiac Anesthesia and Clinical Research | Clinical Professor of Anesthesiology | University of Chicago Pritzker School of Medicine Chicago, Illinois

3. Clinical Consequences and Outcomes after Incomplete Recovery of Neuromuscular Function

LARS I. ERIKSSON, M.D., Ph.D., FRCA

Professor and Academic Chair | Department of Anesthesiology, Surgical Services and Intensive Care Medicine | Karolinska Institutet and Karolinska University Hospital | Stockholm, Sweden

4. Back to the Future: Trends, Needs and Developments in Monitoring for Safe Clinical Care

SORIN J. BRULL, M.D., FCARCSI (HON)

Professor of Anesthesiology | Mayo Clinic School of Medicine | Jacksonville, Florida | Chair, APSF Committee on Scientific Evaluation

FACULTY DISCLOSURE STATEMENTS:

Dr. Brull receives consultant fees from Merck, Inc. and holds an equity position in T4Analytics LLC.
Dr. Eriksson receives consultant fees from Merck & Co., Inc. and Abbott Scandinavia AB.
Dr. Kopman receives honoraria and is on the speakers bureau for Merck Sharp & Dohme.
Dr. Murphy receives consultant fees from Merck & Co., Inc. and is on the speakers bureau for CAS Medical Systems, Inc. (CASMED).

Host: David J. Wlody, M.D.

Afternoon Session • 13:00 - 15:30 • South Ballroom • 6th Floor

Scientific Panel — SP-24

Transfusion Medicine

Panel Moderator:

LINDA J. SHORE-LESSERSON, M.D., FASE
Professor of Anesthesiology | Chief, Cardiothoracic Anesthesiology | Montefiore Medical Center | Bronx, New York

Disclosure: Dr. Shore-Lesserson is on the speakers bureau for Grifols Inc. and receives consultant fees from Elcam Medical Inc. and AstraZeneca.

Objective(s):

The participant will be able to:

- Describe the evidence supporting increased risk of transfusing older blood products;
- Perform a risk-benefit analysis comparing transfusion with anemia in the perioperative period;
- Describe the pathophysiology and treatment of transfusion-related acute lung injury;
- Describe the evidence supporting the role of transfusion in renal dysfunction.

Panelists' Presentations:

1. The Risks of Transfusion: Are They Related to the Age of Blood?

LINDA J. SHORE-LESSERSON, M.D., FASE

2. Anemia or Transfusion: Which is More Dangerous?

ARYEH SHANDER, M.D., FCCM, FCCP
Chief, Departments of Anesthesiology, Critical Care Medicine, Pain Management and Hyperbaric Medicine
Englewood Hospital and Medical Center | Englewood, New Jersey
Clinical Professor of Anesthesiology, Medicine and Surgery | Mount Sinai School of Medicine | New York, New York

3. Transfusion Related Acute Lung Injury

IAN J. WELSBY, M.D.
Associate Professor of Anesthesiology and Critical Care | Duke University Medical Center | Durham, North Carolina

4. Blood Transfusion and the Risk of Renal Dysfunction

KEYVAN KARKOUTI, M.D., FRCPC
Associate Professor of Anesthesiology | Associate Professor of Health Policy, Management, and Evaluation
University of Toronto | Toronto, Ontario, Canada

FACULTY DISCLOSURE STATEMENTS:

Drs. Shander and Welsby did not disclose any financial relationships.
Dr. Karkouti receives funded research support from Novo Nordisk A/S and CSL Behring, honoraria from Bayer AG and consultant fees from Bayer AG and Novo Nordisk A/S.

Host: Natalia S. Ivascu, M.D.

Afternoon Session • 13:00 - 15:30 • Astor Ballroom • 7th Floor

Scientific Panel — SP-25

Anesthetic Considerations for Ambulatory Surgery

Panel Moderator:

REBECCA S. TWERSKY, M.D., M.P.H.
Professor, Vice-Chair for Research | Medical Director, Ambulatory Surgery Unit | SUNY-Downstate Medical Center | Brooklyn, New York

Disclosure: Dr. Twersky did not disclose any financial relationships.

Objective(s):

The participant will be able to:

- Describe the issues pertaining to the effective operations of an ambulatory surgical facility;
- Incorporate current modalities for effective pain management in outpatients;
- Identify opportunities for improving workplace efficiency in the ambulatory surgery setting;
- Compare and contrast different sedation and airway management techniques for patients undergoing advanced GI procedures.

Panelists' Presentations:

1. How Can I Provide Effective Pain Management to my Outpatients?

TONG J. GAN, M.D., M.H.S., FRCA
Professor of Anesthesiology | Vice Chair for Clinical Research | Duke University School of Medicine | Durham, North Carolina

2. Driving Perioperative Efficiency

AMR E. ABOULEISH, M.D., M.B.A.
Professor of Anesthesiology | The University of Texas Medical | University of Texas Medical Branch | Galveston, Texas

3. My Patient is Ticking – Non-Cardiac Implantable Devices: Spinal Cord and Vagal Nerve Stimulators and Other Devices

DOUGLAS G. MERRILL, M.B.A., M.D.
Professor of Anesthesiology | Dartmouth Medical School | Director, Center for Perioperative Services | Medical Director, Outpatient Surgery | Dartmouth-Hitchcock Medical Center | Lebanon, New Hampshire

4. Deep Sedation and Airway Management in Advanced GI Procedures

REBECCA S. TWERSKY, M.D., M.P.H.

FACULTY DISCLOSURE STATEMENTS:

Drs. Abouleish, Merrill and Twersky did not disclose any financial relationships.
Dr. Gan receives funded research support from AceIRx Pharmaceuticals, Inc., CARA, Cumberland, Fresenius and Pacira Pharmaceuticals, Inc. Also receives honoraria from Baxter International Inc., Edwards Life Science, Fresenius, Hospira, Inc. and Pacira Pharmaceuticals, Inc.

Host: Sarah B. Stuart, M.D.

Afternoon Session • 15:45-17:00 • 4th Floor Rooms

Focus Sessions — FS-24 • Odets Room • 4th Floor

Oral Presentation of Selected Posters on Display at PGA66

Focus Session Moderator:

STEPHEN A. VITKUN, M.D., M.B.A., Ph.D. | SUNY Distinguished Teaching Professor | Professor and Vice-Chair
Department of Anesthesiology | Professor of Pharmacological Sciences (Clinical Pharmacology)
Professor of Clinical Health Sciences | SUNY-Health Sciences Center at Stony Brook | Stony Brook, New York

Posters & Authors Invited to Participate:

MCC-7021 A Case of Pheochromocytomectomy in a Pediatric Patient While on ECMO
ANNA CLEBONE, M.D. | Department of Anesthesiology | University of Pittsburgh | Pittsburgh, Pennsylvania

P-9180 Evaluation of a System for Monitoring Surgical Blood Loss
ROSARIO GARCIA, M.D. | Department of Anesthesiology | Stanford University Medical Center | Stanford, California

P-9054 Aerosolized Levosimendan is a Selective Pulmonary Vasodilator in Pigs with Oleic-Xcid Induced Acute Lung Injury
KATHARINA KRENN, M.D. | Department of Anesthesiology and General Intensive Care | Medical University of Vienna | Vienna, Austria

P-9028 Does Reduced Concentration of Epidural-PCA Ropivacaine for Labor Pain with Maternal Ambulation Improve Labor and Delivery Outcome?
TATYANA SHKOLNIKOVA, M.D. | Department of Anesthesiology | UMDNJ-Robert Wood Johnson University Hospital
New Brunswick, New Jersey

MCC-7002 Successful Use of Continuous Peripheral Nerve Catheter for the Treatment of Complex Regional Pain Syndrome in a Pediatric Patient Unresponsive to Traditional Modalities
SIAM SUKUMVANICH, M.D. | Department of Anesthesiology | Mayo Clinic | Jacksonville, Florida

Objective(s):

The participant will be able to:

- Assess new research for validity;
- Develop programs in their institutions for residents to participate in research;
- Develop programs for their residents to be able to write submissions of their research work to national meetings.

Focus Sessions — FS-25 • Wilder Room • 4th Floor

PACU Complications

Focus Session Moderator:

DAVID S. BRONHEIM, M.D.
Associate Professor of Anesthesiology and Surgery | Director, Post Anesthesia Care | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Restlessness

DAVID S. BRONHEIM, M.D.

Residual Block

CYNTHIA A. LIEN, M.D.
Professor of Anesthesiology | Cornell University, Weill Cornell Medical College | Attending Anesthesiologist | New York-Presbyterian Hospital
New York, New York

Objective(s):

The participants will be able to:

- Develop a differential diagnosis of confusion in the PACU;
- Develop a treatment plan based on the differential diagnosis of restlessness;
- Discuss the clinical issues surrounding undetected postoperative neuromuscular blockade;
- Integrate into their practice methods to avoid undetected postoperative residual neuromuscular blockade.

FACULTY DISCLOSURE STATEMENTS:
Drs. Bronheim, Clebone, Garcia, Krenn, Lien, Shkolnikova, Sukumvanich and Vitkun did not disclose any financial relationships.

Afternoon Session • 15:45-17:00 • Various Rooms

Focus Sessions — FS-26 • Ziegfeld Room • 4th Floor

Anesthesia and The Developing Brain: An Update on Current Thinking and Practice

Focus Session Moderator:

JERROLD LERMAN, M.D., FRCPC, FANZCA

Clinical Professor of Anesthesiology | Children's Hospital of Buffalo | Buffalo, New York | Clinical Professor of Anesthesiology University of Rochester School of Medicine & Dentistry | Rochester, New York

Faculty Presentations:

Animal Data

JERROLD LERMAN, M.D., FRCPC, FANZCA

Implications for Pediatric Anesthesia

LINDA J. MASON, M.D.

Professor of Anesthesiology and Pediatrics | Loma Linda University School of Medicine | Loma Linda, California

Objective(s):

The participants will be able to:

- Discuss the animal data demonstrating negative effects of anesthetics on the developing brain;
- Discuss the current knowledge regarding the possible negative effect of anesthetics on the developing brain in humans;
- Discuss the areas of research to elucidate the effect of anesthetics on the developing brain;
- Discuss the ethical issues of not providing anesthetic care to infants;
- Advise parents about their child's impending surgery and anesthetic when asked about the effects of anesthesia on their child.

Focus Sessions — FS-27 • Astor Ballroom • 7th Floor

Challenges in Obstetric Anesthesia

Focus Session Moderator:

YAAKOV BEILIN, M.D.

Professor of Anesthesiology, Obstetrics & Gynecology and Reproductive Sciences | Co-Director, Obstetric Anesthesia Vice-Chair, Quality | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

Thrombocytopenia and Low Molecular Weight Heparin in Obstetrics

YAAKOV BEILIN, M.D.

Update on Hematologic Issues in Obstetrics

ANDREI REBARBER, M.D.

President, Maternal Fetal Medicine Associates, PLLC & Carnegie Imaging for Women, PLLC | Assistant Clinical Professor of Obstetrics and Gynecology | Mount Sinai School of Medicine | Associate Clinical Professor of of Obstetrics and Gynecology | New York University School of Medicine | New York, New York

Objective(s):

The participants will be able to:

- Discuss the problems of thrombocytopenia in obstetric anesthesia;
- Develop treatment protocols for patients with low platelet counts;
- Discuss use of low molecular weight heparins in obstertics;
- Develop protocols in their practices to manage patients on low molecular weight heparins.
- Discuss hematological issue in obstetrics;
- Develop treatment plans for patients at risk for obstetric hemorrhage.

FACULTY DISCLOSURE STATEMENTS:

Dr. Lerman receives honoraria from Abbott Laboratories (Canada) and reimbursement from Piramal Corporation to attend World Congress in Buenos Aires.

Drs. Beilin and Mason did not disclose any financial relationships.

Dr. Rebarber is on the speakers bureau for Alere, has stock options with MD Therapeutics and a research agreement with Perkin Elmer.

Afternoon Session • 15:45-17:00 • 7th Floor Rooms

Focus Sessions — FS-28 • Soho Complex • 7th Floor

Perioperative Challenges in The Patient with Heart Disease

Focus Session Moderator:
DAWN M. SWEENEY, M.D.
Associate Professor of Anesthesiology and Pediatrics | University of Rochester School of Medicine and Dentistry | Rochester, New York

Faculty Presentations:

Adult with Repaired Congenital Heart Disease
DAWN M. SWEENEY, M.D.

The Patient with a Stent
PAUL G. BARASH, M.D.
Professor of Anaesthesiology | Yale University, School of Medicine | New Haven, Connecticut

Objective(s):

The participants will be able to:
- Discuss the clinical issues related to the two main types of coronary stents;
- Stratify the perioperative risks for patients with intracoronary stents;
- Develop management strategies for patients with different types of intracoronary stents;
- Discuss the most common sequelae of repaired congenital heart disease;
- Develop management strategies for patients with repaired congenital heart disease with or without residual lesions;
- Develop management strategies for patients with Fontan physiology.

Focus Sessions — FS-29 • Empire Complex • 7th Floor

Opportunities in Academic Medicine

Focus Session Moderator:
JANINE R. SHAPIRO, M.D.
Associate Dean, Faculty Development | Medical Director, Continuing Medical Education | Professor of Anesthesiology | University of Rochester School of Medicine and Dentistry | Rochester, New York

Faculty Presentations:

Advancing Your Academic Career Through Educational Scholarship
JANINE R. SHAPIRO, M.D.

Documenting Your Academic Achievements for Promotion: Writing Your Educator Portfolio
CAROL ANN B. DIACHUN, M.D.
Associate Professor of Anesthesiology | Director, Division of Vascular Anesthesia | Associate Residency Program Director
University of Rochester School of Medicine and Dentistry | New York, New York

Objective(s):

The participants will be able to:
- Recognize important aspects of educational scholarship;
- Identify indicators of excellence in an educator's performance;
- Document quantity, quality and impact of educational activities using an educator portfolio;
- Integrate the reflective process of educator portfolio development into academic career planning.

FACULTY DISCLOSURE STATEMENTS:
Drs. Barash, Diachun, Shapiro and Sweeney did not disclose any financial relationships.

Afternoon Sessions • 15:45-17:00 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-57 - Majestic Room

Jet Ventilation To Go: Adventures in the Electrophysiology Suite

Speakers:

STAFFAN B. WAHLANDER, M.D.
Associate Clinical Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons
Associate Director, Division of Critical Care | Associate Vice Chair, Resident Education | Columbia Presbyterian Medical Center | New York, New York

Objective(s):

- Identify new procedures performed in the electrophysiology suite and their anesthetic implications;
- Recognize indications for jet ventilation;
- Implement a plan utilizing jet ventilation for the management of patients undergoing electrophysiology procedures.

Disclosures: Dr. Wahlander did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-58 - Music Box Room

Preoperative Planning for Postoperative Pain Management: Major Spine Surgery

Speaker:

KENNETH B. NEWMAN, M.D.
Attending Anesthesiologist | Senior Partner | Cross River Anesthesiology Services
Mount Kisco, New York

DAVID J. KOPMAN, M.D.
Assistant Professor of Anesthesiology
Cornell University, Weill Cornell Medical College
New York, New York

Objective(s):

- Review the use of several narcotic analgesics during major spine surgery;
- Develop a patient care plan which incorporates the need for post-operative pain management in the intraoperative plan.

Disclosure: Drs. Kopman and Newman did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-59 - Winter Garden Room

Stents, Drains and Clamps: De-Mystifying the Anesthetic Considerations for Thoraco-Abdominal Aneurysm Repair

Speaker:

NIKOLAOS J. SKUBAS, M.D., FASE
Associate Professor of Anesthesiology | Director, Cardiac Anesthesia | Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Identify the pathophysiology of spinal cord injury during thoraco-abdominal aortic aneurysm (TAAA) surgery with or without aortic cross-clamping;
- Identify the utility of different monitoring devices during TAAA surgery: cerebro-spinal fluid pressure, drainage and paraplegia, echocardiography and stent application, central venous and pulmonary artery pressures and cardiac function;
- Describe the specific anesthetic and surgical considerations associated with endovascular stent insertion;
- Formulate a plan for the use of partial cardiopulmonary bypass, if necessary, during TAAA repair.

Disclosure: Dr. Skubas did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-60 - Palace Room

I Cannot Place an Arterial: What Else the Blood Pressure Cuff Can Tell You

Speakers: **MANUEL L. FONTES, M.D.**
Professor of Anesthesiology | Duke University Medical Center
Durham, North Carolina

AMY E. CRANE, M.D.
Instructor in Anesthesiology | Cornell University, Weill Cornell Medical College | New York, New York

Objective(s):

- Classify hypertension according to subtypes;
- Describe the pathophysiology of systolic hypertension and diastolic hypertension;
- Formulate a plan for managing the hypertensive patient without the use of an A-Line.

Disclosures: Drs. Crane and Fontes did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-61 - Shubert Room

Cultural Diversity

Speaker: **GREGORY R. KERR, M.D., M.B.A.** | Associate Professor of Anesthesiology | Cornell University, Weill Cornell Medical College
Medical Director, Cardiothoracic Intensive Care Unit | New York- Presbyterian Hospital | New York, New York

Objective(s):

- Recognize various cultural differences in a patients approach to medical care and dealing with illness.
- Formulate a plan for educating anesthesiology colleagues regarding issues of cultural diversity.

Disclosure: Dr. Kerr did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-62 - Uris Room

Maximizing Scheduling and Operating Room Efficiency

Speaker: **KENNETH I. ROSENFELD, M.D.**
Associate Professor of Clinical Anesthesiology | Vice-Chair, Clinical Activities | SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

Objective(s):

- Identify specific measurements to assess the efficiency of the operative room;
- Determine the importance of appropriate OR time allocation;
- Develop a plan to maximize OR efficiency in their own institution.

Disclosure: Dr. Rosenfeld did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-63 - Plymouth Room

Statins and Perioperative Myocardial Infarction

Speaker: **NATALIA S. IVASCU, M.D.** | Assistant Professor of Anesthesiology | Cornell University, Weill Cornell Medical College
New York, New York

Objective(s):

- Recognize patient risk factors for perioperative myocardial infarction (MI);
- Identify effective pharmacologic strategies for cardio protection in the patient undergoing non-cardiac surgery;
- Apply methods of detecting a postoperative MI;
- Formulate an appropriate plan for managing the postoperative patient who is having an MI.

Disclosure: Dr. Ivascu did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-64 - Royale Room

Thyroidectomy Patient Had Tea and Toast 3 Hours Ago - OK to Start?

Speaker: **SIMON TOM, M.D.** | Assistant Professor of Anesthesiology | New York University School of Medicine | New York, New York

Objective(s):

- Identify current NPO guidelines for elective surgery;
- Discuss the recent literature regarding liberalized NPO guidelines in various patient populations;
- Implement an anesthetic plan for head and neck surgery incorporating updated NPO guidelines.

Disclosure: Dr. Tom did not disclose any financial relationships.

Reminder
Please silence your mobile devices during sessions

Tuesday, December 18, 2012

	Times
Registration	07:00
Mini Workshops	07:45 & 11:45
Interactive Workshops	08:00 & 12:00
Scientific Panels	09:00 & 13:00
Problem-Based Learning Discussions	11:45
Focus Sessions	15:45

Workshops, **Mini Workshops** and **Problem-Based Learning Discussions** **require a ticket for entrance**. **Please refer to page 9 for fees**.

Morning Sessions • 07:45 - 08:45 • 4th Floor Rooms

Mini Workshop — M-28 - Odets Room

A Practical Approach to a Green OR

Speaker:
TESSA K. HUNCKE, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
New York, New York

Objective(s):

The participant will be able to change their practice:

- By understanding the effect of potent inhalation agents on the atmosphere and reducing concentrations and gas flows;
- By understanding the effect of nitrous oxide on the ozone layer and reducing utilization and gas flows;
- By reducing the volume of waste and increasing recycling in the operating room.

Disclosure: Dr. Huncke did not disclose any financial relationships.

Mini Workshop — M-29 - Wilder Room

Neonatal Anesthesia Update

Speaker:
NEETA R. SARAIYA, M.D.
Assistant Professor of Anesthesiology
Columbia University, College of Physicians & Surgeons
New York, New York

Objective(s):

- Discuss the role of newer anesthetic agents in the neonatal period;
- Discuss the requirements for postoperative observation in very young neonates;
- Enumerate the common complications encountered in neonatal anesthesia.

Disclosure: Dr. Saraiya did not disclose any financial relationships.

Mini Workshop — M-30 - Ziegfeld Room

Coagulation Challenges During the Perioperative Period

Speaker:
TIFFANY R. TEDORE, M.D.
Assistant Professor of Anesthesiology
Chief, Regional Anesthesia
New York-Presbyterian Hospital
Cornell University, Weill Cornell Medical College
New York, New York

Objective(s):

- Evaluate the risk factors for perioperative thromboembolism;
- Recognize the need for prophylaxis for deep vein thrombosis;
- Identify the medications contributing to enhance thromboembolism;
- List the tests to monitor anticoagulation activities;
- Assess the implications on the neuroaxial procedures;
- New agents for anti-coagulation will be reviewed with respect to their role in the settings of atrial fibrillation and acute coronary syndromes and their impact on anesthetic management.

Disclosure: Dr. Tedore did not disclose any financial relationships.

Morning Session • 08:00 - 11:00 • Empire Complex • 7th Floor

Workshop — W-15

Beyond Direct Laryngoscopy: Fiberoptic and Other Techniques for Adult and Pediatric Management

Workshop Moderator: **RICHARD M. SOMMER, M.D.**
Clinical Associate Professor of Anesthesiology
Vice Chair, Clinical Operations
New York University School of Medicine
New York, New York

Assisted by:

CHARLES M. FERMON, M.D.
Professor of Anesthesiology (Clinical)
New York University School of Medicine
New York, New York

KENNETH H. JACOBSON, M.D.
Assistant Professor of Anesthesiology
University of Texas Southwestern Medical School
Attending Anesthesiologist
Cook Children's Medical Center
Fort Worth, Texas

NARASIMHAN JAGANNATHAN, M.D.
Assistant Professor of Anesthesiology
Section Head, Transplant Anesthesia
Northwestern University Feinberg School of Medicine
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

JEROME LAX, M.D.
Assistant Professor of Clinical Anesthesiology
New York University School of Medicine
New York, New York

KEITH J. RUSKIN, M.D.
Professor of Anesthesiology and Neurosurgery
Yale University, School of Medicine
New Haven, Connecticut

JON D. SAMUELS, M.D.
Assistant Professor of Clinical Anesthesiology
Joan and Sanford I. Weill Medical College of Weill Cornell University
New York, New York

PATRICIA M. SEQUEIRA, M.D.
Assistant Professor of Anesthesiology
New York University School of Medicine
New York, New York

KENNETH M. SUTIN, M.D.
Associate Professor of Clinical Anesthesiology and Clinical Surgery
New York University School of Medicine
Assistant Director, Critical Care
Bellevue Hospital
New York, New York

LESLIE N. YARMUSH, M.D.
Staff Anesthesiologist
Michael E. DeBakey VA Medical Center
Houston, Texas

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Perform airway evaluation, patient preparation and techniques of fiberoptic intubation, video laryngoscopy and transtracheal jet ventilation for adult and pediatric patients.

FACULTY DISCLOSURE STATEMENTS:
Drs. Fermon, Jacobson, Lax, Samuels, Sequeira, Sommer, Sutin and Yarmush did not disclose any financial relationships.
Dr. Jagannathan receives material support from LMA North American and Cookgas, LLC.
Dr. Ruskin received consulting fee from Masimo Corporation for evaluating a product prior to bringing it into the market.

NOTE: This Workshop will be repeated later today as W-17.

Workshop — W-16

Ultrasound for Vascular Access: A Workshop

Workshop Moderator: **NIKOLAOS J. SKUBAS, M.D., FASE**
Associate Professor of Anesthesiology
Director, Cardiac Anesthesia
Cornell University, Weill Medical College
New York, New York

Assisted by:

Physics

MEGHANN M. FITZGERALD, M.D.
Assistant Professor of Anesthesiology
Cornell University, Weill Cornell Medical College
New York, New York

Arterial Access

ALEXANDER J. C. MITTNACHT, M.D.
Associate Professor of Anesthesiology
Director, Pediatric Cardiac Anesthesia
Mount Sinai School of Medicine
New York, New York

Central Venous Access

ANUP PAMNANI, M.D.
Assistant Professor of Anesthesiology
Cornell University, Weill Medical College
Attending Anesthesiologist
New York-Presbyterian Hospital
New York, New York

Logistics and Billing

NIKOLAOS J. SKUBAS, M.D., FASE

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Demonstrate basic skills in ultrasound technology;
- Utilize ultrasound technology for central venous and arterial access;
- Optimize billing for ultrasound use in vascular access.

FACULTY DISCLOSURE STATEMENTS:
Dr. Skubas received a consultant fee from Winchester Medical Center.
Drs. Fitzgerald, Mittnacht and Pamnani did not disclose any financial relationships.

NOTE: This Workshop is a repeat of W-08.

Morning Session • 09:00 - 11:30 • North Ballroom • 6th Floor

Scientific Panel — SP-26

Controversies in Cardiac Surgery

Panel Moderator:

STEVEN N. KONSTADT, M.D., M.B.A., FACC
Professor and Chair | Department of Anesthesiology | Maimonides Medical Center | Brooklyn, New York

Disclosure: Dr. Konstadt did not disclose any financial relationships.

Objective(s):

The participant will be able to:

- Describe the role of cerebral monitoring in reducing CNS injury during cardiac surgery;
- Incorporate human error reduction strategies in cardiac surgery;
- Describe the risks and benefits of alternatives and adjuncts to general anesthesia in cardiac surgery;
- Formulate a plan for the management of pulmonary hypertension in cardiac surgery patients.

Panelists' Presentations:

1. Does Cerebral Monitoring Help Protect the Brain During Cardiac Surgery?

GREGORY W. FISCHER, M.D.
Assistant Professor of Anesthesiology and Cardiothoracic Surgery | Mount Sinai School of Medicine
New York, New York

2. Are There Any Alternatives and Adjuncts to General Anesthesia in Cardiac Surgery?

MENACHEM WEINER, M.D.
Assistant Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

3. How Should We Manage Pulmonary Hypertension in the Cardiac Surgery Patient?

ROBERT N. SLADEN, M.B., Ch.B., FCCM
Professor and Vice Chair | Department of Anesthesiology | Chief, Division of Critical Care
Columbia University, College of Physicians & Surgeons | New York, New York

4. Can We Reduce Human Error in Cardiac Surgery?

BRUCE D. SPIESS, M.D., FAHA
Professor and Vice Chair | Department of Anesthesiology | Director Cardiothoracic Anesthesia
Director of VCURES (Shock Center) | Medical College of Virginia | Richmond, Virginia

FACULTY DISCLOSURE STATEMENTS:

Dr. Weiner did not disclose any financial relationships.
Dr. Fischer is on the speakers bureau for CASMED.
Dr. Spiess receives consultant fees from Johns Hopkins University Quality and Safety Research Group.
Dr. Sladen receives honoraria from Orion Pharma Hutchinson Technologies and is on their speaker bureau. He is an unpaid consultant for Imacor.

Host: Walter Bethune, M.D.

Scientific Panel — SP-27

Critical Care Update: Improving Patient Outcome Through Better Drugs, Monitors, Devices, and Care Delivery Systems

This patient safety activity helps fulfill the patient safety CME requirement for Part II of the Maintenance of Certification in Anesthesiology Program® (MOCA) of The American Board of Anesthesiology® (ABA). Please consult the ABA website, www.theABA.org, for a list of all MOCA requirements.

Panel Moderator:

RONALD G. PEARL, M.D., Ph.D.
Dr. Richard K. and Erika N. Richards Professor | Chair, Department of Anesthesia | Stanford University School of Medicine | Stanford, California

Disclosure: Dr. Pearl did not disclose any financial relationships.

Objective(s):

The participant will be able to describe how patient outcomes in critical care have been improved through the use of new:

- Medications;
- Monitors;
- Devices;
- Systems of care.

Panelists' Presentations:

1. Drugs

ANDREW B. LEIBOWITZ, M.D.
Professor of Anesthesiology and Surgery | Executive Vice Chair of Anesthesiology | Co-Director, Surgical Intensive Care Unit | Mount Sinai School of Medicine | New York, New York

2. Devices

MICHAEL F. O'CONNOR, M.D., FCCM
Professor of Anesthesia & Critical Care | Section Head, Critical Care Medicine | University of Chicago Chicago, Illinois

3. Systems of Care

VLADIMIR KVETAN, M.D.
Professor of Anesthesiology and Clinical Medicine (Critical Care) | Associate Professor of Surgery
Director, Jay B. Langner Critical Care System | Director, Division of Critical Care Medicine
Albert Einstein College of Medicine/Montefiore Medical Center | Bronx, New York

4. Monitoring

RONALD G. PEARL, M.D., Ph.D.

FACULTY DISCLOSURE STATEMENTS:

Drs. Kvetan and O'Connor did not disclose any financial relationships.
Dr. Leibowitz is a consultant for Elcam Medical and his spouse is employed by Merck & Co., Inc.

Host: Helene Logginidou, M.D.

Mid-Day Sessions • 11:45 - 12:45 • 4th Floor Rooms

Mini Workshop — M-31 - Odets Room

Ocular Effects of the Prone Position

Speaker:
APOLONIA E. ABRAMOWICZ, M.D.
Associate Professor of Clinical Anesthesiology and Clinical Neurosurgery
Albert Einstein School of Medicine
Director, Neuroanesthesia
Montefiore Medical Center
Bronx, New York

Objective(s):

- Define the anatomic differences in the different forms of postoperative vision loss;
- Delineate the factors that appear to be critical in contributing to the development of POVL;
- Employ recommended strategies to minimize risk of prone position-related post operative visual loss.

Disclosure: Dr. Abramowicz did not disclose any financial relationships.

Mini Workshop — M-32 - Wilder Room

Update on Pediatric Outpatient Anesthesia

Speaker:
REBECCA N. LINTNER, M.D.
Director, Pediatric Anesthesia
Montefiore Medical Center
Bronx, New York

Objective(s):

- Delineate the approach to airway assessment and management;
- Identify the intraoperative complications which may arise;
- Enumerate at least three postoperative complications which may occur.

Disclosure: Dr. Lintner did not disclose any financial relationships.

Mini Workshop — M-33 - Ziegfeld Room

Anesthesia in Mass Casualty Events, Lessons from Haiti

Speaker:
IRENE P. OSBORN, M.D.
Associate Professor of Anesthesiology
Director, Neuroanesthesia
Mount Sinai School of Medicine
New York, New York

Objective(s):

- Assess which agents, machines and devices are available in the disaster area;
- Prioritize which patients need higher levels of care that require transport off-site and which can be treated on-site;
- Formulate an anesthetic plan for trauma and non-trauma patients.

Disclosure: Dr. Osborn receives material support from Aircraft Medical, Inc. and Verathon®.

Mid-Day Sessions • 11:45 - 12:45 • 6th Floor Rooms

Problem-Based Learning Discussions — PBLD-65 - Majestic Room

Full Stomach Versus Full Esophagus: Should Your Upper GI Endoscopy Be Intubated?

Speaker:

ERIC P. WILKENS, M.D., M.P.H., CHS-IV
Assistant Professor of Clinical Anesthesiology | Albert Einstein College of Medicine | Montefiore Medical Center | Deputy Director, Mobile Trauma Unit | Bronx, New York

Objective(s):

- Discuss the indications for intubation for upper endoscopy;
- Evaluate the patient for upper endoscopy for risk of aspiration;
- Utilize aspiration precautions in the patient at risk for aspiration.

Disclosure: Dr. Wilkens did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-66 - Music Box Room

Anesthesia for the Extremely Elderly Patient

Speaker:

BESSIE KACHULIS, M.D.
Assistant Professor of Anesthesiology
Columbia University, College of Physicians & Surgeons
New York, New York

JAROSLAV USENKO, M.D.
Instructor in Anesthesiology
Cornell University, Weill Cornell Medical College
New York, New York

Objective(s):

- Identify physiologic changes associated with aging;
- Perform a preoperative evaluation including the important elements related to the geriatric patient;
- Assess risks and benefits of various anesthetic techniques in elderly patients;
- Formulate a plan for the management of the elderly patient in the perioperative period.

Disclosure: Drs. Kachulis and Usenko did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-67 - Winter Garden Room

Herbals and Alternate Medicine: Impact on Anesthesia Care

Speaker:

JEFFREY M. BAIRD, M.D. | Assistant Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons | New York, New York

Objective(s):

- Identify various "alternative", vitamin and herbal medications commonly used by patients;
- Discuss those herbal medications and vitamins that have interactions with commonly used anesthetics;
- Develop a plan to preoperatively identify and modify the use of herbal medications by patients prior to anesthesia.

Disclosure: Dr. Baird did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-68 - Palace Room

Managing the Patient with HELLP Syndrome

Speaker:

STEPHANIE R. GOODMAN, M.D. | Associate Clinical Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons
New York, New York

Objective(s):

- Diagnose the parturient with HELLP Syndrome;
- Identify the anesthetic implications of HELLP Syndrome;
- Manage the HELLP Syndrome patient in the peripartum period.

Disclosure: Dr. Goodman did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-69 - Shubert Room

Adenotonsillectomy in the Child with Sleep Apnea Syndrome

Speaker:

CHERYL K. GOODEN, M.D. | Associate Professor of Anesthesiology and Pediatrics | Mount Sinai School of Medicine | New York, New York

Objective(s):

- Define and describe the pathophysiology of obstructive sleep apnea syndrome in the pediatric patient (OSAS);
- Identify risk factors for OSA in pediatric patients;
- Recognize the basic features of polysomnography (PSG) ;
- Formulate an anesthetic plan for this child;
- Implement the clinical practice guidelines of the American Academy of Pediatrics and American Society of Anesthesiologists on OSA.

Disclosure: Dr. Gooden did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-70 - Uris Room

Dexmedetomidine Versus Propofol Sedation: Advantages and Limitations for Procedural Sedation Versus for the Intubated Patient in the Intensive Care Unit

Speakers:

KEIRA P. MASON, M.D. | Associate Professor of Anaesthesia | Harvard Medical School | Children's Hospital Boston | Boston, Massachusetts

ERIC R. KELHOFFER, M.D. | Associate Clinical Member | Anesthesiology & Critical Care | Memorial Sloan-Kettering Cancer Center | New York, New York

Objective(s):

- Review the pharmacokinetics and dynamics of each drug when applied as a sedative;
- Understand the advantages and limitations of propofol and dexmedetomidine;
- Enumerate the contraindications to dexmedetomidine and propofol usage;
- Formulate a plan to decide which drug lends itself best to the clinical situation.

Disclosures: Drs. Mason and Kelhoffer did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-71 - Plymouth Room

The Role of Hospitalists in Preoperative Medical Evaluation

Speakers:

MICHAEL P. EATON, M.D. | Denham S. Ward Professor and Chair | Director, Fellowship in Cardiac Anesthesia | Department of Anesthesiology Executive Director, Perioperative Services | University of Rochester School of Medicine and Dentistry | Rochester, New York

Objective(s):

- Describe the role of hospitalists in preoperative evaluation;
- Establish a multidisciplinary program for preoperative evaluation of in-patients.

Disclosures: Dr. Eaton did not disclose any financial relationships.

Problem-Based Learning Discussions — PBLD-72 - Royale Room

Education in the 21st Century: Innovations in Medical Student and Resident Education

Speakers:

LORI A. RUBIN, M.D. | Associate Professor of Anesthesiology | New York-Presbyterian Hospital | New York, New York

SAUNDRA E. CURRY, M.D. | Clinical Professor of Anesthesiology | Columbia University, College of Physicians & Surgeons | New York, New York

Objective(s):

- Identify innovative methods utilized in medical student and resident education in anesthesiology;
- Develop an updated medical student and resident curriculum utilizing these innovative methods.

Disclosures: Drs. Curry and Rubin did not disclose any financial relationships.

Mid-Day Session • 12:00 - 15:00 • Empire Complex • 7th Floor

Workshop — W-17

Beyond Direct Laryngoscopy: Fiberoptic and Other Techniques for Adult and Pediatric Management

Workshop Moderator: **RICHARD M. SOMMER, M.D.**
Clinical Associate Professor of Anesthesiology
Vice Chair, Clinical Operations
New York University School of Medicine
New York, New York

Assisted by:

CHARLES M. FERMON, M.D.
Professor of Anesthesiology (Clinical)
New York University School of Medicine
New York, New York

KENNETH H. JACOBSON, M.D.
Assistant Professor of Anesthesiology
University of Texas Southwestern Medical School
Attending Anesthesiologist
Cook Children's Medical Center
Fort Worth, Texas

NARASIMHAN JAGANNATHAN, M.D.
Assistant Professor of Anesthesiology
Section Head, Transplant Anesthesia
Northwestern University Feinberg School of Medicine
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

JEROME LAX, M.D.
Assistant Professor of Clinical Anesthesiology
New York University School of Medicine
New York, New York

KEITH J. RUSKIN, M.D.
Professor of Anesthesiology and Neurosurgery
Yale University, School of Medicine
New Haven, Connecticut

JON D. SAMUELS, M.D.
Assistant Professor of Clinical Anesthesiology
Joan and Sanford I. Weill Medical College of Weill Cornell University
New York, New York

PATRICIA M. SEQUEIRA, M.D.
Assistant Professor of Anesthesiology
New York University School of Medicine
New York, New York

KENNETH M. SUTIN, M.D.
Associate Professor of Clinical Anesthesiology and Clinical Surgery
New York University School of Medicine
Assistant Director, Critical Care
Bellevue Hospital
New York, New York

LESLIE N. YARMUSH, M.D.
Staff Anesthesiologist
Michael E. DeBakey VA Medical Center
Houston, Texas

Objective(s):

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- Perform airway evaluation, patient preparation and techniques of fiberoptic intubation, video laryngoscopy and transtracheal jet ventilation for adult and pediatric patients.

FACULTY DISCLOSURE STATEMENTS:
Drs. Fermon, Jacobson, Lax, Samuels, Sequeira, Sommer, Sutin and Yarmush did not disclose any financial relationships.
Dr. Jagannathan receives material support from LMA North American and Cookgas LLC.
Dr. Ruskin received consulting fee from Masimo Corporation for evaluating a product prior to bringing it into the market.

NOTE: This Workshop is repeat of W-15.

Mid-Day Session • 12:00 - 15:00 • Soho Complex • 7th Floor

Workshop — W-18

Ultrasound, Simulation and Stimulation for Peripheral Nerve Blocks

Station I Nerve Blocks of the Upper Extremity - Ultrasound Technique

Station II Nerve Blocks of the Upper Extremity - Nerve Stimulator Technique

Station III Nerve Blocks of the Lower Extremity - Ultrasound and Nerve Stimulator Technique

Station IV Simulation and Equipment for Performing Peripheral Nerve Blocks

Workshop Moderators:

DAVID B. ALBERT, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

MITCHELL H. MARSHALL, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

Assisted by:

ROBERT A. ALTMAN, M.D.
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

MICHAEL R. ANDERSON, M.D.
Assistant Professor of Anesthesiology
Mount Sinai School of Medicine
New York, New York

ARTHUR ATCHABAHIAN, M.D.
Associate Professor of Clinical Anesthesiology
NYU Hospital for Joint Diseases
New York, New York

PATRICK BIRMINGHAM, M.D., FAAP
Professor of Anesthesiology
Northwestern University Feinberg School of Medicine
Associate Chair, Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

LEVON M. CAPAN, M.D.
Professor of Anesthesia
New York University School of Medicine
Associate Director, Anesthesia
Bellevue Hospital Center
New York, New York

STEVE S. CHEN, M.D.
Assistant Professor of Anesthesiology
SUNY-Health Sciences Center at Stony Brook
Stony Brook, New York

BRIAN T. DURKIN, D.O.
Assistant Professor of Anesthesiology
Director, Center for Pain Management
SUNY- Health Sciences Center at Stony Brook
Stony Brook, New York

CYNTHIA L. FENG, M.D.
Assistant Professor of Anesthesiology
NYU Hospital for Joint Diseases
New York, New York

CHRISTINA L. JENG, M.D.
Assistant Professor of Anesthesiology and Orthopaedics
Mount Sinai School of Medicine
New York, New York

JUNG T. KIM M.D.
Associate Professor of Clinical Anesthesiology
Vice Chair, Chief of Service
Department of Anesthesiology
Medical Director, Perioperative Surgical Services
NYU Langone Medical Center
New York, New York

SUNMI KIM, M.D., B.S.
Assistant Professor of Anesthesiology
New York University School of Medicine
New York, New York

ERIC M. KITAIN, M.D.
Chair, Department of Anesthesiology
Norwalk Hospital
Norwalk, Connecticut

MITCHELL Y. LEE, M.D., B.A.
Assistant Professor of Anesthesiology
Assistant Residency Director
NYU Langone Medical Center
New York University School of Medicine
New York, New York

DANIELLE B. LUDWIN, M.D.
Assistant Professor of Anesthesiology
Columbia University, College of Physicians & Surgeons
New York, New York

JOVAN POPOVIC, M.D., FRCPC
Assistant Professor of Anesthesiology
New York University School of Medicine
Medical Director, NYU Langone Outpatient Surgery
New York, New York

MEG A. ROSENBLATT, M.D.
Professor of Anesthesiology and Orthopaedics
Director, Division of Orthopaedic Anesthesiology
Mount Sinai School of Medicine
New York, New York

GEORGE J. SPESSOT, M.D.
Clinical Associate Professor of Anesthesiology
New York University School of Medicine
Attending Anesthesiologist
NYU Hospital for Joint Diseases
New York, New York

SANTHANAM SURESH, M.D., FAAP
Anesthesiologist-in-Chief
Department of Pediatric Anesthesiology
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

TIFFANY R. TEDORE, M.D.
Assistant Professor of Anesthesiology
Chief, Regional Anesthesia
New York-Presbyterian Hospital
Cornell University, Weill Cornell Medical College
New York, New York

DANIEL D. WAMBOLD, M.D.
Attending Anesthesiologist
The Valley Hospital
Ridgewood, New Jersey

RICHA WARDHAN, M.D.
Associate Director, Regional Anesthesia
Department of Anesthesiology
Yale University, School of Medicine
New Haven, Connecticut

LISA WARREN, M.D.
Director, Ambulatory and Regional Anesthesia
Massachusetts General Hospital
Department of Anesthesia and Critical Care
Boston, Massachusetts

Objective(s):

After successfully completing this workshop, the participant will be able to:

- Apply the use of nerve stimulator techniques for upper and lower extremity blocks;
- Treat reflex sympathetic dystrophy with either intravenous anesthesia (Bier block) or nerve block;
- Utilize ultrasound technology for upper and lower extremity blocks.

FACULTY DISCLOSURE STATEMENTS:

Drs. Albert, Altman, Anderson, Atchabahian, Birmingham, Capan, Chen, Feng, Jeng, J.T. Kim, S. Kim, Kitain, Lee, Ludwin, Marshall, Popovic, Rosenblatt, Spessot, Tedore, Wambold, Wardhan and Warren did not disclose any financial relationships.
Dr. Durkin receives funded research support from Purdue Pharma L.P. and is on the Pfizer Inc. and Forrest Pharmaceuticals speakers bureau.
Dr. Suresh receives funded research support from Ferndale Labs and Purdue Pharma, consultant fees from Orthopedic Knowledge Online and material support from GE Healthcare, Philips Healthcare and Sonosite, Inc.

NOTE: This Workshop is a repeat of W-02, W-03 and W-10.

Scientific Panel — SP-28

Fourteenth Annual Bragging Contest: Any Case You Have Done, I Have Done a Better One

Panel Moderator:

CLIFFORD M. GEVIRTZ, M.D., M.P.H. | Medical Director | Somnia Pain Management | New York, New York

Disclosure: Dr. Gevirtz did not disclose any financial relationships.

Objective(s):

- The participant will be able to describe the principles necessary to formulate an anesthetic management plan for complex surgical procedures, patients with unusual co-morbidities, and procedures performed in unusual locations.

Panelists' Presentations:

1. Representing: Albany Medical Center

   MELISSA A. EHLERS, M.D.
   Director of Pediatric Anesthesiology | Albany Medical Center | Albany, New York

2. Representing: Mount Sinai School of Medicine

   ADAM I. LEVINE, M.D.
   Associate Professor of Anesthesiology, Physiology, Otolaryngology, Structural and Chemical Biology | Vice-Chair of Education | Director, Residency Training Program | Program Director, ASA Endorsed HELPS Simulation Program | Department of Anesthesiology | Mount Sinai School of Medicine New York, New York

   TYLER CHERNIN, M.D.
   Resident, Department of Anesthesiology | Mount Sinai School of Medicine | New York, New York

3. Representing: New York-Presbyterian Hospital Cornell University, Weill Cornell Medical College

   JON D. SAMUELS, M.D., M.B.A.
   Assistant Professor of Anesthesiology | Joan and Sanford I. Weill Medical College of Weill Cornell University | New York, New York

4. Representing: University of Rochester School of Medicine & Dentistry

   JANINE R. SHAPIRO, M.D.
   Associate Dean, Faculty Development | Medical Director, Continuing Medical Education | Professor of Anesthesiology | University of Rochester School of Medicine and Dentistry | Rochester, New York

5. Representing: Veteran's Integrated Service Network

   STEPHEN BOGGS, M.D.
   Senior Faculty | Mount Sinai School of Medicine | New York, New York | Chief of Anesthesiology | James J. Peters V. A. Medical Center | Bronx, New York

6. Representing: SUNY-Buffalo School of Medicine and Biomedical Sciences

   JULIA B. FALLER, D.O., M.S.
   Assistant Professor of Anesthesiology & Pain Medicine | Roswell Park Cancer Institute | Clinical Instructor of Anesthesiology | Director, Anesthesiology Simulation Program | SUNY-Buffalo School of Medicine and Biomedical Sciences | Buffalo, New York

7. Representing: SUNY-Health Sciences Center at Stony Brook

   CHRISTOPHER J. GALLAGHER, M.D.
   Professor and Residency Director | Department of Anesthesiology | SUNY-Health Sciences Center at Stony Brook | Stony Brook, New York

8. Representing: University of Medicine and Dentistry of New Jersey Medical School

   MARSHALL K. LEE, M.D.
   Chief Resident | University of Medicine and Dentistry of New Jersey Medical School | Newark, New Jersey

FACULTY DISCLOSURE STATEMENTS:
Drs. Boggs, Chernin, Ehlers, Faller, Gallagher, Lee, Levine, Samuels and Shapiro did not disclose any financial relationships.

Host: Clifford M. Gevirtz, M.D., M.P.H.

Afternoon Session • 15:45 - 17:00 • 4th Floor Rooms

Focus Sessions — FS-30 • Odets Room • 4th Floor

Blood Conservation: Update on Current Practice

Focus Session Moderator:
LINDA J. SHORE-LESSERSON, M.D., FASE
Professor of Anesthesiology | Montefiore Medical Center | Bronx, New York

Faculty Presentations:

Pharmacological Interventions to Reduce Transfusion

LINDA J. SHORE-LESSERSON, M.D., FASE

How to Avoid Allogeneic Transfusion

ARYEH SHANDER, M.D., FCCM, FCCP
Chief, Departments of Anesthesiology, Critical Care Medicine, Pain Management and Hyperbaric Medicine | Englewood Hospital and Medical Center | Englewood, New Jersey | Clinical Professor of Anesthesiology, Medicine and Surgery | Mount Sinai School of Medicine New York, New York

Objective(s):

The participants will be able to:
- Discuss pharmacological approaches to reduce the need for blood transfusion;
- Incorporate pharmacological management strategies to reduce transfusions into their practice;
- Discuss alternatives to allogeneic blood products;
- Employ the appropriate perioperative option for blood conservation.

Focus Sessions — FS-31 • Wilder Room • 4th Floor

Update on Cardiac Rhythm Devices

Focus Session Moderator:
MARC E. STONE, M.D.
Associate Professor of Anesthesiology | Mount Sinai School of Medicine | New York, New York

Faculty Presentations:

The Perioperative Management of the Patient with a CIED

MARC E. STONE, M.D.

The Perioperative Assessment and Evaluation of the Patient with a CIED

JENNIE Y. NGAI, M.D.
Assistant Professor of Anesthesiology | Director, Cardiothoracic Anesthesiology Fellowship | Division of Cardiothoracic Anesthesiology NYU Langone Medical Center | New York, New York

Objective(s):

The participants will be able to:
- Describe the different types of devices, their functions, and current indications for pacemakers and ICDs;
- Perform an appropriate perioperative evaluation of the patient with a pacemaker or ICD;
- Formulate a plan for perioperative management of patients with implantable devices;
- Identify procedures which may interfere with these devices such as lithotripsy, RFA.

FACULTY DISCLOSURE STATEMENTS:
Drs. Ngai, Shander and Stone did not disclose any financial relationships.
Dr. Shore-Lesserson is on the speakers bureau for Grifols Inc. and receives consultant fees from Elcam Medical Inc. and AstraZeneca.

Afternoon Session • 15:45 - 17:00 • 4th Floor

Focus Sessions — FS-32 • Ziegfeld Room • 4th Floor

When Should I Cancel The Pediatric Patient?

Focus Session Moderator:

FRANCINE S. YUDKOWITZ, M.D., FAAP
Associate Professor of Anesthesiology and Pediatrics
Director, Pediatric Anesthesia
Mount Sinai School of Medicine
New York, New York

Faculty Presentations:

The Child with a Cold

FRANCINE S. YUDKOWITZ, M.D., FAAP

The Child with a "Cardiac" History

JAY R. SHAYEVITZ, M.D., M.S.
Attending Anesthesiologist
Montefiore Medical Center
Bronx, New York

Objective(s):

The participants will be able to:

- Discuss the signs of an URI and the evidence supporting proceeding or cancelling elective surgery;
- Develop guidelines in their practice to manage children with an URI presenting for elective surgery;
- Discuss the medical issues with impact on perianesthetic management of the ex-premature;
- Develop an anesthetic plan to safely manage the child after CHD repair.

FACULTY DISCLOSURE STATEMENTS:

Dr. Yudkowitz did not disclose any financial relationships.

Dr. Shayevitz is a share holder with Johnson & Johnson and General Electric.

Notes

Poster Presentations

STEPHEN A. VITKUN, M.D., M.B.A., Ph.D., Chair

Rotunda Area • 7th Floor • New York Marriott Marquis

- Be aware that Posters may not necessarily be positioned in numerical sequence in the Exhibition Area.
- Authors should be available to discuss their work during the following designated times.

Saturday, December 15, 2012

Morning Session

11:00 - 13:00

P-9003	P-9018	P-9032	P-9047	P-9053	P-9062
P-9004	P-9021	P-9034	P-9048	P-9055	P-9063
P-9006	P-9022	P-9038	P-9049	P-9057	P-9064
P-9012	P-9025	P-9039	P-9051	P-9060	P-9065
P-9014	P-9027	P-9041	P-9052	P-9061	

Afternoon Session

14:00 - 16:00

P-9066	P-9076	P-9088	P-9102	P-9123	P-9138
P-9067	P-9077	P-9090	P-9105	P-9125	P-9139
P-9069	P-9079	P-9091	P-9107	P-9128	P-9142
P-9070	P-9085	P-9093	P-9120	P-9135	P-9143
P-9073	P-9086	P-9095	P-9122	P-9136	P-9145
P-9074	P-9087	P-9101			

Sunday, December 16, 2012

Morning Session

11:00 - 13:00

P-9007	P-9017	P-9029	P-9040	P-9058	P-9081
P-9008	P-9019	P-9030	P-9043	P-9059	P-9082
P-9009	P-9020	P-9033	P-9044	P-9072	P-9083
P-9010	P-9024	P-9036	P-9045	P-9078	P-9084
P-9015	P-9026	P-9037	P-9054	P-9080	P-9089
P-9016	P-9028				

Afternoon Session

14:00 - 16:00

P-9023	P-9109	P-9131	P-9144	P-9164	P-9183
P-9092	P-9110	P-9132	P-9146	P-9169	P-9185
P-9096	P-9111	P-9133	P-9150	P-9173	P-9188
P-9103	P-9121	P-9134	P-9153	P-9178	P-9191
P-9104	P-9127	P-9140	P-9154	P-9179	P-9192
P-9106	P-9130	P-9141	P-9160		

Monday, December 17, 2012

Morning Session

11:00 - 13:00

P-9002	P-9042	P-9075	P-9100	P-9129	P-9152
P-9011	P-9046	P-9094	P-9108	P-9137	P-9156
P-9013	P-9056	P-9097	P-9112	P-9147	P-9162
P-9031	P-9068	P-9098	P-9124	P-9149	P-9163
P-9035	P-9071	P-9099	P-9126	P-9151	P-9166

Afternoon Session

14:00 - 16:00

P-9113	P-9118	P-9159	P-9170	P-9176	P-9184
P-9114	P-9119	P-9161	P-9171	P-9177	P-9186
P-9115	P-9155	P-9165	P-9172	P-9180	P-9187
P-9116	P-9157	P-9167	P-9174	P-9181	P-9189
P-9117	P-9158	P-9168	P-9175	P-9182	P-9190

Poster Presentations

Titles, authors, institutions and descriptions will appear in numerical order from pages **118** through **168.**

The written descriptions have been reproduced as submitted on-line by each author.
The PGA is not responsible for the accuracy of the contents.

POSTER PRESENTER PRIMARY AUTHOR DISCLOSURES:

The primary authors listed from pages **118** through **168** did not disclose any financial relationships. manufacturer or provider, except for the following:

P-9006 on page 118
Dr. William T. McGee **-** Is a speaker for Edwards Life Sciences

P-9034 on Page 126
Daniel Mark - Cumberland Pharmaceuticals is providing the IV Ibuprofen and funding the study.

P-9057 on Page 132
Dr. Juan Zaballos - Receives consulting fees and material support from TSCI

P-9058 on Page 132
Dr. Melson and Dr. Turan received research grants to conduct this Phase 3 study and Dr. Palmer is an employee and share-holder of AcelRx Pharmaceuticals, Inc. which is the company supporting this study.

P-9078 on Page 138
Dr. Jolanda Witteveen - Principal, T4Analytics LLC

P-9080 on Page 138
Dr. Jolanda Witteveen - Principal, T4Analytics LLC

P-9082 on Page 139
Dr. Jolanda Witteveen - Principal, T4Analytics LLC

P-9103 on Page 144
Dr. Jolanda Witteveen - Principal, T4Analytics LLC

P-9106 on Page 145
David Ninan, D.O. - Acted as a consultant to Edwards Life-sciences on a unrelated product.

P-9-110 on Page 146
Dr. Jolanda Witteveen - Principal, T4Analytics LLC

P-9127 on Page 151
Dr. Glenn Murphy - Is a Principal, T4Analytics

P-9146 on Page 156
Dr. Sheldon Goldstein is CEO and majority owner of Coagulation Sciences LLC. This work was funded by Coagulation Sciences.
Michael Kagan receives salary and has options in the Company.

P-9180 on Page 165
Dr. Shander and Mr. Satish - Own equity in Gauss Surgical, Inc.

P-9002 A Case of Takotsubo Cardiomyopathy During Rhinoplasty

Primary Author: Xiaochuan Guo, M.D.
SUNY Downstate Medical Center | Brooklyn, New York
Kings County Medical Center | Brooklyn, New York
Co-Authors:
Neville Campbell, M.D.
Lara DeLong, M.D.

This is the first report of Takosubo cardiomyopathy presented as acute heart failure during general anesthesia. Increased awareness among anesthesiologists is crucial in identifying and effectively managing Takotsubo cardiomyopathy during perioperative period.

P-9003 γ-Aminobutyric Acid Receptor Type a Receptor Potentiation Reduces Firing of Neuronal Assemblies in a Computational Cortical Model

Primary Author: Kingsley P. Storer, M.D., Ph.D.
Weill Cornell Medical College| New York, New York
The Rockefeller University | New York, New York
Co-Author:
George Reeke, Ph.D.

In a computational model of the cortex, γ-aminobutyric acid receptor type A receptor potentiation reduces formation of neuronal groups. This process may underlie the ability of propofol to abolish new memory formation and consciousness.

P-9004 Obesity Trends in the Surgical Population at a Large Academic Center: A Comparison Between 1989-1991 to 2006-2008 Epochs

Primary Author: Ryan J. Hamlin, M.D.
Mayo Clinic | Rochester, Minnesota
Co-Authors:
Juraj Sprung, M.D., Ph.D.
Darrell R. Schroeder, M.S.
Roger E. Hofer, M.D.
Toby N. Weingarten, M.D.

This retrospective review reports the observed trends in the prevalence of obesity among surgical patients at a single large tertiary referral center in the upper Midwest region of the United States and compares the local patient population to the prevalence of obesity in the surrounding population.

P-9006 The SVV-SV Relationship During One Lung Ventilation

Primary Author: Karthik Raghunathan, M.D., M.P.H.
Baystate Medical Center | Springfield, Massachusetts
Co-Authors:
Ruchi Thanawala, M.D.
Adam C. Adler, M.D.
Gary Hochheiser, M.D.
Charles Gibson, B.S., R.N.
William T. McGee, M.D.
Rose Ganim, M.D.

Summary:
We describe cardio-respiratory interactions during one lung ventilation (OLV) in the lateral position during thoracic surgery. Stroke Volume (SV) and Stroke Volume Variation (SVV) was measured with the Vigileo-Flotrac device. The typically inverse SVV-SV relationship was contrasted for Two Lung Ventilation versus OLV in the lateral position with different tidal volumes. At lower tidal volume (<6 cc/kg PBW), there is essentially no relationship between SVV and SV despite lateral positioning and dependent lung ventilation.

P-9007 Leadership and Management: A Crucible Experience

Primary Author: Mitchell H. Tsai, M.D., M.M.M.
University of College of Medicine | Burglitnon, Vermont
University of Southern California | Los Angeles, California
University of Vermont | Burlington, Vermont
Co-Authors:
Donald M. Mathews, M.D.
Robert C. Myrtle, Ph.D.
Sanjay Sharma, Ph.D.

With the increasing depth and breadth of clinical anesthesia and the large number of ACGME required rotations and case numbers, it may be difficult to add management and leadership curriculum to a resident's training. In the Department of Anesthesiology at the University of Vermont College of Medicine, we have created a reading month for categorical interns that builds a "crucible" experience for future anesthesiologists. The readings were selected to help assist the residents to build mental frameworks on management and leadership; to focus on pertinent issues involving patient safety, organizational cultures, and high-reliability organizations; and to enable them to critically evaluate prof essionalism in the workplace.

P-9008 Orofacial Cleft Malformation Secondary to Cellcept Use During the First Trimester of Pregnancy

Primary Author: Yuan-Feng Carl C. Lo, M.D.
West Virginia University | Morgantown
Co-Author:
Andrew Criser, M.D.

This is a 35 yo G1P0 admitted for polyhydramnios and IUGR at 30 6/7 WGA. The fetal ultrasound revealed bilateral cleft lip and palate, and a left facial cleft, directly resultant from CellCept use during the first trimester for stage III CKD s/p renal transplant. An uncomplicated primary LTCS was performed under lumbar spinal anesthesia. After delivery, multiple airway maneuvers were considered, including laryngoscopy, fiberoptic intubation, and tracheostomy. Direct laryngoscopy was successful. However, due to underdeveloped lung tissue, gas exchange couldn't be established. The neonate was made comfort care.

P-9009 Does Adding Simulation-Based Deliberate Practice Teaching of Informed Consent and Spinal Anesthesia to a Baseline Curriculum Improve Resident Learning and Retention?

Primary Author: Ankeet Udani, M.D.
Stanford University | Stanford, California
Co-Authors:
Alex Macario, M.D., M.B.A.
Maria Tanaka, M.D.
Pedro Tanaka, M.D., Ph.D.

In this randomized, prospective, pilot study, a base teaching curriculum consisting of written and video instructional materials significantly improved anesthesia residents' performance of obtaining informed consent and spinal anesthesia. These benefits persisted several days later on actual patients. Adding deliberate practice teaching to the curriculum did not appear to show an independent incremental benefit in resident learning or retention.

P-9010 Suddenly Respiratory Muscle Paralysis and Apnea in a Patient Infected with Multidrug-Resistant Pseudomona Aeruginosa Treated with Endovenous Colistin

Primary Author: Ana B. Fernández, M.D.
Ntra Sra de Candelaria Hospital | Santa Cruz de Tenerife, Spain
Co-Authors:
Marta Pérez, M.D.
Luis Soto, Resident

Respiratory failure from colistin was reported in the years following its release; however, there are only two recent reports of colistin-induced respiratory failure on 5 and 18 day treatment, respectively. We report a case of neurotoxicity manifesting as apnea and respiratory failure associated with intravenous colistimethate sodium.

P-9011 Hepatic and Renal Tolerability of Apixaban in Tromboembolic Fare Cast Shoulder Tendon Suture by Arthroscopy

Primary Author: J.A.B. Abengochea, D.R.
H.U. Miguel Servet | Zaragoza, Spain
ASEPEYO | Zaragoza, Spain
Co-Authors:
M.N.V. Naval, D.R.
M.P. Puertolas, D.R.A.
J.A.T. Tobajas, D.R.

The statiscal analysis was perfomed using SPSS: No stastistically significant deifferenes were found for the following values: GOT, GGT, GPT, Amylase, Alkaline Phosphatase, Bilirrubin, Alanine Aminotrasferase, Urea, Creatinina.

Results:
1) In all the checks there were no signifficant differences between the biochemical variables and between periodic inspections or final inspection by crossing it with the control preoperatory.
2) There were no episodes of TVP.

Conclusions:
1) The Apixaban (Eliquis®, not produce hepatic and renal changes in patients undegoing tratment.
2) Is perfectly usable oral anticoagulant therapy to prevent venous tromboembolism (TVP) in adult patients after intervention shoulder tendon suture by artroscopy.

P-9012 When Headaches Are Headaches?

Primary Author: Robert M. Nastasi, M.D.
SUNY Upstate Medical University | Syracuse, New York
Co-Authors:
Donna-Ann Thomas, M.D.
Parakulam S. Thomas, M.D.

Case report of a patient seen by two services (Emergency Department and Neurology), before referral to the Pain Medicine clinic for headaches. A careful history was obtained and a physical exam was performed, which reproduced his symptoms consistent with a diagnosis of Horner's Syndrome. He underwent PT, a series of interscalene blocks, and medication management, with marked reduction of his symptoms.

P-9013 Tolerance and Effectiveneses of Apixaban for Tromboembolic Prophylaxis in Shoulder Tendon Suture by Artroscopy

Primary Author: M.N.F. Naval, D.R.
ASEPEYO | Zaragoza, Spain
H.U. Miguel Servet | Zaragoza, Spain
Escuela Ciencias De La Salud | Zaragoza, Spain
Co-Authors:
J.A.B. Abengochea, D.R.
M.P.O. Puertolas, D.R.A.
J.A.T. Tobajas, D.R.

Results:
The statiscal analysis was perfomed using SPSS: No statiscally significant differences
1) There were no cases of TVP
2) Bleeding episodes: There were no cases Apixaban (Eliquis®) is perfectly usabel oral anticoagulant therapy to prevent venous thromboembolism (TVP) in adult patientes after shoulder tendon suture by artroscopy, which must be combined with the ease of dosing and administration, avoiding so the underisable effects of parenteral administration by adding the positive effects of the drug bioavailability.

P-9014 Subarachnoid Anesthesia for Cesarean Delivery Attenuates Hypercoagulability as Assessed by Thromboelastography

Primary Author: Argyro Fassoulaki, M.D., Ph.D., D.E.A.A.
Aretaieio Hospital | Athens, Greece
Co-Author:
Chryssoula Staikou, M.D., D.E.S.A.

The aim of the study was to assess the effect of spinal anesthesia on the coagulability of parturients undergoing cesarean section. Sixty women scheduled for cesarean section under spinal anesthesia were studied. Blood samples for thromboelastographic (TEG) analysis were collected from a hand and a foot vein simultaneously before and one hour after spinal injection.The R, K, and Maximum Amplitude (MA) changes 1 hour after spinal injection indicate enhanced coagulation for the samples obtained from the hand ($p<0.001$ for the R, K and MA respectively) but not from the foot veins ($p>0.05$ for the R, K and MA respectively) .The coagulation index (CI) increased significantly one hour after the spinal injection in the samples obtained from the hand (2.6±2.1 versus 4.9±1.5, $p<0.001$) but not from the foot (4.1±1.7 versus 4.5±1.5, $p=0.231$). CI represents the overall coagulation state assessed by TEG. In conclusion spinal anesthesia may protect the parturient from thromboembolic episodes.

P-9015 Evaluation of Contributing Factors for Postoperative Nausea and Vomiting (PONV) After Cardiac Surgery

Primary Author: Vincent J. Umbrain, M.D., Ph.D.
UZBrussel VUB | Brussels, Belgium
Co-Authors:
Panagiotis Flamee, M.D.
Poelaert Jan, M.D., Ph.D.

PONV incidence after cardiac surgery may be decreased by further reducing sufentanil dose during surgery. Splanchnic hypoperfusion in patients with a tendency to hypotension during CPB may contribute to PONV. Particular attention to subgroups of patients at risk for PONV may also help reducing PONV.

P-9016 Epidural-PCA Analgesia For Primiparae with Labor Pain: Labor and Delivery Outcome 2010-2011 Versus 1998-1999

Primary Author: Arpan G. Patel, B.S.
UMDNJ-Robert Wood Johnson University Hospital | New Brunswick, New Jersey
Co-Authors:
Shaul Cohen, M.D.
Shruti Shah, M.D.
Jamie John
Christine W. Hunter, M.D.
Oren Y. Ambalu, B.A.
Achillina Rianto
Renu Chhokra, M.D.

When compared with the years 1998-1999, our 2010-2011 private patients are still older, but are no longer heavier, and no longer have heavier babies or shorter 1st stage durations when compared to our 2010-2011 staff patients. Private patients from 1998-1999 had higher C/S rates than staff patients from those years. However, our private patients from 2010-2011 no longer had higher C/S rates than staff patients, and most importantly both private and staff patients from 2010-2011 had much higher C/S rates than those from 1998-1999. When comparing our private patients from the 1998-1999 group to the 2010-2011 private group, the 2010-2011 group has lower mother and the baby weights, longer 1st stage duration, and higher C/S rates. Conversely, when comparing our staff patients from the 1998-1999 group to the 2010-2011 staff group, the 2010-2011 group has higher mother age, and higher C/S rates.

P-9017 Age-Specific Web-Based Information to Prepare Children and Parents for Anaesthesia and Surgery

Primary Author: Gunilla Lööf, C.R.N.A.
Astrid Lindgren Childrens Hospital, Karolinska University Hospital | Stockholm, Sweden
Co-Authors:
Ulf Lindsten, M.D.
Per-Arne Lönnqvist, M.D., Ph.D.

Conclusions:
Based on the results of the audit of our web-based information system we conclude that it was well received by the families and was preferred to more traditional options, e.g. written information and pre-anaesthetic operating room tours. This web-based information system provides a new, modern and effective tool to provide pre-anaesthetic information.

P-9018 Patient's Outcome and Surgeon's Performance in Hepatopancreaticobiliary Surgery

Primary Author: Argyro Fassoulaki, M.D., Ph.D., D.E.A.A.
Aretaieio Hospital | Athens, Greece
Co-Authors:
Altana Bekiari, M.D.
Konstantinos Chondrogiannis, M.D.

The aim of the study was to assess the patient outcome and surgeons' performance in patients undergoing hepatopancreaticobiliary surgery. The anaesthetic records of 159 patients operated for hepatopancreaticobiliary surgery were examined for the duration of surgery, the number of Packed Red Blood Cells (PRBC) units transfused, the Physiological Severity, the Operative severity, the Portsmouth Physiological and Operative Severity Score for the enUmeration of Mortality (P-POSSUM) and the 30 days observed postoperative mortality. The results analyzed were coming from 5 surgeons who operated 136 patients. We found that the 5 surgeons differed significantly between them regarding the duration of surgery ($p<0.001$), the number of units of blood ($p=0.002$) transfused to their patients intraoperatively and the Operative Severity score exhibited by their patients ($p=0.001$). These differences do not seem to affect the P-POSSUM and the observed 30 days postoperative mortality.

P-9019 Can Ice Application at the IV Site be Used as an Alternative for IV Lidocaine upon Propofol Injection in Endoscopy Patients?

Primary Author: Renu Chhokra, M.D.
UMDNJ-Robert Wood Johnson University Hospital | New Brunswick, New Jersey
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Adil Mohiuddin, M.D.
Shaul Cohen, M.D.
Shubhankar Chhokra
Shrutie Shah, M.D.
Oren Y. Ambalu, B.A.
May A. Fernandez, M.D.

Application of ice at the injection site before induction of deep IV sedation for endoscopy with IV propofol may be used as an alternative for IV lidocaine in order to reduce sensation of pain and burning before administration of IV propofol.

P-9020 Does the Application of Ice at The IV Site Further Reduce Burning Sensation From IV Lidocaine and Propofol Induction for Endoscopy?

Primary Author: Renu Chhokra, M.D.
UMDNJ-Robert Wood Johnson University Hospital | New Brunswick, New Jersey
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Oren Y. Ambalu, B.A.
Sahebjit Bhasin
Arpan G. Patel, B.S.

Application of ice at the injection site before administration of IV lidocaine followed by propofol for induction of deep IV sedation for endoscopy did not further reduce sensation of burning when compared with administration of lidocaine with propofol.

P-9021 Dexmedetomidine Infusion as an Anesthetic Adjunct Reduces the Utilization of Sevoflurane Under General Anesthesia

Primary Author: Iolanda Russo-Menna, M.D., M.Ed
VCU-HS | Richmond, Virginia
Co-Authors:
Rebecca Morgolis, M.D.
Azhar Rafiq, M.D., M.B.A., M. Ed.
Jeipei Zhu, M.D.

The intravenous anesthetic adjunct Dexmedetomidine has been shown to be neuroprotective (1). Dexmedetomidine HCl is an α2-agonist, and has been suggested to decrease the amount of inhalation agent required (2) to prevent neurotoxic effects of volatile agents, to smooth emergence, to alleviate post-operative pain and to decrease post-operative nausea and vomiting. In this retrospective study, we compared if the use of dexmedetomidine as associated with decreased utilization of inhaled anesthetics.

P-9022 **An Easy Way to Get a Faster and Longer Anesthesia for Upper Extremity Surgery: Ecoguided Infraclavicular Block Versus Ecoguided Axillary Block. Because Time Matters**

Primary Author: Sabina Ana López Morales, M.D.
Hospital General Jerez de la Frontera | Jerez de la Frontera, Spain
Co-Authors:
Ana Moreno Martin, M.D.
Iván Ramirez Ogalla, M.D.
Juan Diego Leal Del Ojo, M.D.
Fernando Rodriguez Huertas, M.D.

Most upper limb regional anesthesia are successful and differences in efficacy should not dictate the choice of technique. We hypothesized that the ultrasound-guided infraclavicular approach would result in shorter onset time to that of the axillary approach, with a similar quality of block.

P-9023 **Does The Administration of Mixture of Lidocaine with Propofol for IV Induction Attenuate the Burning Sensation More Than Separately Injecting Lidocaine Prior to Propofol?**

Primary Author: Sal Zisa, M.D.
UMDNJ-Robert Wood Johnson University Hospital | New Brunswick, New Jersey
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Adil Mohiuddin, M.D.
Arpan G. Patel, B.S.
Shruti Shah, M.D.
Shaul Cohen, M.D.
Oren Y. Ambalu, B.A.
Christine W. Hunter, M.D.

In this study when lidocaine was mixed with propofol pain scores were lower and fewer patients complained of burning even though they received less total IV lidocaine. The mixture of lidocaine and propofol for induction of deep IV sedation provides better attenuation of burning sensation when compared with IV lidocaine prior to propofol induction.

P-9024 **Fluoroscopic Guided Placement of Central Venous Access in a Patient with Multiple Failed Attempts Using Ultrasound Guided Approach**

Primary Author: Sanjeev Dalela, M.D.
New York Methodist Hospital | Brooklyn, New York
Co-Authors:
Wayne Fong, M.D.
Joseph SchianodiCola, M.D.
Joel Yarmush, M.D.

This case report demonstrates that in patients who have undergone multiple previous central line placements, use of ultrasound guidance may not be sufficient, and that placement under fluoroscopic guidance will not only help in negotiating passage of the guidewire through an area of resistance, but also prevent an unintended insertion of the central venous catheter in a cephalad direction.

P-9025 **Continuous Intra-Op TEE Monitoring of Severe Hypotension and Acute Anemia in a 2 y/o Patient with a Large Abdominal Mass and Challenging IV Hydration Management**

Primary Author: Iolanda Russo-Menna, M.D., M.Ed.
VCU-HS | Richmond, Virginia
Co-Authors:
Bimal Gandhi, M.D. Mark Nelson, M.D., M.Ed.

A 2 y/o girl from Honduras under the care of the International Hospital for Children presented to our institution for resection of a massive abdominal tumor, previously partially removed. The Patient weighed 22 Kg of which approximately 2/3 was represented by the abdominal mass. She presented with cachessia, dehydration requiring intravenous fluids, signs of congestive heart failure, painful defecation and was bed ridden.

On the day of surgery she was taken to the operation room where the Standard ASA monitors were placed. An arterial line was placed pre-induction. General anesthesia was administrated Central access was not utilized owing to the extensive vena caval involvement of the abdominal mass. Instead the intra-op volume status was monitored with a pediatric TEE. The monitoring provided valuable volume and cardiac contractility information for the evaluation and treatment of hypovolemia during the entire surgery time and significant intra-op bleeding.

P-9026 A Randomized Comparison of Variable-Frequency Automated Mandatory Boluses with a Basal Infusion in Patient-Controlled Epidural Analgesia for Labor and Delivery

Primary Author: Serene Leo, M.B.B.S., M.Med.
KK Women's and Children's Hospital | Singapore, Singapore
Co-Authors:
Alex T. Sia, M.B.B.S., M.Med.
Cecilia E. Ocampo, M.D.

This trial was conducted to compare the analgesic efficacy of administering variable-frequency automated boluses (vAMB) at a frequency proportionate to the patient's needs, in place of a fixed continuous basal infusion in patient-controlled epidural analgesia (PCEA) for labor and delivery. We demonstrated that using variable-frequency automated boluses in PCEA resulted in a reduced incidence of breakthrough pain and greater overall maternal satisfaction without any increase in local anesthetic consumption.

P-9027 Retrograde Wire Intubation Rescue After Unsuccessful Laryngoscopy and Bronchof ibroscopy

Primary Author: Kimberly Craven, M.D.
SUNY Downstate | Brooklyn, New York
Co-Authors:
Luiz Maracaja-Neto, M.D.
Andrew Hummel, M.D.
Ram Yogendra, M.D.
Alexandru Apostol

We describe intubation using retrograde wire technique in a patient with history of myasthenia gravis, seizure disorder, and previous tracheostomy. Multiple unsuccessful attempts were made with direct laryngoscopy and fiberoptic bronchoscopy before retrograde wire intubation with an epidural catheter was attempted and accomplished successfully by the anesthesia team.

P-9028 Does Reduced Concentration of Epidural-PCA Ropivacaine for Labor Pain with Maternal Ambulation Improve Labor and Delivery Outcome?

Primary Author: Tatyana Shkolnikova, M.D.
UMDNJ-Robert Wood Johnson University Hospital | New Brunswick, New Jersey
Co-Authors:
Shaul Cohen, M.D.
Adil Mohiuddin, M.D.
Sylviana Barsaum, M.D.
Shruti Shah, M.D.
Oren Y. Ambalu, B.A.
Anna Pashkova, B.A.
Renu Chhokra, M.D.

We determined that ropivacaine 0.1% is the optimal concentration for labor pain (without ambulation) when mixed with opioid and epinephrine 2mcg/ml. We frequently provide labor epidural analgesia with ambulation and telemetry monitoring while using ropivacaine 0.04% with sufentanil 1mcg/ml & epinephrine 2mcg/ml. We compared these two techniques and found that reducing ropivacaine concentration, with ambulation, can reduce epidural side effects and improve maternal labor and delivery outcome.

P-9029 Does The Addition of Intravenous Lidocaine to Propofol Blunt The Response to Noxious Stimuli Upon Insertion of Endoscope for Upper Endoscopy?

Primary Author: Jane Kim, M.D.
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We determined whether the addition of IV lidocaine before administration of propofol used for induction for upper endoscopy can prevent involuntary reflexes during upper gastrointestinal endoscopy by blunting the response to noxious stimuli. We reported a reduction in IV propofol burning sensation, patient movement, coughing, gagging, and need for removal of the endoscope in these patients.

P-9030 Does Stylet Reinsertion Upon Piercing the Ligamentum Flavum with an Epidural Needle Reduce the Incidence of Accidental Dural Puncture?

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We speculate that a blood clot and/or a flap of pierced ligament may occlude the lumen of the needle used for epidural analgesia, preventing loss-of-resistance to air injections despite having reached the epidural space. In this study we determined whether stylet reinsertion following each advance of the needle upon reaching the ligamentum flavum could reduce the incidence of unintentional dural puncture.

P-9031 Postoperative Coagulation Abnormalities After Hepatic Resection in Patients Receiving Epidural Analgesia

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Surgical resection of hepatic tumors can lead to significant postoperative coagulation abnormalities. This study included 148 consecutive patients who received epidural analgesia for postoperative pain control after hepatic resection. We analyzed the type of coagulation deficits that occur, its effects on management of epidurals, and risk factors for the development of postoperative coagulopathy after hepatic resection. Postoperative coagulation abnormalities were present in 64.2% of the patients. Variables associated with the development of coagulation deficit include higher estimated blood loss and volume of liver resected. 2.02% of patients (N=3) received FFP transfusion for correction of coagulopathy prior to epidural removal. Heightened vigilance and close neurological monitoring is required for use of epidural analgesia after hepatic resection.

P-9032 Thoracic Paravertebral Blockade for Postoperative Analgesia After Breast Surgery

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A preoperative single shot TPVB in combination with a general anesthetic, showed to be an effective, low risk and easy to perform analgesic procedure in breast carcinoma surgery which led to a high patient satisfaction.

P-9033 Can Spheno-Palatine Ganglion Block be Used Routinely for Our Obstetric Patients Following Accidental Dural Puncture for PDPH Treatment?

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SUMMARY:
Epidural blood patch is our standard of care for treatment of postdural puncture headache (PDPH). There were numerous reports of side effects and complications from epidural blood patch. We reported our high success rates with the application sphenopalatine ganglion block (SPGB) for headache and PDPH in our obstetric patients. In this retrospective study, our data suggests that every obstetric patient with post dural puncture headache may receive this minimally invasive technique which has minimal side effects and in most cases (66.7%) can avoid the need for a blood patch along with its side effects and complications.

P-9034 Intravenous Ibuprofen for Laparoscopic Bariatric Surgery

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We present a protocol for testing the use of intravenous ibuprofen in laproscopic bariatric surgery patients in order to decrease post-operative morphine usage and respiratory depression.

P-9035 The Influences of Gender and Trendelenburg Position on Internal Jugular Vein Cannulation in Cardiac Surgical Patients

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This study compares the cross-sectional area (CSA) of the right internal jugular vein (RIJV) in cardiac surgical patients with surgical patients without cardiovascular disease in the supine and 10-degrees Trendelenburg positions; and we also tested if other factors such as gender, body mass index (BMI), severity of valvular disease, or left ventricular (LV) dysfunction independently affected the baseline size of the RIJV or its response to 10-degrees Trendelenburg. We Concluded that there was no difference in the CVD versus the control group with regard to the baseline CSA of the RIJV, or its dilatory response in the 10-degrees Trendelenburg position. If the supine CSA of the RIJV is satisfactory for cannulation, Trendelenburg may not be necessary.

P-9036 Epidural-PCA for Labor Pain: Do Multiparae Require Less Epidural Medications Than Primiparae?

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The purpose of this study was to determine whether multiparae patients have less labor pain and require less epidural-PCA medications when compared with primiparae. When compared with primiparae, multiparae were older, required equivalent doses of epidural medications, had lower initial pain scores but similar Stage 1 hr 1 pain scores to primiparae, lower C/S rates, and delivered heavier babies. Side effects were similar in both groups.

P-9037 Suturing the Epidural Catheter Reduces the Incidence of Failed Epidural Block in Obstetric Patient

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This study determines whether suturing the epidural catheter to the skin can reduce the incidence of failed epidural block and other complications in obstetric patients. We found that suturing the epidural catheter reduced catheter movement, need for reinsertion, incidence of unilateral block, catheter puncture of epidural vessels, and the rate of failed epidural block.

P-9038 Anesthetic Technique for Type I Thyroplasty

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Type I thyroplasty is a form of medialization laryngoplasty which is used to improve laryngeal competence and voice quality. Surgery on the shared airway is challenging for the anesthetist so we describe a technique that provides a safe airway durin the procedure and a comfortable patient because of th optimal levels of sedation, amnesia and analgesia.

P-9039 Anaesthetic Management for the Delivery of a Woman with Severe Idiopathic Pulmonary Hypertension

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Idiopathic pulmonary hypertension is a rare condition that may be worsened by both pregnancy and anaesthesia. Mortality has been quoted as high as 50%, though recent advances suggest the actual mortality is in the region of 20%. This poster describes the case history and management of one of ten women with pulmonary arterial hypertension delivered successfully by caesarian section under general anaesthetic in our institution.

P-9040 Combined Spinal Epidural Anesthesia for Cesarean Section: Gertie Marx Versus Pencan Spinal Needles

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Both the PENCAN spinal needle and ESPOCAN epidural needles are used routinely for combined spinal-epidural anesthesia for cesarean delivery. However, we of ten encountered difficulty piercing the dura, thus needing an epidural block. In this study, we compared Gertie Marx spinal needle with PENCAN needle to determine which is most effective for our obstetric patients. Application of PENCAN spinal needle when compared to Gertie Marx needle for C/S had less success piercing the dura, caused more paresthesia and pain during insertion, prolonged time to incision and required switch to epidural block more of ten.

P-9041 Processed EEG Data and Cerebral Non-Invasive Oximetry (CNLO) in Percutaneous Aortic Bioprothesis Implantation (PABL)

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PABI is performed in patients with cardiovascular disfunction/co-morbility with high risk for Central Nervous System(CNS) isquemic events. A 12 patients pool underwent this procedure, were anaesthetized/monitored and data obtained were analized/studied. Cerebral oximetry/processed EEG monitorization were performed in all of and showed to be relevant/usefull tools, identifying cerebral tissue hypoxia, guide and access anaesthetic/complications management.Given clinical evidence, StcO2/raw EEG processed monitorization, were relevant/usefull, reflecting the balance of local cerebral oxygen supply/demand; allowed monitoring changes in cortical blood oxygen saturation, guiding anaesthetic management/taking corrective actions on the peri-op, minimizing secondary damage to isquemic/hypoxic events. Recent research/clinical experience indicates such action can prevent/reduce neurological injuries associated with surgery/critical cares situations, reducing costs of care.

P-9042 The Impact of an Anesthesia Simulated Experience on Pre-Clinical Medical Student Perception of the Specialty

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We investigated whether a single, simulation-based teaching module could increase first and second-year (pre-clinical) student interest in anesthesiology, a medical specialty to which they rarely have exposure. We found that the simulation experience did increase student interest in pursuing anesthesiology as a career. We also found that pre-clinical students had little prior exposure to anesthesiology and identified common misconceptions they have about anesthesiology.

P-9043 Conscious Sedation with Remifentanil in Obese Patients for Intragastric Balloon Insertion Procedures

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Obesity is a risk factor for sedation-related complications in patient undergoing endoscopic procedures. The remifentanil pharmacological properties and pharmacokinetic prof ile make it suitable for a new approach to sedation for intragastric balloon insertion positioning.

P-9044 Hemodynamic Consequences of Renin-Angiotensin System Inhibitor Therapy in Total Knee Arthroplasty Patients Undergoing Regional Anesthesia

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Our study assesses the effect of day of surgery ACE/ARB administration on the post-induction hemodynamics of total knee arthroplasty patients who underwent neuraxial anesthesia versus patients in whom these medications were held or substituted. Our a priori hypothesis was that there would be a greater incidence and severity of post-induction hypotension and greater vasopressor requirements associated with day of surgery ACEI/ARB use.

P-9045 The IDVIP Trial: A Two-Centre Double Blind RCT Comparing I.M. Diamorphine Versus I.M. Pethidine for Labour Analgesia

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The IDvIP Trial: a two-centre double blind RCT in 484 parturients comparing i.m. Diamorphine vs i.m. Pethidine for labour analgesia has shown that 7.5 mg diamorphine provided significantly better analgesia than 150 mg pethidine but prolonged delivery on average by 82 minutes. Women given diamorphine were more likely to be satisfied with their analgesia. There were no significant differences in the primary neonatal outcomes in terms of Apgar Scores <7 at 1 minute or the need for resuscitation. There were no significant differences in neonatal secondary outcomes but neonates in the pethidine group were more likely to be sedated at 2hrs. There were no significant differences in the maternal secondary outcomes apart from women in the diamorphine group were more likely to have SpO_2 <97% a at 1hr. 7.5mg Diamorphine and 150mg Pethidine i.m. are safe doses to use for labour pain. The mechanism for the prolongation of delivery time in the diamorphine group should be investigated further.

P-9046 Stage II During Emergence in Modern Anesthesia: Fact or Fiction?

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During World War I, Guedel developed a simple diagram to help recognize anesthesia stages and depth while training orderlies and nurses in ether administration. Modern anesthesia now includes rapid inhalational agents, intravenous anesthesia and neuromuscular paralytics. Yet, stage II is still used to explain a turbulent emergence and extubation.
To test the knowledge of residents and attending physicians about stage II, we conducted a survey at a state society conference for residents and fellows. Our small sample group suggests that a majority of anesthesiologists continue to use the stage II designation anecdotally despite the absence of a scientific basis for such use in the literature.
The label of stage II as a cause for stormy awakening cannot be applied today. Rather, pain, hypoxia, hypercarbia, preexisting states (such as obstructive sleep apnea) and residual paralysis are evidence-based factors that should be considered in the differential diagnosis of difficult emergence.

P-9047 The Case Map: A Novel Way to Look at and Manipulate Operating Room Cases Using Vector Math

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Development of an abstract representation of a surgical case allows for a number of mathematical and data visualization techniques to better understand case flow through an operating room. We have combined principles of object-oriented programming with surgical cases to develop an expandable set of tools for use in the management and study of operating rooms.

P-9048 Recall of Risk Information for Epidural Analgesia In Labour. A Questionnaire Study

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Despite the use of opioid analgesia and the pain of labour our patients, irrespective of the group, demonstrated high and accurate recall of the potential risks discussed. Provision of verbal plus standardized written information will serve as a useful reminder of the risks and a record of the discussion.

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P-9049 Regional Anaesthesia & Patient Experience in Hand Trauma Unit

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Regional anaesthesia for hand surgery and the patient's experience in this context is a challenge to explore because patient's view might be different from the clinicians. On surveying we found 100% of the patient were satisfied with the overall care provided. Even though we had a positive outcome which was very welcoming and made the entire staff involved in hand trauma unit very appreciated, we recognised the amendments we have to make to be innovative and to move further forward in our standard of care. The amendments were improved sign postings to the hand trauma unit and providing patient centred information like waiting time were given on their arrival into the hand trauma unit. This was based on the survey results we obtained that a well informed patient is a very satisfied patient. The option of audiovisual distraction is discussed at the earliest in so that patient choice is respected and hopefully wouldl lead to a quality patient experience.

P-9051 Cerebrospinal Fluid Draining After Paraplegia Associated with Aortic Dissection

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Given that spontaneous resolution of paraplegia after aortic dissection/repair without CSF drain is probably rare, we believe that CSF drainage is worth trying in patients with paraplegia due to aortic dissection/repair. In this short case series, success came without augmentation of blood pressure. Excessive delay could contribute to failure.

P-9052 Early Onset Severe Pre-Eclampsia – Expectant Management

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The poster reports a case of a 35 years old pregnant patient, with 23w1d gestational age, morbidly obese (BMI 53), who presents with severe pre eclampsia. An expectant strategy was adopted.
By 27 weeks gestation, in virtue of the worsening clinical condition with massive proteinuria, ascitis, hepatic and renal deterioration, an elective c-section was proposed. A regional anesthetic technique was undertaken by combined spinal-epidural block and no surgical or anesthetic complications took place.

P-9053 Doctor! My Epidural Site is Leaking...

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More clinical investigation is warranted in order to assess the occurrence of epidural punture site leakage so that proper diagnosis, management and counseling of patients could be done to prevent any misconceptions regarding epidural analgesia and potential refusal.

P-9054 Aerosolized Levosimendan is a Selective Pulmonary Vasodilator in Pigs with Oleic-Acid Induced Acute Lung Injury

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Acute lung injury and acute respiratory distress syndrome are of ten combined with pulmonary hypertension that is associated with poor outcome. In our study we investigated whether aerosolized levosimendan could improve pulmonary hypertension in pigs with oleic acid induced lung injury. In this model aerosolized levosimendan inhaled at 100 mcg/kg acted as a selective pulmonary vasodilator. Intravenous levosimendan was also able to decrease pulmonary artery pressure and pulmonary vascular resistance index, but also caused systemic vasodilation that did not occur with inhaled levosimendan. Pretreatment with glibenclamide, a potent inhibitor of ATP-dependent potassium (KATP) channels, antagonized effects of aerosolized levosimendan indicating that pulmonary vasodilatory effects of levosimendan are at least in part mediated by KATP-channels.

P-9055 Online Versus Non-Standard Face to Face Preoperative Assessment: Cost Effectiveness

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This preoperative process based on collecting on line information from the patient's health history from the primary and hospital care allows us to limit face to face assessments to high risk patients or high complexity procedures (from 100 to 21%) and to reduce the number of preoperative tests without increasing the cancellations rate in comparison with the conventional preoperative process.

P-9056 Corneal Abrasion in Non-Ophthalmaologic Surgery Patients: A Retrospective, Single Medical Center Study

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The incidence of perioperative corneal abrasion is 0.88 per thousand patients. It seems comparable to previous results (2, 3). Patients underwent surgery in morning time had higher chance of corneal abrasion. Eye taping, use of ointment and goggles or any combination of above did not prevent patient from or change incidence of corneal abrasion in our study. In addition, the practitioner experience does not produces differences in corneal abrasion.

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3. Martin DP, et al: Anesthesiology 2009: 111:320-326.

P-9057 Efficacy of a New Convective Patient Warming Gown for Temperature Management in Da-Vinci Robotic-Assisted Laparoscopic Prostatectomy

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Patient temperature management is a challenge in long laparoscopic surgical prcedures.
Active warming with a forced-air warmer and Mistral-Air™ Warming Gown (TSCI) was used in 21 patients undergoing da Vinci robotic prostatectomy procedures under combined epidural/general anesthesia.
The use of this convective warming patient gown:1) Attenuates body temperature redistribution after anesthesia induction 2) Increases core temperature achieving intraoperative normothermia after 20 minutes from anesthesia induction up to the end of surgery and during the postoperative period at PACU.

P-9058 A Phase 3 Non-Inferiority Trial Comparing The Sufentanil Nanotab® PCA System to Intravenous Morphine Patient-Controlled Analgesia for the Treatment of Acute Post-Operative Pain

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The Sufentanil NanoTab PCA System (ARX-01) is a novel preprogrammed noninvasive patient-controlled analgesia (PCA) product candidate in Phase 3 development that dispenses small (3 mm diameter) sufentanil 15 mcg tablets sublingually with a 20-minute lockout period. This study was designed to demonstrate the ability of ARX-01 to produce comparable patient satisfaction with post-operative pain control to morphine (MS) IV PCA. In a Phase 3 randomized, open-label, non-inferiority trial at 27 US sites, up to 390 adult inpatients after major open abdominal or orthopedic surgery (knee or hip replacement) were randomized 1:1 to either ARX-01 or MS IV PCA (1 mg q 6-minute lockout) for up to 72 hours. The 48-hour Patient Global Assessment using a 4-point scale (poor, fair, good, excellent), comparing the proportion of patients who responded "good" or "excellent" in each treatment arm was defined as the primary endpoint. Full top-line data will be available and presented in detail at the meeting.

P-9059 Preventing Failed Intubation in the Parturient

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Failed intubation remains a significant factor in anesthetic-related maternal mortality. Pre-emptive fiberoptic intubation based on the Mallampati grading system should reduce the failure rate. BMI is not a useful predictor of failed rigid laryngoscopy.

P-9060 The Risks of Perioperative Hypoglycemia in a Child with Newly Diagnosed Glycogen Storage Disease

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We present a patient with hypoglycemia coming to the OR for laparoscopic gastrostomy and liver biopsy with a presumptive diagnosis of glycogen storage disease (GSD) type III (Cori disease).

P-9061 Lessons Relearned – Pulmonary Aspiration in a Child Undergoing General Anesthesia with an LMA Following Orthopedic Trauma. Does NPO Status Convey a False Sense of Security?

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This case illustrates the aspiration risks associated with using an LMA to "secure" the airway in an otherwise healthy patient who is documented to be NPO for ~ 10 hours but who is traumatized and spends the night in the ED.

P-9062 The Use of Dexmedetomidine for Sedation and Biopsy in a Pediatric Patient with a Symptomatic Anterior Mediastinal Mass

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We present the anesthetic management of a 15-year old male who presented with a clinically symptomatic anterior mediastinal that was managed in the operating room with dexmedetomidine as the primary anesthetic for biopsy and Broviac catheter placement.

P-9063 IV Calcium Infiltration – An Iatrogenic and Preventable Complication

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This case illustrates the risk of an unrecognized infiltration from a peripheral intravenous line that has been sterilely draped into the surgical field and that contains calcium salts.

P-9064 Unanticipated Blood Loss During Maxillary Sinus Biopsy in an Otherwise Healthy Child

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We present a case of a 6 month-old boy with a left facial mass who developed unanticipated hemorrhage during maxillary sinus biopsy. The usefulness of preoperative blood tests is discussed.

P-9065 Anesthetic Management and Concerns of a Child with Marshall-Smith Syndrome

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We were involved in the care of a 17-yr-old boy with Marshall-Smith Syndrome who presented with a traumatic rupture of the right globe. We briefly discuss the concerns involved in the anesthetic management of a patient with this rare syndrome.

P-9066 Difficulty in Detection of an Arterially Placed Broviac Catheter in an Infant with Severe Pulmonary Hypertension

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Samuel Barst, M.D.

This case illustrates the difficulty of differentiating between arterial and venous central line placement in small infants with pulmonary hypertension and systemic desaturation. We propose guidelines to ensure safe catheter placement.

P-9067 Anesthetic Challenges: The Extreme-Premature Neonate Scheduled for Thoracoscopic Repair of a Tracheoesophageal-Fistula

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The anesthetic management of a 2-day-old, 31-week premature infant weighing 1320 grams is discussed.

P-9068 Bilateral Single Tourniquet Forearm Intravenous Regional Anesthesia with Lidocaine for Palmar Hyperhidrosis Treatment with Botilinum Toxin

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Adequate anesthesia is required for palmar injection of botulinum toxin. Bilateral intravenous regional anesthesia can be an alternative to nerve blockade or general anesthesia.

Objective:
Efficacy and safety of bilateral forearm intravenous anesthesia with lidocaine for treatment of palmar hyperhidrosis.

Methods:
Five patients received treatment with BTX under bilateral forearm intravenous anesthesia with 15 to 20 ml of lidocaine 0.5%. Adverse events, satisfaction with the technique, tolerance to the tourniquet, pain at injection of lidocaine and BTX were recorded. Tourniquet was deflated 15 minutes after inflation.

Results:
All patients were satisfied with the type of anesthesia. No one presented systemic symptoms of local anesthetic toxicity. Mean values of pain at BTX injection 1.8 ±1.3

Conclusions:
Bilateral forearm intravenous regional anesthesia with lidocaine using a single tourniquet is effective, well tolerated and safe for BTX treatment of palmar hyperhidrosis.

P-9069 Multidisciplinary Approach of Congestive Heart Failure Exacerbated by Severe Hyperthyroidism Secondary to Amiodarone Use – Case Report

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Filipa P. Duarte, M.D.

The authors discuss the importance of a multidisciplinary approach in a patient with cardiac disease exacerbated by hyperthyroidism secondary to amiodarone use, who was proposed for total thyroidectomy in the context of medical therapy failure.

P-9070 How Vigilant Are We During Robotic Laparoscopic Surgery?

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Subcutaneous emphysema in Robotic assisted laparoscopic surgeries though rare can develop. Recognition is difficult for both the surgeon and the anesthesiologist as they have minimal or no access to the surgical field and the patient.
We report 2 identical cases of massive subcutaneous emphysema that developed after robotic assisted laparoscopic myomectomy.

P-9071 Does Mannitol Really Protect Renal Function in Kidney Trasplantation?

Primary Author: Diana Vernetta, M.D.
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Co-Authors:
Ana Álvarez, M.D.
Daniel Hernando, M.D.
Irene Churruca, M.D.

Background and Goal of Study:
Kidney trasplantation has been shown to be an effective option for kidney patients. We assessed the influence of infussion of mannitol after arterial reperfussion on long term global renal function after kidney trasplantation.
Patients and Methods:
We retrospectively analysed 70 patients underwent kidney trasplantation from January 2005 to May 2012.
We divided the patients in two groups: Group 1: patients who recived 12.5grs of mannitol after arterial reperfussion, Group 2: patients who didn't recive mannitol..
Renal function was assessed before surgery, immediate postoperative period, and at last follow-up using GFR calculated by MDRD equation.

Conclusions:
Warm ischemic time is the only predictor of an increased risk of renal insufficiency following kidney trasplantation. Mannitol is a good diuretic but it isn't effective for protect renal function against the adverse effects of ischemic time.

P-9072 The Effects of Steep Trendelenburg Position on Intraocular Pressure During Laparoscopic Prostatectomy

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Irene Churruca, M.D.

Intraocular pressure reached peak levels at the end of steep Trendelenburg position in laparoscopic prostatectomy surgery. The aim of this study was to quantify changes in intraocular pressure and examine perioperative factors probably responsible of these changes.

P-9073 Transcutaneous Electrical Nerve Stimulation (TENS) for Severe Chronic Refractory Angina

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Maria Irurita, M.D.

This poster will show the potential benefit of adding transcutaneous electrical nerve stimulation (TENS) therapy to standard medical therapies and revalscularization procedures in chronic refractory angina (CRA) patients.
CRA is a growing problem, affecting younger patients extensive cardiovascular disease and other co.morbidities and pain related disability, depression or poor quality of life.
TENS is a simple, inexpensive procedure that can easily be added to conventional therapy in symptomatic patients to improve angina, functional class and quiality of life.

P-9074 Abdominal Mass Suspicious for Pheochromocytoma

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Aru Reddy, M.B.B.S.

We present a case of a 16 year old female with a huge right adrenal tumor. She presented with a 4 month history of intermittent right flank pain and hematuria. Blood work, which included plasma and urine metanephrines, as well as imaging were consistent with pheochromocytoma. However, she did not have the usual clinical triad of episodic palpitations, diaphoresis and headaches. She underwent resection of the mass. Pathology on the specimen turned out to be a ganglio-neuroblastoma, a very rare , more poorly differentiated, catecholamine producing tumor usually found in children.

P-9075 Spinal Anesthesia for Cesarean Delivery is Associated with Decreases in Regional Cerebral Oxygen Saturation as Assessed by Near-Infrared Spectroscopy

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Athanasia Tsaroucha, M.D.

The aim of the study was to measure the regional oxygen saturation (rSO_2) by means of infra-red spectroscopy in parturients undergoing elective cesarean delivery. Sensors were placed on the right and left frontal lobe and on the right thigh of 34 women scheduled for cesarean delivery and rSO_2 values were recorded before and 5, 10, and 50 min after spinal injection, as well as after uterine incision and placenta delivery. The ephedrine dose was 9.8±4.9. The left and right lobe rSO_2 values decreased (60.4±10.4 and 58.5±8.9, p=0.0001and p=0.0001 respectively) with the lowest mean values 5 and 10 min after the spinal injection. The right thigh rSO_2 values increased (p=0.0001). 35% and 29% of women presented dips of rSO_2 below the threshold for cerebral ischemia, thus by 20% below the baseline value or below the absolute value of 50. These results suggest reconsidering the supplemental oxygen administration in women undergoing elective cesarean delivery under spinal anesthesia.

P-9076 ETCO2-PACO2 Relationship in Sedated Patients: Influence of the Level of Sedation

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Monitoring of end-expiratory partial pressure of carbon dioxide (EtCO2) has been recommended in patients undergoing invasive procedures under sedation. This observational study assessed the effects of sedation level on the relationship between arterial PCO2(PaCO2) and EtCO2 and on the PaCO2-EtCO2 gradient (pCO2 gradient) in patients undergoing radiof requency ablation of atrial fibrillation (RFA).

P-9077 Predictive Factors of Intraoperative Allogeneic Blood Transfusion in Children Undergoing Ventricular or Atrioventricular Septal Defect Repair

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This retrospective study aimed at identifying factors associated with intraoperative blood transfusion in children undergoing surgical repair of ventricular or atrioventricular septal defect (VSD) under extracorporeal circulation.

P-9078 Generation of Electromyographic Evoked Response Curves Over a Range of Stimulating Currents

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This IRB-approved protocol describes the evoked neuromuscular response and the stimulus-response curves measured by a new electromyographic (EMG) device, the T4-EMG, over a range of stimulating currents.
The intensity of neurostimulation (or charge, in μCoulombs, μQ) is the product of current (in mA) and PW (in μsec). As expected, ST increased with increasing current amplitude. In our testing, PW was 200 μsec, and the total charge of the ST stimuli varied between 1.2 μQ (6 mA Th current at 200 μsec) and 7.8 μQ (39 mA Max current at 200 μsec).
The Th values obtained with the T4-EMG prototype (1.2 μQ) were similar to those using EMG (1-3 μQ). However, Max values recorded with the T4-EMG (7.8 μQ) are significantly lower than those reported previously (20-25 μQ). Further studies should elucidate the relationship between stimulus charge, skin resistance, current density and patient characteristics.

P-9079 To Prone, or Not to Prone? What Are We Telling Our Patients? An Audit of Documentation of Consent for Prone Positioning During Neurosurgery

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Prone positioning for surgery is associated with significant complications. In the UK, allegations that informed consent was not properly obtained appear in over 30% of claims notified against anaesthetist. Despite this no national standard or guidelines exist on how to consent for prone positioning.
A prospective audit was conducted of anaesthetic charts for patients requiring prone positioning, looking at 4 main areas of complications (nerve, visual, pressure sores and swelling) identified as necessary for informed consent. 106 patients were included, 48% had no documentation, only 6.6% charts were deemed adequate. Should a claim of medical malpractice be made, our results showed that absence of complications from prone positioning occurred in almost half of our patients. Procedural consent is a multidisciplinary process requiring both surgeons and anaesthetists, to improve our standard we have designed some record labels of consent and patient information leaflets.

P-9080 Subjective Evaluation of Discomfort to Train-of-Four Monitoring in Volunteers

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This IRB-approved investigation examined the subjective discomfort elicited by a prototype quantitative monitor.
In 10 consenting volunteers (8F/2M, aged 26-44 yo, ASA 1-3, Wt. 122-215 lbs) ST and TOF were applied sequentially to both ulnar and median n. of both R and L arms. ST stimuli were delivered at varying currents, from threshold (Th, the lowest current eliciting a muscle contraction) to high amplitude (Max=Th+12 mA, the current where the evoked response usually reached plateau). TOF was delivered at 5 mA below Max current.
The discomfort was rated on a VAS scale (0=no pain; 10=worst pain ever).
The mean ST Th current was 14.2±4.7 mA (range, 6-27 mA), and the mean ST Max current delivered was 26.1±4.5 mA (18-39 mA). The mean TOF current was 22.1±4.9 mA (13-39 mA). The median VAS scores for the ST Th, ST Max and TOF were 1, 2.5 and 2, respectively.
The prototype monitor elicits less discomfort than traditional stimulators that employ higher currents (70 mA).

P-9081 Adult Distress Respiratory Syndrome After Transhiatal Esophagectomy: Conservative Management

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- Transhiatal esophagectomy is a complex operation, implying high demands on the medical team and great post-operative burden on the patient's organism.
- Mortality and morbility remain high, regardless of the steps forward in surgical techniques and in patient's post-surgery intensive care. Pulmonary complications and anastomothic leaks remain the most serious complications.

P-9082 Design and Development of a New Electromyographic Neuromuscular Monitor

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Careful management of neuromuscular blockade in the OR reduces the risk of residual neuromuscular blockade. Qualitative neuromuscular monitoring devices (peripheral nerve stimulators) are utilized in clinical practice, but their responses (i.e., presence or absence of fade) are subjective and inaccurate. Quantitative devices that measure evoked responses and display results numerically are preferred because they distinguish clinically important degrees of block and recovery.
We describe the design and development of a quantitative monitor prototype. The proof-of-concept work included design of the battery-operated prototype to ensure safety of testing in humans, IRB approval for testing in volunteers, and development of the monitoring unit separately from the stimulating unit.
The T4-EMG is a dedicated neuromuscular stimulator & recorder that evokes, records, and analyzes muscle potentials during surgery.
The prototype was used successfully in IRB-approved human volunteers protocols.

P-9083 Bringing Perioperative Care to Honduras

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Honduras is the second poorest country in Central America.
50% live below the poverty level
27.9% unemployed
Per capita GDP $4,100
Central and district governments run hospitals open to all Hondurans, but access is economically and geographically limited.
The San Pedro Sula physician to population ratio of 57/100,000 results in a need for health care supplementation. Medical Students Making Impacts (MSMI) was founded at Mount Sinai Medical Center in 2001, and has conducted 8 surgical service trips (missions) to this site.
Our mission provides (1) Clinical care for poorer Hondurans. (2) Partnership and collaboration with local surgeons and anesthesiologists. (3) Full integration of students under direct supervision of attendings.(4) Development of a pre-trip curriculum. (5) Insight into other health care systems. (6) Fostering of leadership roles in our volunteers.

P-9084 Does Music Effect Anxiety in Anesthesia? A Review of Current Literature

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The earliest music dates 1500 BC with the Native American's tribes and the Australian Aboriginal belief that it had the power to heal. The biblical King David, whom defeated Goliath, believed in the medicinal qualities of music by playing his harp to calm Saul and expel evil spirits. Later King Solomon raised the "first temple", Solomon's Temple on Mount Zion, the final resting place for the Ark of the Covenant and the first formal music school making God's presence available to cure. In the 5th century BC the ancient Pythagoreans used calming modal melodies at night to guarantee a peaceful sleep with good dreams. In modern times the invention of the phonograph was revolutionary and was documented in the 1800s as being used during surgery to calm the patient. Our purpose of this paper is to build upon this biological research for advancement with a review of all current literature since 2010 in regards to the music effect, general anesthesia, with regards to anxiety and pain.

P-9085 Epinephrine Versus Phenylephrine as a Vasoconstrictor in Interscalene Block for Upper Extremity Surgery

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Joseph J. SchianodiCola, M.D.

Summary: Replacing a conservative dose of epinephrine with phenylephrine as a vasoconstrictor in local anesthetic solutions for regional upper extremity block gives an equivalent onset and duration of block without unwanted additional side effects.

P-9086 Age as Risk Factor Associated with Mortality in Post Operative Critical Care Patients Who Need Continuous Renal Replacement Therapy

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Background and Goal of Study: Some variables such as age, medical and surgical history and others are related with mortality in postoperative critical patients requiring Continous Renal Replacement Therapy (CRRT). Our objective was to determine the influence on mortality rate in Postanesthetic ICU of : age, gender, history of High Blood Pressure (HBP), Diabetes, Chronic Kidney Disease (CKD), emergency surgery and type of CRRT.
Materials and Methods: We reviewed the clinical records of patients admitted in PACCU who needed CRRT between August 2006 to august 2011. We included 120 patients and we collected data of age, gender, history of High Blood Pressure (HBP), Diabetes, Chronic Kidney Disease (CKD), unscheduled surgery, type of CRRT and mortality rate during stay in ICU.
Results and Discussion: No differences were found for mortality in gender, history of HBP, Diabetes, CKD, emergency surgery, and type of CRRT. Only age was found as an independent risk factor associated with mortality.

P-9087 Spontaneous Intracranial Hypotension: Treatment Dilemmas

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Spontaneous intracranial hypotension is an unusual cause of headache due to cerebrospinal fluid (CSF) leakage. Its presentation and management is similar to PDPH. Anesthesiologist should be familiar with the unusual management challenges posed by this treatable neurological condition.

P-9088 Would You Have Made it Differently?

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Summary:
Regional technique is currently the gold standard for labor pain relief and caesarean section. However, there are complex cases in which the decision is not so obvious.
We report a parturient with pan-hypopituitarism, portal vein hypertension secondary to portal vein agenesis with esophageal varices, hepatosplenomegaly, exuberant collateral circulation and thrombocytopenia. Airway evaluation revealed predictors of difficult intubation.
Her management posed several anesthetics issues: management of a potential esophageal bleed; timing and mode of delivery and type of analgesia/anesthesia in view of her thrombocytopenia.

P-9089 Anesthetic Considerations for Retrieval of Tracheoesophageal Prosthesis Following Aspiration

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A 58 yo male with a history of laryngeal cancer and total laryngectomy presented with increasing respiratory distress. The patient was evaluated with a flexible laryngoscope, a foreign body was identified in the right lower bronchus. The patient was taken to the operating room for removal of a foreign body. A Rigid bronchoscopy was performed under monitored anesthesia care which the patient received sedation in the form of midazolam and dexmetomidine. Foreign body aspiration can present with a multitude of symptoms with varying degrees of severity. We discussed the anesthetic concerns for all patients with foreign body aspiration and the unique presentation and treatment plan for aspiration in this patient with a history of laryngectomy. The patient tolerated the procedure well and the TEP was retrieved without complications.

P-9090 Cold Agglutinins in Patients Undergoing Cardiac Surgery Requiring Cardiopulmonary Bypass

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Cold agglutinins (CA) are autoantibodies active at temperatures below body temperature and may be either benign or result in cold hemagglutinin disease (CHAD). We reviewed our experience with CA patients undergoing cardiac surgery requiring cardiopulmonary bypass. Systemic hypothermia and cold blood cardioplegia were generally avoided in patients with CA. The major finding in this study is that patients with either benign CA or CA causing CHAD may safely undergo cardiac surgery using CPB.

P-9091 Falls and Major Orthopedic Surgery with Peripheral Nerve Blockade: A Systematic Review and Meta-Analysis

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The objective of this systematic review with meta-analysis was to determine the risk for falls following major orthopedic surgery with peripheral nerve blockade. Continuous lumbar plexus blockade in adult patients undergoing major lower extremity orthopedic surgery is associated with an increased risk for postoperative falls compared to non-continuous blockade or no blockade. However, the attributable risk for falls was not outside the expected probability of postoperative falls among patients undergoing orthopedic surgery. Hence, the risk should be weighed against the benefits of patient comfort, satisfaction, and functional outcomes improved through the use of continuous peripheral nerve blockade.

P-9092 Training for Perioperative Smoking Cessation Interventions: A National Survey of Anesthesiology Program Directors and Residents

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Anesthesiologists can play a critical role in helping patients quit smoking preoperatively. The survey results indicate that while anesthesiology residents receive some tobacco education there is need for expanded curriculum on perioperative tobacco cessation interventions.

P-9093 Acute and Post-Operative Management in a Case of Suspected Malignant Hyperthermia

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We present a case of suspected Malignant Hyperthermia in a healthy 9 year old child undergoing routine outpatient surgery. The operative course, 24 hours of critical care management in the pediatric ICU, and follow-up results are described.

P-9094 Airway Management of Neurofibromatosis I with Large Facial Mass

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Neurof ibromatosis type 1 (NF1) is an autosomal dominant cutaneous disease that leads to the development of benign tumors of the skin, nervous system, bones, and endocrine glands. NF have associated systemic manifestations such as pulmonary fibrosis, pheochromocytomas, renal artery stenosis, scoliosis, prolonged muscular block, painless cervical vertebrae dislocation. Enlarged neurof ibromas in the head and neck region can affect the airway anatomy presenting challenges in securing the airway.

P-9095 Lingual Nerve Injury Associated with the Use of a Laryngeal Mask Airway – Case Report

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Co-Author:
Maria J. Centeno, M.D.

The authors present a case of a lingual nerve injury associated with the use of a LMA under general anesthesia. This is a benign condition with resolution within a few weeks to months. However, appropriate use of the LMA should be ensured.

P-9096 Comparison of a 12+ Hour ICU Resident Shift Schedule to the Traditional 24+ Hour Call Model

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This study looked at a comparative evaluation of continuity of care, fatigue, personal preference, and education after the implementation of a 4 on/2 of f day/night 12+ hour shift model ICU resident schedule versus a traditional every third day 24+ hour call schedule. Residents and faculty were surveyed following a switch from the traditional 24+ hour model to a 12+ hour model. The survey showed that there was an increase in continuity of care (according to all polled), a decrease in fatigue (according to senior residents), an increase in schedule satisfaction (among senior residents and faculty), and an increase in quality of education (among faculty). The junior residents were asked for responses in the survey, however, they had no previous experiences to compare with the new schedule.

P-9097 Propofol Anesthesia for a Wada Procedure in a Very Young Child

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The Wada test is an endovascular procedure used to determine eloquent centers of the brain in preoperative neurosurgery patients. This invasive procedure is a challenge to perform in young children as it requires an awake and responsive patient during language testing. Here we present a case of propofol based anesthesia in five year old boy with an intracranial tumor for whom the Wada test was critical in determining language laterality prior to resection.

P-9098 Retrospective Investigation of the Causes of Maternal Morbidity and Mortality in Pregnancy-Induced Hypertension

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Pre-eclamptic pregnancies must be terminated in the most appropriate time and require very close monitoring.

P-9099 The Impacts of Super Obesity Versus Morbid Obesity on Respiratory Mechanics and Simple Hemodynamic Parameters During Bariatric Surgery

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Obesity was found to cause a statistically significant increase in respiratory resistance and a peak inspiratory pressure, and a decrease in dynamic respiratory compliance.Morbid obesity and super obesity have negative effects on hemodynamics and respiratory mechanics.

P-9100 Anxiety Level of Child and Parents During Preoperative Anesthesia Evaluation – In Turkish Population

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Parental anxiety is related to personality. Parents with high trait anxiety have higher state anxiety. Educated parents have lower state anxiety levels unlike a report from the same country. Contrary to the same report income level, gender of the parent, previous surgical experience we couldn't find any correlation with anxiety score.
Anxiety may differ between the countries depending on culture.

P-9101 A Simple Protocol to Reduce Cost and Improve Safety in Hemodialysis Patients Undergoing Elective Surgeries

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Patients with end stage renal disease (ESRD) on intermittent hemodialysis (IHD) present unique preoperative considerations. We have observed several instances in which ESRD patients were not scheduled for elective surgeries within 24 hours of having IHD and these cases were subsequently delayed for emergent hemodialysis to correct electrolyte abnormalities and volume overload. As a result of these delays, we have implemented an institutional protocol stating patients on IHD will have their elective surgeries scheduled within the 24 hours following dialysis. This protocol has reduced the incident of patients with ESRD undergoing elective surgery more than 24 hours since IHD and thus improved patient safety. This protocol has also lead to better resource utlization and management.

P-9102 Obstetric Analgesia and Anaesthesia in a Patient With Tetrahydroventricular Hydrocephalus and Shunt

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A pregnant woman with hydrocephalus and VPS in labour under epidural anaesthesia is suggested a caesarean section under general anaesthesia.

P-9103 Repeatability and Performance of the T4-EMG and TOF-Watch Evoked Neuromuscular Responses in Volunteers

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Electromyography(EMG) devices measure cMAP in response to nerve stimulation. Stand-alone EMG monitors are not available commercially. Acceleromyography(AMG) measures acceleration of thumb in response to nerve stimulation. The TOF -Watch® (Merck Inc.) is an AMG device that is small, portable, and is considered the "established standard" for clinical use. Routine use of the TOF -Watch® by clinicians has been limited by high acquisition costs and limitations of the technology in the OR environment.
The aim of this IRB-approved clinical investigation was to compare evoked responses from a battery-operated prototype EMG monitor (T4-EMG) to those obtained from the AMG-based TOF -Watch monitor.
The mean AMG- and EMG-recorded TOF ratios were 103.0±13.3, and 98.1±2.6, respectively. The initial data indicate that the new T4-EMG monitor has a clinical application, since it shows similar bias and better repeatability.

P-9104 Can Electrical Median Nerve Stimulation Replace Ondansetron and Metoclopramide for Routine Use to Reduce the Incidence of Nausea and Vomiting (N/V) During Cesarean Section (C/S) with Combined Spinal Epidural (CSE)?

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We routinely administer intravenous (IV) 8 mg ondansetron and 10 mg metoclopramide upon induction of CSE for treatment of N/V during cesarean section. We determined whether the application of electrical nerve stimulation can replace ondansetron and metoclopramide for routine use to reduce the incidence of N/V during C/S with CSE. There was no significant difference in the incidence of vomiting when comparing IV antiemetics with median nerve stimulation during CSE for C/S. Not all patients experience N/V during CSE for C/S. Ondansetron and metoclopramide do have side effects for mother and baby. Furthermore, we encounter nationwide shortage of anesthesia medications, including the above medications. Only 32.6% of nerve stimulation group required IV antiemetics. Therefore, we recommend changing our routine treatment for N/V during C/S to median nerve stimulation and IV ondansetron and metoclopramide only when patients still complain of N/V.

P-9105 Submental Intubation: An Alternative to Tracheostomy for Complex Maxillofacial Trauma, Case Report

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Submental intubation an alternative approach to a tracheostomy for complex facial trauma surgery.

P-9106 Vigileo Monitor (Flo-Trac) and Hemo-Dynamic Parameters

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This study looked to see if there was a correlation of spot data obtained from the Flo-trac monitor. Measures looked at included HR, MAP, SV, SVV, CO, and CVP.

P-9107 A Randomized Crossover Trial Comparing Two Intraosseous Access Devices in Intra-Hospital Health Care Providers with a Focus on Skill and Self-Efficacy

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Both the EZ-IO and the B.I.G. have been approved by the US-FDA as a resuscitation device to be used by medical doctors and nurses. A clear choice has to be made by the local authority on intrahospital resuscitation which intraosseous device should be used and how of ten health care providers should be trained. This study shows that the B.I.G. has two disadvantages compared to the EZ-IO: a major part of the anaesthesiologists and RNA's handled the B.I.G. unsafely, and the low self-efficacy of the RNA's could discourage them from using the device.
Although theoretical knowledge and practical skills diminished over time, an interval of 12 months would be sufficient in maintaining an adequate level of skills.

P-9108 A Case Report: Using Midazolam and Sulfentanil in Cervical Spine Surgery Involving MEP and SSEP Monitoring

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This case is unique because TIVA, consisting of midazolam and sufentanil, was used in cervical spine surgery requiring the monitoring of somatosensory and motor evoked potentials. Due to the patient's egg allergy, propofol, of ten a component of TIVA, was not used. In the case, midazolam was infused on average at 350 mcg/kg/hr and Sufentanyl was infused on average at 0.3 mcg/kg/hr.
Summary, this case suggests that midazolam can be used as a part of TIVA during spinal surgery involving both somatosensory and motor evoked potential monitoring. Continuous infusion of midazolam in this case had a minimal effect on the evoked responses, whereas large boluses may have caused SSEP changes. In addition, the limited number of studies published and the variability in the available data proposes the need for more research to be done investigating this topic.

P-9109 Fast-Tracking Patients – A Literature Review

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The poster provides a concise review of the literature surrounding the "Fast-Tracking" (by-passing phase ONE of the recovery process). Covered topics include, patient selection, agents/techniques, patient safety, economic considerations, and patient satisfaction.

P-9110 Consistency of Ulnar and Median Nerve Electromyographic Evoked Responses

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We evaluated ST and TOF responses to ulnar and median n. stimulation of both R and L arms to describe the relationship between current amplitude and site of neurostimulation. Evoked responses were recorded using a newly designed electromyographic device, T4-EMG. We hypothesized that at APM, the ST stimulus-response curve to increasing stimulating current would be different for ulnar and median n., but that the TOF ratio at APM would be invariant of the peripheral nerve tested.
While ST responses showed the expected sigmoidal relationship to current amplitude, T4-EMG recorded TOF ratios were consistent regardless of stimulated n. (ulnar vs. median) or handedness (right vs. left). Additional testing should determine whether stimulation of the median nerve and recording of EMG activity at the APM might provide alternative means of neuromuscular monitoring in the clinical setting.

P-9111 The Business Model: A Practice Management Curriculum for Anesthesia Residents

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The poster demonstrates a unique perspective on a practice management curriculum for resident physicians. The curriculum looks at the practitioner as an independent business entity and how doing so will give a comprehensive approach to career management.

P-9112 A New Device and a Method for Endotracheal Intubation: A Simple Attachment on a Fibroptic Bronchoscope

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In order to enhance safety and efficiency of endotracheal intubation, a new add-on attachment device to a fibroptic bronchoscope has been developed. The whole system enables a person attempting endotracheal intubation to hold and control a fibroptic bronchoscope only with the right hand. With the new endotracheal intubation method a single practitioner is able to use a combination of multiple modalities simultaneously with both hands, possibly eliminating the burdens of a large amount of surrounding equipment and the hassles from communication/ miscommunication with other people that are frequently associated with difficult airway cases. Alternatively, a bronchoscope with the equipped attachment device can be used as an advanced stylet of an ETT with active motions that can easily direct the ETT tip into the vocal cords slit on a Glidescope screen.

P-9113 Mechanism of Injury Does Not Predict Mortality in Combat Related Thoracic Trauma In Iraq and Afghanistan

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Background:
Incidence rates of mechanisms of injury (MOI) associated with combat related thoracic trauma in Iraq and Afghanistan have not been reported.

Methods:
Patients with thoracic trauma in the Joint Theater Trauma Registry were identified. Regression analysis was performed using dominant MOI, ISS, AIS head, base excess, pH<7.2, INR>2, NATO status, units of blood transfused, and factor VIIa use as covariates.

Results:
Penetrating MOI was more common than blunt or burn (67.2%, 31.85%, and 0.95% respectively) but mortality risk was similar (OR 1.197[0.603-2.376],p=0.210, 1.004[0.784-1.287],p=0.341 and 1.518[0.811-2.838],p=0.192 respectively).

Conclusion:
Penetrating injuries were the most common dominant MOI however mortality risk was similar among all MOI.

P-9114 Flail Chest: Lethal Injury or Marker of Severity in Combat Related Thoracic Trauma in Iraq and Afghanistan

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Background:
The association between flail chest (FC) and mortality has not been examined in combat related thoracic trauma.

Methods:
Patients with thoracic trauma were identified in the Joint Theater Trauma Registry. Regression analysis was performed using ISS, blood transfused, initial INR>2, base excess, pH<7.2, NATO status, AIS head and neck, and FC as covariates.

Results:
FC was an uncommon diagnosis among thoracic trauma (2.7%) with a high mortality rate (19.9%). It was not associated with mortality (OR 0.444[0.199-0.990],p=0.47).

Conclusion:
Patients with FC had a high mortality rate but it appeared to be a marker of overall injury severity rather than directly associated with mortality.

P-9115 Factors Associated with Mortality in Combat Related Thoracic Trauma in Iraq and Afghanistan

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Background:
No reports of factors associated with mortality in combat related thoracic trauma exist.

Methods:
Patients were identified in the Joint Theatre Trauma Registry. Regression analysis was performed using ISS, AIS – head and neck, base excess, pH<7.2, INR>2, NATO status, units of blood transfused, and factor VIIa use as covariates.

Results:
Factors associated with mortality were ISS (OR 1.037[1.032-1.043],p<0.001), base excess (OR 0.978[0.963-0.992],p<0.001), INR>2 (1.415[1.060-1.889],p=0.019), pH<7.2 (1.422[1.127-1.793],p<0.001), and AIS head (1.125[1.052-1.204],p<0.001).

Conclusion:
Increasing ISS, AIS head and neck, decreasing base excess, INR>2, and pH<7.2 were all associated with mortality. Each variable can be used to help triage patients with combat related thoracic trauma.

P-9116 Red Cell to Plasma Ratios and Mortality in Combat Related Thoracic Trauma in Iraq and Afghanistan

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Background:
The association between red cell (pRBC) to plasma (FFP) ratio and mortality in patients with thoracic trauma has not been examined.

Methods:
Patients were identified from the Joint Theater Trauma Registry. Regression analysis was performed using ISS, AIS head, base excess, pH<7.2, INR>2, NATO status, blood transfused, factor VIIa use, and pRBC:FFP ratio ≥1.5:1 as covariates.

Results:
In patients transfused ≥8u pRBCs, a pRBC:FFP ratio of ≥1.5:1 was independently associated with mortality (OR 1.32[11-13],p=.04). In patients transfused <8u pRBC a ≥1.5:1 ratio was associated with decreased mortality (OR 0.57[0.40-0.82],p<0.01).

Conclusion:
The association found in thoracic trauma agrees with results from generalized samples of trauma patients.

P-9117 Recombinant Activated Factor Seven is Associated with Mortality in Combat Related Thoracic Trauma in Iraq and Afghanistan

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Background:
The impact of factor VII (rFVIIa) in patients with combat related thoracic trauma has not been examined.

Methods:
Patients were identified from the Joint Theatre Trauma Registry. Regression analysis was performed using ISS, AIS head, base excess, pH<7.2, INR>2, NATO status, units of blood transfused, and factor VIIa use as covariates.

Results:
Patients receiving rFVIIa had a higher mortality rate (11.91% vs. 25.39%, P<0.001), were transfused more units of blood (9 [4-23] vs. 12 [4-30], p=0.002) and had a higher mortality risk (OR 1.876 [1.339-2.629], p<0.001).

Conclusion:
Patients receiving rFVIIa had a higher mortality rate. rFVIIa was independently associated with mortality in combat related thoracic trauma.

P-9118 Warm Fresh Whole Blood and Mortality in Combat Related Thoracic Trauma in Iraq and Afghanistan

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Background:
In recent years the US military has used whole blood (WB). Its impact in thoracic trauma has not been examined.

Methods:
Patients were identified from the Joint Theatre Trauma Registry. Regression analysis was performed using ISS, AIS head, base excess, pH<7.2, INR>2, NATO status, units of blood transfused (total), use of WB, and factor VIIa use as covariates.

Results:
Patients receiving WB had a higher mortality rate (21.3% vs. 12.8%, p<0.001) but received more units of blood (17[7-37] vs. 9[4-22],p<0.001) and had no difference in mortality risk (OR 1.247[0.759-2.048],p=0.384).

Conclusion:
The use of WB was not associated with a change in mortality when controlling for covariates.

P-9119 The Association Between Blood Products Transfused and Mortality in Combat Related Thoracic Trauma in Iraq and Afghanistan

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Background:
Controversy exists over the association of transfusions and mortality in trauma patients.

Methods:
Patients with thoracic trauma were identified from the Joint Theater Trauma Registry. Regression analysis was performed using ISS, AIS head, base excess, pH<7.2, INR>2, NATO status, units of blood transfused, and factor VIIa use as covariates.

Results:
Each unit of any type of blood was associated with increased mortality (OR 1.10[1.006-1.014],p<0.001). Each unit of red cells, plasma or whole blood was associated with increased mortality (1.050[1.021-1.079],p<0.001, 1.044[1.015-1.074]p<0.001, and 1.062[1.019-1.106]p<0.001 respectively).

Conclusion:
Increasing amounts of blood transfused to a patient with combat related thoracic trauma was associated with increasing risk for mortality.

P-9120 Patient Flow in Perioperative Services: Impact of Pilot Test of Change on Turn Over Time

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Summary:
Long Turn Over Time (TOT)(patient out to next patient in) in the Operating Room is a source of dissatisfaction for the Surgeons and impacts the patient experience. We did an observational study to map baseline patient flow and processes during TOT (Phase I). Based on the observations, we implemented a new parallel process (Anesthesia Team allowed to bring the next patient in while Nursing team was setting up).We successfully reduced TOT by 27%.

P-9121 The Impact of Accounting for Repeated Measures in Core Thermometer Method – Comparison Studies

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Of ten in thermometer method comparison studies, replicates (i.e. multiple measurements in the same patients) are encountered in Bland-Altman analysis. In the present study we wanted to explore, how much the number of measurements per subject and the subject- and thermometer errors influence the result. We encountered marked differences between the Bland-Altman analysis results accounting for repeated measurements and Bland-Altman analysis ignoring repeated measurements and conclude, that ignoring repeated measurements in method comparison studies is an overly liberal approach yielding falsely narrow limits of agreement and should be avoided.

P-9122 Audits and Critical Incident Reporting in Paediatric Anaesthesia

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Critical incident reporting has value in providing insights into the system to identify active and system errors enabling effective preventive strategies to be formulated. We have maintained a high and consistent reporting rate by creating an environment that encourages reporting. The teaching of analysis of critical incidents should be considered by all clinicians as an important tool to improve patient safety.

P-9123 Truview PCD™ Laryngoscope Versus Macintosh Laryngoscope in Adult Patients with SARL (Simplified Airway Risk Index) Score 2-5: A Randomized Study

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The TVL gives a lower CL than the ML with less use of extern manipulation, but intubation takes longer time.

P-9124 Epidural Catheter Placement: Journey from Loss of Resistance to Visual Appreciation by Ultrasonography & Changing Perspective of Newer Drugs

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Identification of Epidural space by Loss of Resistance (LOR) technique using tactile sensation & visual appreciation based on anatomical landmarks is difficult in obese and edematous patients. Introduction of Ultrasonography for Epidural catheter placement has revolutionized this concept. We assessed the ease, patient comfort during epidural catheter placement in sitting, prone position using LOR technique & lateral position using ultrasonography and compared the effects of 0.75% Ropivacaine/0.5% Bupivacaine administered through Epidural Catheter.
Even though the time to insert epidural catheter was more with Ultrasonography, patients were more comfortable. Patients receiving Ropivacaine felt better due to early restoration of motor activity. Ropivacaine also demonstrated fewer hemodynamic variations as compared to Bupivacaine.

P-9125 Incidence of Pain After Radial Artery Harvesting in Coronary Artery Bypass Grafting Surgery

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Internal mammary artery and radial artery are most commonly used for coronary artery bypass grafting (CABG). However, there have been a number of case reports of chronic pain after harvesting radial artery. Therefore, we have studied the frequency, location, severity and nature of chronic pain following CABG harvesting radial artery.
One hundred twenty CABG patients were prospectively included in this study. Chronic pain was defined as pain in the location of surgery, arising post-operatively and persisting beyond 3 months. Ninety (75%) patients returned the completed questionnaires, 7 patients died within two weeks of surgery and 2 were noncommunicable due to cerebral insult.
Post radial arteriectomy pain was observed in 4.5% of patients who underwent CABG. However, the nature of Post radial arteriectomy pain was tolerable and not severe enough to disturb a daily life by itself.

P-9126 Correlation of Central and Peripheral Venous Pressures in Different Body Positions with Different Sites of Insertion of Peripheral Venous Cannula in Laparoscopic Surgery

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Recent studies have shown a good correlation between CVP and PVP, though the degree of difference between the two varies between patients. Advantages of measuring PVP over CVP are many but whether PVP could totally replace CVP in routine practice is controversial.This study compares the Central and Peripheral Venous pressures in different body positions (Supine, Lithotomy and Trendelenburg) and different sites of insertion of Peripheral Venous Cannula (Dorsum of hand, Forearm and Lower limb).

P-9127 Simultaneous Electromyographic and Accelerographic Assessment of Neuromuscular Block

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The aim of this investigation is to examine a new monitor (T4-EMG) and compare it to the current "clinical gold standard," the TOF -Watch (Merck, Inc).
ST and TOF data were recorded in 9 patients every 15 sec onto an interfaced computer. The TOF -Watch served as stimulator that triggered simultaneous AMG and EMG data collection from the APM, from NMBA administration until recovery. The applicability (ease of use), repeatability (precision or internal consistency), and performance (agreement with established standard, bias) of T4-EMG compared to TOF -Watch were determined during onset and recovery of neuromuscular block.
The T4-EMG appears to be highly correlated with the current "clinical gold standard." The EMG TOF ratio returns to baseline (100%), as does the TOF ratio. In contrast, as previously described in the literature, the AMG-measured TOF ratio greatly overshoots the 100% baseline, reaching as high as 150%. The T4-EMG prototype appears to have clinical applicability.

P-9128 Does Preoperative Hemoglobin A1C Predict Postoperative Risk?

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We investigated if HbA1c is predictive of postoperative complication including infection in 956 patients undergoing non-cardiac surgery. Although the HbA1c is the new standard for screening and diagnosis of diabetes in the general adult population, its casual use in the perioperative setting to estimate risk may be misleading.

P-9129 Critical Airway Team in an Academic Medical Center

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A Critical Airway Team was created at our institution in order to improve the management and outcome of patients with emergent difficult airways. Data about each critical airway for the past academic year was gathered and evaluated.

P-9130 The Perioperative Management of Carotid Endarterectomy Survey: Preliminary Findings

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As perioperative management practices for carotid endarterectomy procedures vary widely, this survey of practicing anesthesiologists queries practices of preoperative, intraoperative, and postoperative management. Several inconsistencies are noted identifying opportunities for inquiry to determine best practice for this common surgical procedure.

P-9131 Factors Affecting Discharge of Patients from a Pediatric Recovery Room

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The authors performed a retrospective study of PACU stay of 186 pediatric patients undergoing surgery. The study was done to assess factors that could prolong the recovery room stay in patients. The hope of the authors was to decrease PACU stay of patients in the current era of cost containment and thus improve prof itability of institutions. Patients undergoing tonsillectomies had a long LOS in PACU because of PACU requirements for this group and pain in this group of patients. Unavailability of hospital beds delayed discharge from PACU of patients who were PACU ready.

P-9132 Does Pre-Oxygenation with a No-Cost TSE "Mask" Reduce Severe Desaturation in Elderly Patients Under Deep Propofol Sedation During Colonoscopy?

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Patients undergoing colonoscopy receive nasal cannula (NC) O_2 and IV sedation. Over-sedation/airway obstruction causes severe desaturation, especially in elderly patients. A simple plastic sheet was shown to improve oxygenation by transforming a NC to a face tent (TSE "Mask") in sedated patients during EGD. Review of 94 elderly patients (≥65 y/o) who received deep propofol sedation during colonoscopy shows that TSE "Mask" improves oxygenation and prevents severe desaturation. It improves oxygenation by increasing FiO_2 without raising NC O_2 flow. It can be used as a rescue device when patient's oxygenation deteriorates. It may improve patient safety, especially elderly patients with severe diseases. It is easy to prepare at no cost and should be used prior to sedation.

P-9133 Is High Nasal Cannula Oxygen Flow More Efficient Than a No-Cost Tse "Mask" in Reducing Severe Desaturation in Patients Under Deep Propofol Sedation During Colonoscopy?

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Patients undergoing colonoscopy routinely receive IV sedation and nasal cannula (NC) O_2 at a flow rate of 3-5 l/min. Over-sedation/airway obstruction causes severe desaturation. NC O_2 flow may be raised in an attempt to improve oxygenation. In severe cases, assisted bag-mask ventilation is needed. A simple plastic sheet was shown to improve oxygenation by transforming a NC to a face tent (TSE "Mask") in sedated patients during EGD. Review of 215 patients who received deep propofol sedation during colonoscopy shows that TSE "Mask" is more efficient than high nasal cannula O_2 flow (6-10 l/min) in improving oxygenation and reducing severe desaturation. It improves oxygenation by increasing FiO_2 without raising NC O_2 flow. It can be used as a rescue device when patient's oxygenation deteriorates. It may improve patient safety at no cost and should be routinely used.

P-9134 Is High Nasal Cannula Oxygen Flow More Efficient Than a No-Cost TSE "Mask" in Reducing Severe Desaturation in Patients Under Deep Propofol Sedation During Upper GI Endoscopy?

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Patients undergoing upper GI endoscopy (EGD) routinely receive IV sedation and nasal cannula (NC) O_2. NC O_2 reservoir is lost when the mouth is kept open with a bite-block. Deep-sedation may cause severe respiratory depression and desaturation. . A simple plastic sheet was shown to improve oxygenation by transforming NC to a face tent (TSE "Mask") during EGD. A review of 235 patients who underwent EGD shows that this technique is more efficient than high NC O_2 flow (6-10 liter/min) in reducing severe desaturation and and the need of bag-mask ventilation in patients under deep propofol sedation. Although it can also be used as a rescue device when patient's oxygenation deteriorates, it should be routinely used prior to sedation. This face tent takes only a few seconds to prepare at no cost and may improve patient safety.

P-9135 2-Chloroprocaine is a Safe and Effective Local Anesthetic When Used for Spinal Anesthesia: A 4 Year Retrospective Analysis of 480 Patients

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The purpose of this study is to review the perioperative records of all patients who received spinal anesthesia with 2-Chloroprocaine over a 4 year period at Columbia University Medical Center and to describe its use and to analyze the efficacy and safety prof ile of spinal 2-Chloroprocaine.

P-9136 Plavix (Clopidogrel) Response Test: Is it a Factor to Consider in Cardiac Surgery? – A Case Report and Literature Review

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Antiplatelet therapy with Plavix is considered mainstay therapy for patients undergoing percutaneous coronary intervention. It is common practice to hold Plavix 5-7 days prior to surgery to minimize intra-operative and post-operative bleeding. We present a case where a patient was undergoing CABG as well as AVR and MVR surgery who was on Plavix and had 40% platelet inhibition on Plavix response test despite having stopped Plavix for 7 days. Surgery proceeded uneventfully with blood loss that was not considered excessive. A literature review is conducted and will address the accuracy and predictability of various commercial clopidogrel platelet response tests.

P-9137 Impact of Technical Skills of Cricothyrotomy on Crisis Management of Simulated Cannot Intubate Cannot Ventilate Crisis: Improved Adherence to the ASA Difficult Airway Algorithm and Timing of Specific Tasks

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Rebecca Smith, M.D.
D. Bould, M.D.

Little is known on the impact of technical skills on acute crisis resource management(ARCM). We hypothesised that the technical skills of cricothyrotomy can have a significant impact on ARCM skills during a simulated CICV crisis. Our results demonstrated that the acquisition of the technical skills of cricothyrotomy significantly improved adherence to the ASA Difficult Airway Algorithm and the timing of specific tasks but surprisingly had no impact on the nontechnical skills.

P-9138 Minimal Pain Change in Patients with Postherpetic Neuralgia Treated with Capsaicin 8% Patch

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We present a retrospective analysis of 6 patients who failed multiple therapies treated with capsaicin 8% patch for the management of postherpetic neuralgia. Pain was measured before and during patch application, as well as at 2 weeks, 3 months and 1 year follow-up. Our series of 6 patients demonstrated no significant pain relief following capsaicin 8% patch treatment.

P-9139 Patient Satisfaction of Awake Fibreoptic Intubation

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The technique of topicalisation and sedation with low-dose remifentanil and midazolam appears acceptable to patients and provides optimal and safe conditions for the operator.

P-9140 A "Sedate" Look at Propofol Use for Endoscopy Procedures in the UK

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Pallavi Waikar, F.R.C.A.

Prospective study from August 2010- July 2012.
365 subjects (57.8% women) underwent endoscopy procedures. These were 228 ERCP, 118 OGD, 10 EUS and 9 colonoscopy. Median age was 63 years and BMI 23.3.
The incidence of transient systolic BP ≤ 100 mmHg was 12.87% and of transient desaturation at SpO2 ≤94% was 10.68%.
The majority of our patients underwent their endoscopy procedures with an open airway.
Our incidence of hypoxaemia is considerably less than that reported by other large-scale cohort studies. We attribute this to risk assessing individual patientsand adjusting our anaesthetic/sedative technique accordingly.
Oxygen saturation < 94% occurred in 7.89% in the ERCP group compare with 16.10% in the OGD group. Our impression is that OGD patients are more likely to be at risk of complications such as regurgitation/ aspiration and hypoxaemia because of higher likelihood of outflow obstruction in these patients.

P-9141 Early Results from a Comprehensive, Validated, Anesthesia Clinical Outcomes Registry

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Peter Walker, M.D.

This poster describes the initial analysis of adverse and unanticipated events from 256,506 cases collected in an anesthesia clinical registry by North American Partners in anesthesia (NAPA). The value of clinical registries in guiding cost effective and high quality care as well as specific comparisons of incidences of adverse events in the literature versus the registry are discussed.

P-9142 Five Years of Experience with Accidental Dural Puncture and Post-Dural Puncture Headache in a Tertiary Obstetric Anaesthesia Department

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An important complication of obstetric regional anaesthesia is the accidental dural puncture (ADP) and the post-dural puncture headache (PDPH). We evaluate all analgesia delivery during 5 five years. The incidence of ADP, PDPH and blood patch treatment in our institution is similar to that found in the literature.

P-9143 Does Neuraxial Analgesia During Latent Phase of Labor Influence Duration and Type of Delivery? A Renewed Insight

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Lucindo Ormonde

Appropriate timing for neuraxial analgesia during labor is currently still a controversial subject. This study aims to establish an association between latent phase neuraxial analgesia administration and clinical outcomes during labor. Results point towards an increase of analgesia and labor duration times and an augmented incidence of cesarean section procedures.

P-9144 Sialic Acid Expression in Traumatic Brain Injury Complicated by Sepsis

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Microglia cells are involved in the inflammatory response following acute traumatic brain injury (TBI). Their activation is influenced by local astrocytes and neurons through several cell surface components such as sialic acids (SAs). Polysialic acid, (PSA), a linear homopolymer of SA, also has a role in restoring injured tissue by creating permissive conditions for architectural remodeling In this study we evaluated, in an experimental model of TBI complicated by sepsis, the changes in expression of SAs and/or PSA and whether these changes are associated with cognitive outcome. Our results showed that Sialic Acid and PSA are upregulated following TBI and the superimposition of sepsis in associated with a SA overexpression and a more marked downregulation of PSA in injured areas. These differences in the neuroinflammatory response are temporally associated with worsened cognitive dysfunction observed when TBI is complicated by sepsis.

P-9145 Age Not a Factor in Determining Conservative Treatment Modality for Patients with Lumbar Spinal Stenosis, Herniated Nucleus Pulposus and Degenerative Disc Disease

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Steven M. Shulman, M.D.

A retrospective chart-review on 42 patients with lumbar spinal stenosis (LSS); 25 patients with herniated nucleus pulposus (HNP), and 24 patients with degenerative disc disease (DDD) was conducted to determine the influence of age on the effectiveness of physical therapy (PT) and subsequent epidural steroid injections (ESI) . To the authors' knowledge, it is the first study to reveal an age-effect on short-term response to PT in LSS. However, our findings suggest that there is no effect of age on long-term response to either PT or subsequent ESI in LSS, HNP, and DDD.

P-9146 Pilot Study of the Multiple Coagulation Test System (MCTS)

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The Multiple Coagulation Test System (MCTS) is a 'theranostic' device designed to determine the optimal therapy and dose to administer, be it blood product or pharmaceutical, to correct coagulopathy. The MCTS was tested in four bleeding disorders, and was able to measure clotting in normal blood, coagulopathic blood, and blood that had been treated with appropriate therapy.

P-9147 Response to a Five Month Propofol Shortage as Documented by an AIMS

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This is a detailed QI project which investigates a propofol shortage and our Department's response to it. The analysis is based on drug data stored in our AIMS. It is clear that etomidate was the primary drug used to replace propofol which was reduced by about 60 % from its value just prior to the development of the shortage. The use of Mid did not appear to change during the propofol shortage. There appeared to be no change in the usage of fentanyl, remifentanil, ephedrine or phenylephrine caused by the transient, five month propofol decline. Additional work will be required to assess alterations in physiological process variables or patient outcomes caused by this propofol shortage.

P-9149 Professional Implications of the Roles of Regional Anesthesia In World War II and the Afghanistan and Iraq Wars

Primary Author: David B. Waisel, M.D.
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The roles of regional anesthesia in World War II and the Afghanistan and Iraq wars emphasize the importance of research and training infrastructure in anesthesiology. This paper analyzes the effects of medical knowledge, the numbers of educated and interested personnel, and the military status of anesthesiology on the unanticipated clinical demands of these wars.

P-9150 Elevated International Normalized Ratio (I.N.R.) and Surgical Bleeding in Patients Undergoing Limb Salvage Procedures

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Susan D. Bondoc, M.D.

This retrospective study evaluates the incidence of hemorrhage while performing limb salvage procedures when the International Normalized Ratio is elevated. This small sample of patients who underwent urgent limb salvage failed to demonstrate increased surgical blood loss in the presence of high INR.

P-9151 Anesthetic Considerations of Aortic Stenosis in Non-Cardiac Surgery

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Aortic valve stenosis is the most common valvular heart disease in the elderly with high perioperative mortality rates. The most dreaded consequence of aortic stenosis is the inability to maintain adequate systemic perfusion with external cardiac massage during cardiac arrest. In such patients, any intraoperative abnormal heart rate or rhythm must be treated aggressively. We discuss a case of a patient with severe aortic stenosis undergoing non-cardiac surgery and the anesthetic goals that an anesthesiologist must have in mind for management of such cases. We also discuss the etiology, classification, pathophysiology and diagnosis of aortic stenosis including the use of intraoperative TEE and measuring aortic valve area using the continuity equation. The indications of aortic valve repair before high-risk non-cardiac surgeries must be explored.

P-9152 Endotracheal Tube Mal-Position Heralded by Pilot Balloon

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Normally, a flaccid pilot balloon of the endotracheal tube (ETT) signals a leak in the ETT cuff. However, if the ETT migrates proximally into the pharynx, the ETT cuff will not be constrained by the trachea and will expand freely in the pharynx. Then, further injection of air into the cuff will result in increased cuff volume but lower than expected cuff pressure, heralded by a somewhat limp pilot balloon.

P-9153 Pre-Operative Pain Management Consultation Does Not Improve Post-Operative Pain in Opioid-Tolerant Patients

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A case-control study was conducted over the course of six months to evaluate if better post-operative pain control is achieved with a pain consult during the pre-operative exam for opoid-tolerant patients. A post-operative plan for pain managment was then established preoperatively for these patients and implemented in the immediate post-operative period. Patients were pre-selected based on their pre-operative opiod use as documented in the hospital's EMR and normalized to daily opiod equivalents. These patients were then matched against controls receiving the same pre-operative daily opiod equivalents who did not receive a pre-operative pain consult.

P-9154 The Use of Dexmedetomidine in Combination with Midazolam and Fentanyl in Comparison to Use of Midazolam and Fentanyl Alone in Children Undergoing Adeno-Tonsillectomy

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T&A is amongst the most commonly performed surgical procedure on children and is associated with severe pain causing most providers to rely on opioid for pain control. Opioid sparing techniques can play a significant role in patients undergoing T&A by minimizing respiratory depression and airway compromise. In adults, dexmedetomidine, alpha 2 receptor agonist has been showen to reduce opiate requirement in the postoperative period but data in the pediatric population is not as convincing.
Our specific aim is to determine if amount of overall pain medication and rescue analgesia is reduced by use of dexmedetomidine, if discharge time from PACU is altered, if time to extubation is altered, if side effect occurrences (N/V) is reduced and if dexmedetomidine is of demonstrative benefit to our pediatric surgical patients undergoing T&A
*please accept this study with complete analysis pending as it will help determine the usefulness of dexmedetomidine in the pediatric population.

P-9155 A New Method for Debriefing Multidisciplinary Large Scale in Situ Simulation

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In Situ Simulation, or simulation that takes place in the actual clinical environment, has multiple advantages over simulation that occurs in the simulation lab. It allows identification of system errors, inefficient use of equipment, and deficits in technical skills. One of the problems within situ simulation debriefing is that traditionally it involved only a limited number of participants. In this poster we show how to extend the reach and benefits of in situ simulation to more than just the participants.[figure1]

P-9156 Postoperative Recovery After Transvaginal Cholecystectomy: Comparison of Antiemetic Requirement and PACU Length of Stay with That of Conventional Laparoscopic Cholecystectomy

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Kurt Roberts, M.D. Nalini Vadivelu, M.D.

This study evaluates the potential benefit in the postanesthetic recovery of patients who opt for Transvaginal cholecystectomy (TVC) vs traditional lap cholecystectomy (LC). Although patients who had TVC required significantly less PACU opioid use, they did not require less postop antiemetic, & were not discharged earlier from PACU when compared to patients who underwent LC.

P-9157 The Influence of Posture on the Effectiveness of Local Anesthetics for Epidural Labor Analgesia

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We investigate whether changing position after administration of local anesthesia for epidural labor anesthesia influence for analgesic area. The parturients divided to three groups of sitting position for 30min (Sit 30), sitting 5 min then 10 min lateral position (Sit 5) and supine position for 30min (Sup 30). Analgesic area to superior of Sit 30 did not spread compared with Sit 5 and Sup 30. And analgesic segments of Sit 30 were significantly narrow but of Sit 5 were significantly wide.

P-9158 Are Asymmetric Blocks Caused by Epidural Catheter Tip Deviation?

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We studied whether epidural catheter tip deviation is associated with asymmetric block by reviewing cases in which postoperative epidural analgesia for cesarean delivery. A prospective study was done from April 2011 to February 2012 in our institute. Position of the catheter tip was confirmed with routine checkup X-ray. Single orifice catheter was placed through Th11-12 or Th12-L1. The point was considered deviant if it was more than 7 mm to the lateral. Asymmetric block was defined as a negative cold test on only the same side as catheter deviation. One hundred and ninety-seven cases were included in this study. Frequency of asymmetric block was 58.4% in cases with catheter tip deviation, 31.5% in cases without catheter tip deviation. There was a statiscally significant relationship between catheter deviation and asymmetric block ($P<0.01$). Catheter deviation in epidural analgesia for post-cesarean pain relief is significantly related to asymmetric block.

P-9159 Improving Anesthesiology Resident Performance and Compliance with Infection Control Technique During Central Venous Catheter (CVC) Insertion Through the Use of Simulation

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Mont Stern, M.D.
Julia B. Faller, D.O.

Conclusions:
A didactic and practical educational intervention for CA-2 anesthesiology residents yielded statistically significant increases in observed and self-reported expertise for CVC insertion. This could positively impact patient outcomes with fewer procedural complications, including infection.

P-9160 A Study in the Use of Video Laryngoscopy and Fiberoptic Bronchoscopy

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Physicians continually need to brush up on their skills in order to maintain a prof iciency in laryngoscopic techniques. At NYMH the percentage of use for training was greater in the video laryngoscope versus the fiberoptic bronchoscope. The reason for this is uncertain but may be due to the relatively large frequency of use of the fiberoptic bronchoscope, compared to the video laryngoscope, which lessens the need for practice as physicians get on the spot training.

P-9161 Postoperative Cognitive Function: Comparative Pilot Study Between Dexmedetomidine and Routine Sedation for Monitored Anesthesia Care (MAC)

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Post operative cognitive dysfunction is a serious complication that is associated with high morbidity and affecting long term quality of life, Causes are still unclear but may be multifactorial, Dexmedetomidine promotes physiological sleep, potential delirium sparing effect (blocking neurotransmitter-norepinephrine) with the advantage of preserving respiratory effort and less narcotic requirement, on the other hand prolonged recovery time associated with Dex that was demonstrated in our previous study, made us wonder the reason behind it, our preliminary study showed a delay in reaction time (a measurement for cognitive function) in the post operative period in relation to patient's base line compared to traditional sedation methods (Fentanyl, midazolam and propofol) in MAC cases, this change in cognition could be the explanation for prolonged recovery and leaving us with a question of suitability of using Dex in patients with high risk for cognitive dysfunction.

P-9162 Acquired Cricothyrotomy Skills on Static Models Translates Into Effective Performance in a Simulated Airway Crisis

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Cricothyroidotomy skills are typically taught on static models such as human cadavers or inanimate mannequins. We set out to evaluate if skills acquired in this manner are affected by adding time and pressure stressors during a "cannot intubate cannot ventilate" (CICV) scenario on a high fidelity Simman® model. Our study demonstrated that cricothyroidotomy skills acquired on static models translated into effective performances in a simulated airway emergency situation. This may reflect actual performance in a clinical CIVI scenario.

P-9163 Utilization of Internet Resources Regarding Anesthesia Among Parents of Children Undergoing Elective Surgery

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Data suggests that most patients and families would benefit from an internet accessible resource constructed by their healthcare team with accurate information regarding planned anesthesia and surgical procedures. Providing this resource early would alleviate caregiver fears and abrogate the need to seek information from resources of potentially dubious origin.

P-9164 Postoperative Antiemetic and Analgesic Requirements in Patients Undergoing Minimally Invasive Parathyroidectomy Under MAC Anesthesia

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This retrospective study assessed the benefits of the use of MAC anesthesia in the postoperative recovery prof ile in patients undergoing Minimally Invasive Parathyroidectomy (MIP). Despite requiring lesser operating time, patients who underwent MIP under MAC anesthesia, although requiring lesser amount of opioid for postoperative analgesia, neither did require a lesser amount of postoperative antiemetic nor did have a shorter stay in the PACU, when compared to patients who underwent CPP under general endotracheal anesthesia.

P-9165 Platelet Rich Plasma (PRP) Therapy for Cervical Facet Arthropathy

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Simon Guo, M.D.

Four patients at Stony Brook University Medical Center underwent PRP injections to treat cervical arthropathy. All four patients demonstrated marked reductions in pain; with two patients reporting complete resolution of discomfort on monthly follow-up.

P-9166 Opioid Consumption, Operating Room Time and Complications in Minimally Invasive Parathyroidectomy Performed Under MAC

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Roberta Hines, M.D.

This retrospective study questions the benefits of using MAC anesthesia in minimally invasive parathyroidectomy (MIP). Several complications were identified and conversion rate from MAC technique to GETA in MIPs was found notable. The significant requirement for opioid in patients who underwent MIP under MAC anesthesia raised another important safety concern.

P-9167 A Prospective Randomised Blinded Trial in Blended Learning for Regional Anaesthesia

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Comparison of blended learning (online module with face to face teaching) to a traditional face to face teaching for ultrasound usage for identifying axillary sonoanatomy for regional anaesthesia.

P-9168 Variations in Extracorporeal Circulation Outlet Pressures During Cardiopulmonary Bypass (CPB) with a New Low Prime Oxygenator

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APOP waveforms observed here demonstrate detailed structures similar to those obtained in laboratory pump tests. Beat frequencies observed in our studies are most likely related to oxygenator compliance effects. Additional work will be required to determine why the Oxygenator inlet diastolic (OXin-Dias) waveform exhibits such unusual variations. The presence of negative pressures in the Oxin-Dias waves deserves further clinical investigation.

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P-9169 Exposure of Anesthesiologists to Halogenated Anesthetic Vapors in the Operating Room Air – Children's Site

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Operating room (OR) personnel is regularly exposed to halogenated anesthetic vapors. At present the short and long-term effects are discussed controversially. Nevertheless, standards for exposure, measurement, monitoring, scavenging, and work place practices are defined in the US and EU, while work practices in Canada are less defined. Six operating rooms and 2 post operative care unit were monitored over 3 days using passive monitoring badges. The main goal of this initiative was to quantify concentrations of halogenated anesthetic vapors in the operating room air to possibly improve the workplace safety of OR personnel.

P-9170 Nationwide Inpatient Sample: Pituitary Tumor Excision and Associated Perioperative Complications with Focus on Mortality, Length of Hospital Stay and Disposition at Discharge

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This study elucidates the perioperative complications associated with pituitary tumor resection focusing on mortality, length of hospital stay, as well as disposition at discharge. Utilizing the Nationwide Inpatient Sample the analysis of the 25,149 cases demonstrated an Average Age at admission of 60 years old, (Range 0-103), Average Length of Hospital Stay of 7.2 days (Range 0-191). 1,810 (7.2%) died during hospitalization and 23,321 (92.7%) did not die during hospitalization. At discharge, 11,155 patients were discharged home, 363 were discharged to a Short-Term Hospital for Inpatient Care, 1,499 were discharged to a Skilled Nursing Facility, and 1,220 were transferred to Hospice.

P-9171 Suboxone: A Clinical Review

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Suboxone has proven a useful tool in the treatment of opioid addiction, providing a therapy that is more widely applicable than previous treatment regimens. In this presentation we provide a clinical overview of Suboxone, its pharmacology, indications, risks and benefits.

P-9172 A Historical Anesthetic Management for an 8-Month Old with Small Hypotrophic Type-1 Fibers

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Conclusion:
We suggest heighted awareness and the risk of respiratory complications while administering anesthesia to patients who have small hypotrophic Type-1 muscle fibers with normal Type-2 fibers.

P-9173 Does Music Effect Anxiety in Anesthesia? A Review of Current Literature

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Norma Dominguez, D.O.
Alfred Ma, M.D.
David Ninan, D.O.

The purpose of this poster is to build upon this biological research for advancement with a review of all current literature since 2010 in regards to the music effect, general anesthesia, with regards to anxiety and pain.

P-9174 Medication Discrepancies Amongst Anesthesiology Residents: A Program Director Survey

Primary Author: Jason Yu, M.D.
Maimonides Medical Center | Brooklyn, New York
Co-Author:
Kalpana Tyagaraj, M.D.

Despite existing protocols in place to deter medication diversion, the potential for abuse among anesthesiologists remains alarmingly high. As leaders of the operative suite, critical care units, and for pain management, it is of utmost importance that we make an active and concerted effort to address the devastating consequences of the impaired physician. Although direct procurement and ability to administer medications may be contributing factors to an anesthesiologist's susceptibility toward medication diversion, studies suggest physicians are at greatest risk during residency.

P-9175 Comparison of General Versus Spinal Anesthesia for Hip Fracture Repair in the Aging Population

Primary Author: Jason Yu, M.D.
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Co-Authors:
Bryan Noorda, M.D.
Piyush Gupta, M.D.
Marissa Lyttle, M.D.
Kalpana Tyagaraj, M.D.

The increased incidence of hip fractures in the elderly is responsible for a substantial degree of the resources utilized amongst orthopedic and anesthesia departments. Current studies suggest that despite operative correction of hip fractures, functional status post surgery is not determined by the particular choice of procedure, but rather by the presence of pre- and postoperative complications. In addition, the optimum choice of anesthetic technique in the geriatric population based on ASA physical status and its impact on length of hospital stay has not been definitively studied.

P-9176 A Case of Cervical Cancer and Pharmacological Treatment

Primary Author: Diana L. Besleaga, M.D.
Stony Brook University Medical Center | Stony Brook, New York
Co-Author:
Bassem Asaad, M.D.

We will present a case of advanced cervical cancer in a 36 years old female with emphasis on the selection of pain medications.

P-9177 A Review of ACLS in Resident Physicians. How Good Are You in ACLS, Doctor?

Primary Author: Tricia Fullerton, D.O.
Riverside County Regional Medical Center | Moreno Valley, California
Co-Authors:
Diana H. Lee, D.O.
Norma Dominguez, D.O.
Alfred C. Ma, M.D., Ph.D., M.B.A.
David Ninan, D.O.

At many teaching hospitals, residents are responsible for leading advanced cardiovascular life support (ACLS) teams during cardiopulmonary emergencies. Mastery in the knowledge and skill of ACLS with excellent adherence to the guidelines is imperative, yet lacking. Since its introduction nearly 40 years ago, resuscitation has been an active area of research to find improved methods to learn, retain, and implement ACLS knowledge, skills, and standards. We review that research as it applies to residents, our new doctors.

P-9178 Mechanical Ventilation and Dynamic Distribution of Lung Perfusion and Ventilation in a Porcine Model of Acute Lung Injury: Preliminary Results

Primary Author: Irene Sulyok, M.D.
Medical University of Vienna | Vienna, Austria
Co-Authors:
Amelie Johannes, M.D.
Roman Ullrich, M.D.
Stefan Böhme, M.D.
Klaus Markstaller, M.D.

In porcine lavage models of ARDS massive alveolar formation can be provoked easily, causing high pulmonary shunt fraction. These shunt fractions cyclically collapse in expiration (derecruitment) and reopen during inspiration (recruitment) leading to varying shunt fractions within one breathing cycle. In an attempt to study this phenomenon, the multiple inert gas elimination technique using a novel membrane mass spectrometry technique (MMIMS-MIGET, Philadelphia, PA) was used to study these changes under different modes of mechanical ventilation. As preliminary data we are able to report, that the experimental setup was feasible and all animals could be successfully studied with the novel MMIMS-MIGET method. Subsequent data analysis will show, if MMIMS-MIGET might be able to detect in- and expiratory related variations of pulmonary perfusion.

P-9179 Impact of Teaching Workshop on Familiarity of Difficult Airway Society Guidelines Amongst Operating Department Practitioners in a London Teaching Hospital

Primary Author: Kirstie McPherson, M.B., Ch.B., F.R.C.A.
University College Hospital | London, United Kingdom
Co-Authors:
Anamika Mehta, M.B., Ch.B., F.R.C.A.
Irene Bouras, M.B., Ch.B., F.R.C.A.

Increased awareness of emergency guidelines by different members of the operating theatre team may help in the management of rare but potentially fatal emergencies.

P-9180 Evaluation of a System for Monitoring Surgical Blood Loss

Primary Author: Rosario Garcia, M.D.
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Englewood Hospital and Medical Center | Englewood, New Jersey
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Aryeh Shander, M.D., F.C.C.P., F.C.C.M.

Evaluation of new mobile platform for real-time monitoring of surgical blood loss, through the assessment of its accuracy and performance on surgical lap sponges in recontructed clinical scenarios.

P-9181 Perioperative Outcomes of Patients with Sleep Apnea Undergoing Hip and Knee Arthroplasty

Primary Author: Ottokar Stundner, M.D.
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Ya-Lin Chiu, M.S.
Madhu Mazumdar, M.A., M.S., Ph.D.

Despite the reportedly high prevalence of sleep apnea among joint arthroplasty recipients, literature on the impact of this disease on outcomes remains sparse. Utilizing a large national database, we found increased rates of perioperative complications, requirement of advanced services including critical care admission and postoperative ventilation, higher length of hospital stay and increased cost of hospitalization for patients undergoing total hip and knee arthroplasty with a concomitant diagnosis of sleep apnea. These findings are indicative of the significant challenges these patients pose to clinicians and administrators alike. Further research is needed into the mechanisms that associate sleep apnea with adverse outcomes.

P-9182 Relationship Between Leptin Levels in Cerebrospinal Fluid and Functional Pain Disability Scores in Total Knee Arthroplasty (TKA) Patients Prior to Surgery

Primary Author: Syed Azim, M.D.
Stony Brook Medicine | Stony Brook, New York
Co-Authors:
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Mario Rebecchi, Ph.D.
Ruth Reinsel, Ph.D.
Helene Benveniste, M.D., Ph.D.

We investigated the association between pain in daily activities and leptin in serum and cerebrospinal fluid in patients scheduled for Total Knee Arthroplasty (TKA) prior to surgery. Leptin is intriguing because it is produced both by adipocytes and the brain; it acts as a hormone as well as a proinflammatory cytokine. Our sample size consisted of 20 patients recruited under an IRB approved protocol. The average concentration of leptin in CSF was 241±121 pg/ml and the concentration of leptin in serum was 200-fold higher compared to CSF levels. The TKA patients had moderate impact of knee pain in daily functional activities as evidenced by an average pain disability questionnaire score of 46±20 (0=no pain and 100=severe pain in all daily activity). An exploratory linear regression analysis between pain score and $[Leptin]_{CSF}$ revealed a near significant positive relationship in obese patients ($p=0.068$) suggesting that higher levels of leptin in CSF are associated with more severe pain.

P-9183 Cost Analysis: A Comparison of Recovery Profiles of Propofol, Desflurane, Isoflurane and Sevoflurane in a Fast-Track Setting

Primary Author: Tricia Fullerton, D.O.
Riverside County Regional Medical Center | Moreno Valley
Co-Authors:
David Ninan, D.O.
Alfred Ma, M.D.
Norma Dominguez, D.O.

A review of the literature looking at both the cost of medications(anesthetic techniques) and their recovery profiles in the setting of fast-tracking patients in the recovery process.

P-9184 Examination of Risk Factors for Deep Vein Thrombosis After Total Hip Replacement

Primary Author: Paurush Ambesh, M.B.B.S.
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Sanjay Gandhi Postgraduate Institute of Medical Sciences | Lucknow, Uttar Pradesh, India
Co-Authors:
Sushil Ambesh, M.D.
Kamal Kishore, M.D.

Doppler ultrasonography (DUS) can help in early detection of deep vein thrombosis (DVT) in susceptible patients. Further, preoperative value of D-dimer is useful as a means to predict the onset of DVT after THR. We examined the incidence of DVT using DUS in patients who have undergone total hip replacement (THR) and searched for predictive factors to find out development of DVT. The DUS was performed 48 hours,7th and 14th postoperative day.We found that Preoperative value of D-dimer is a very important predictive factor for the onset of DVT after THR and therefore preoperative value of D-dimer could be used to rule out DVT after THR.

P-9185 Local Anesthetic Toxicity in Cultured Oral Squamous Cell Carcinoma HSC-3 Cells

Primary Author: Olga Eydlin, B.A.
NYU School of Medicine | New York, New York
NYU College of Dentistry | New York, New York
Co-Authors:
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Brian Schmidt, D.D.S., M.D., Ph.D.
Thomas J.J. Blanck, M.D., Ph.D.
Fang Xu, Ph.D.

This study was aimed to examine the effect of two commonly used local anesthetics, lidocaine and bupivacaine, on the viability of cultured HSC-3 cells (oral squamous cell carcinoma). We found that lidocaine and bupivacaine decrease HSC-3 cell viability in a dose-dependent manner *in vitro*, suggesting a possible role for local anesthetics in cancer treatment.

P-9186 Technology-Enhanced Simulation Workshop Improves Knowledge and Comfort with Ultrasound-Guided Radial Artery Cannulation

Primary Author: Beth L. Ladlie, M.D., M.P.H.
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David D. Thiel, M.D.
Eugene M. Richie, R.N.

In addition to improving central venous catheterization, ultrasound can be used to improve the success of arterial cannulation as well. A simulation based workshop can improve knowledge and comfort of ultrasound naive anesthesia providers in executing radial artery cannulation.

P-9187 Advanced Airway Management in the Prehospitalar Setting: A 4 Years Review

Primary Author: Salomé Cruz, M.D.
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Co-Authors:
Luísa Valente, M.D.
Ana Mirandez, M.D.
Rosina Andrade, M.D.

We aimed to describe the population and circumstances that required endotracheal intubation (ETI) in the prehospitalar setting of a medical vehicle of emergency and reanimation (VMER) over the past four years. The incidence of ETI was substantial during the action of our VMER being CRA the principal cause. A quarter of the patients were young males victims of trauma by fall or road traffic accident. Airway management in trauma cases has a known added difficulty to the already complex situation of the prehospitalar setting, therefore an experienced team with the right gear is fundamental to the reduction of patient and crew risks.

P-9188 Anesthetic Implications of Aortic Repair Surgical Techniques

Primary Author: Ana S. Mirandez, M.D.
Centro Hospitalar de Lisboa Central | Lisboa, Portugal
Centro Hospitalar de Lisboa Ocidental | Lisboa, Portugal
Co-Authors:
Eduardo B. Correia, M.D.
Lurdes Castro, M.D.

Aortic aneurisms are a condition that can lead to a cathastrophic outcome when dissected or ruptured.
The treatment of choice is the surgical management by open or endovascular techniques.The choice oh technique is mostly dependent on the surgeons but has high implications on anesthetic management.
Our study compares both techniques in anesthethic implications such as hemodinamic stability, transfusional needs, use of vasoactive drugs, extubation in the operating room and need of intessive care unit admission.
Anesthetic charts of 179 patients were analised during two year of practice.
The endovascular technique presented less tranfusional needs, less use of vasoactive drugs, higher rate of extubation in the operating room and lower rate of ICU admission, which makes it a fitfull choice for these procedures.

P-9189 'Food For Thought' – Closing The Audit Loop on Peri-Operative Fasting in Adult and Paediatric Patients, in the Largest Oncology Centre in the UK

Primary Author: Nhathien Nguyen-Lu, M.D., F.R.C.A.
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The Royal Marsden Hospital | London, United Kingdom
Co-Authors:
Anish Gupta, M.D., F.R.C.A.
Anjalina Majumder, M.D., F.R.C.A.

Pre-operative fasting has moved away from prolonged fasting to the encouragement of patients to keep well hydrated and nourished before surgery. It is well documented that prolonged fasting before surgery leads to patient dissatisfaction, thirst, hunger, anxiety and increased nausea and vomiting. The use of Carbohydrate drinks has been shown to reduce preoperative discomfort and insulin resistance post-operatively. Our audit on 108 randomised patients served to reinforce the implementation of change, with the introduction of routine carbohydrate drinks and a new design of a 'pre-operative 10 step checklist' enabling patients to feel empowered in their treatment pathway as emphasised by the enhanced recovery programme.

P-9190 Dexmedetomidine in the Prevention of Fentanyl Induced Cough

Primary Author: Alia S. Dabbous, M.D.
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Co-Author:
Patricia W. Nehme, M.D.

Fentanyl-induced cough is a common complication following bolus fentanyl administration.The mechanism is unclear. Clonidine was effective in reducing this effect.We elected to investigate the effect of dexmedetomidine on this complication.We randomly allocated 30 patients to receive either dexmedetomidine 1 µ/kg Group 1 or placebo in 10ml saline over 10 minutes Group 2 following a 2µ/kg fentanyl bolus given over 20 seconds.O patients in group 1 coughed,whereas 11 /18 patients (61%)in group 2 coughed. Only 1 patient in group 1 had >than 20% decrease in mean blood pressure.We conclude that dexmedetomidine is effective in preventing fentanyl-induced cough.

P-9191 Combined Versus Sequential Injection of Mepivacaine and Ropivacaine for Supraclavicular Nerve Blocks

Primary Author: Dmitry Roberman, D.O.
Drexel College of Medicine | Philadelphia, Pennsylvania
Cleveland Clinic Foundation | Cleveland, Ohio
Co-Authors:
Daniel Sessler, M.D.
Mike Ritchey, M.D.

An ideal local anesthetic with rapid onset and prolonged duration has yet to be developed. Clinicians use mixtures of local anesthetics in an attempt to combine their advantages. We tested the hypothesis that sequential supraclavicular injection of 1.5% mepivacaine followed 90 secs later by 0.5% ropivacaine speeds onset of sensory block and prolongs duration of analgesia compared with simultaneous injection of the same 2 local anesthetics.

P-9192 Relationship Between Rate of Intubation and CPAP Use in the Prehospital Setting

Primary Author: Nigel Knox, MSIV,
St. George's University | c/o The North American Correspondent
University Support Services, LLC | Great River, New York
Co-Authors:
Chinwe Ogedegbe, MD
Hormoz Ashtyani, MD
Joseph Feldman, MD

Since it's development as a viable treatment for sleep apnea, the use of positive airway pressure has grown as a therapy in the care of both pediatric and adult patients in respiratory distress. Although the use of continuous positive airway pressure (CPAP) has increased considerably as a means to prevent intubation in acute care settings like the intensive care units and pulmonary care units, there is little data on the utility of CPAP in pre-hospital settings.
The study took place from November 2012- May 2013, at Hackensack University Medical Center in Hackensack New Jersey. The objective of this study was to determine if pre-hospital use of CPAP is associated with endotracheal intubation rates among patients brought to the ED with acute respiratory distress (ARD). Using a retrospective cohort study design, we reviewed medical records of patients with ARD, who received CPAP treatment in mobile intensive care units between Jan 2011-Dec 2012. These pts were compared to records of similar diagnosed patients receiving therapy by the EMS without CPAP therapy between Jan-Dec 2004. With this data collected we compared the rate of intubation in those who received CPAP to those who did not receive CPAP treatment.

Adjusted (for age /sex /Dx) multivariate logistic regression showed that CPAP treatment was associated with a 66% reduced need for intubation [OR=0.34, 95% CI, 0.19 to 0.59]. Demonstrating among patients with acute respiratory distress, use of CPAP in pre-hospital setting was associated with less need for intubation upon ED admission. Findings from this study support the rejection of limiting the use of CPAP as only a chronic therapy device, and reinforce the potential of its use as an acute therapeutic device.

Notes

Notes

Medically Challenging Case Report Posters

STEPHEN A. VITKUN, M.D., M.B.A., PH.D., Chair

6th Floor • New York Marriott Marquis

- Be aware that Medically Challenging Case Report Posters may not necessarily be positioned in numerical sequence in the Exhibition Area.
- Authors should be available to discuss their work during the following designated times.

Saturday, December 15, 2012

Morning Session

11:00 - 13:00

MCC-7001	MCC-7009	MCC-7022	MCC-7036	MCC-7046
MCC-7003	MCC-7010	MCC-7023	MCC-7038	MCC-7047
MCC-7005	MCC-7011	MCC-7024	MCC-7042	MCC-7049
MCC-7006	MCC-7018	MCC-7028	MCC-7044	MCC-7051
MCC-7007	MCC-7021	MCC-7032	MCC-7045	MCC-7053
MCC-7008				

Afternoon Session

14:00 - 16:00

MCC-7055	MCC-7065	MCC-7080	MCC-7094	MCC-7101
MCC-7058	MCC-7067	MCC-7084	MCC-7095	MCC-7104
MCC-7059	MCC-7068	MCC-7089	MCC-7096	MCC-7105
MCC-7060	MCC-7069	MCC-7091	MCC-7097	MCC-7106
MCC-7062	MCC-7070	MCC-7092	MCC-7098	MCC-7107
MCC-7064	MCC-7077	MCC-7093	MCC-7100	

Sunday, December 16, 2012

Morning Session

11:00 - 13:00

MCC-7004	MCC-7033	MCC-7073	MCC-7081	MCC-7125
MCC-7012	MCC-7034	MCC-7074	MCC-7086	MCC-7127
MCC-7025	MCC-7035	MCC-7075	MCC-7087	MCC-7137
MCC-7026	MCC-7037	MCC-7076	MCC-7103	MCC-7144
MCC-7029	MCC-7052	MCC-7079	MCC-7118	MCC-7154
MCC-7030	MCC-7072			

Afternoon Session

14:00 - 16:00

MCC-7013	MCC-7114	MCC-7135	MCC-7147	MCC-7158
MCC-7066	MCC-7116	MCC-7136	MCC-7148	MCC-7160
MCC-7108	MCC-7122	MCC-7138	MCC-7153	MCC-7164
MCC-7109	MCC-7129	MCC-7139	MCC-7155	MCC-7168
MCC-7110	MCC-7132	MCC-7142	MCC-7156	MCC-7169
MCC-7113	MCC-7134	MCC-7146		

Monday, December 17, 2012

Morning Session

11:00 - 13:00

MCC-7002	MCC-7027	MCC-7048	MCC-7071	MCC-7090
MCC-7014	MCC-7031	MCC-7050	MCC-7078	MCC-7099
MCC-7015	MCC-7039	MCC-7054	MCC-7082	MCC-7112
MCC-7016	MCC-7040	MCC-7056	MCC-7083	MCC-7115
MCC-7017	MCC-7041	MCC-7057	MCC-7085	MCC-7149
MCC-7020	MCC-7043	MCC-7061	MCC-7088	

Afternoon Session

14:00 - 16:00

MCC-7063	MCC-7124	MCC-7143	MCC-7161	MCC-7170
MCC-7111	MCC-7128	MCC-7145	MCC-7162	MCC-7171
MCC-7117	MCC-7130	MCC-7150	MCC-7163	MCC-7172
MCC-7119	MCC-7131	MCC-7151	MCC-7165	MCC-7173
MCC-7120	MCC-7133	MCC-7152	MCC-7166	MCC-7174
MCC-7121	MCC-7140	MCC-7157	MCC-7167	
MCC-7123	MCC-7141	MCC-7159		

Titles, authors, institutions and descriptions will appear in numerical order from pages **172** through **216**.

The written descriptions have been reproduced as submitted on-line by each author.
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MEDICALLY CHALLENGING CASE REPORT POSTER AUTHOR DISCLOSURES:

The primary authors listed from pages **172** through **216** did not disclose any financial relationships.

MCC-7001 Pregnancy Complicated by Ruptured Ovarian Cyst

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Srdjan Djurdjevic, M.D,. Ph.D., Prof.
Sanja Bulatovic, M.D.
Stanislav Milovanovic, M.D.

A case of a patient with a known ovarian cyst diagnosed before the pregnancy that ruptured at 37 weeks of gestation is presented. Baby was delivered by Cesarean section, and cyst was removed afterwards. Pathology report showed well differential cystadenocarcinoma, which invaded the ovarian capsule. After discharge from the hospital patient received a recommended therapy and five months later patient underwent staging procedure consisting of total abdominal hysterectomy with right salpingectomy, left salpingo-oophorectomy and total omenectomy with limphadenectomy. All tissue was negative for cancer cells. Two months after second procedure patient is well and remains disease free.

MCC-7002 Successful Use of Continuous Peripheral Nerve Catheter for the Treatment of Complex Regional Pain Syndrome in a Pediatric Patient Unresponsive to Traditional Modalities

Primary Author: Siam Sukumvanich, M.D.
Mayo Clinic | Jacksonville, Florida
Nemours Children's Clinic | Jacksonville, Florida
Co-Author:
Robert Bryskin, M.D.

We describe a 14-year-old patient with rapidly progressing complex regional pain syndrome in her left leg triggered by a bug bite that is resistant to a combination of traditional pharmacologic and therapeutic modalities. She had complete resolution of symptoms following insertion of continuous peripheral nerve block catheters and 96 hours local anesthetic infusion via an elastomeric pump at home plus aggressive PT.

MCC-7003 Ultrasound-Guided Femoral Nerve Catheter Placement for the Treatment of Refractory Cancer Pain

Primary Author: Dung Nguyen, M.D.
University of Kentucky | Lexington, Kentucky
Co-Authors:
Shira Gurvitz, M.D.
Paul Sloan, M.D.

We present a patient with severe cancer pain of the right knee, refractory to high dose opioid analgesics, and with a contraindication to neuraxial analgesics, who achieved excellent pain relief with ultrasound-guided peripheral continuous nerve block technique. The use of ultrasound was essential in the accurate placement of this peripheral femoral nerve catheter and the successful treatment of refractory cancer pain. Continuous peripheral nerve block catheters may be used in the home patient for the management of cancer pain.

MCC-7004 Case Report – Anesthetic Management for Laparoscopic Resection of Gastropulmonary Fistula

Primary Author: Christopher W. Liu, B.Sc. (med), M.B.B.S. (Hons)
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Shanker Patsupathy, M.B.B.S., F.R.C.A.

We report the successful conduct of anaesthesia for laparoscopic repair of a gastropulmonary fistula, a rare complication that can occur after bariatric surgery. Because of the rare incidence, there is limited literature on this. Given the increasing incidence of bariatric surgery as a result of increasing obesity rates, such complications may be more common in the future.

MCC-7005 Successful Management of Acute Rise in Intracranial Pressure and Uncal Herniation

Primary Author: Clark K. Choi, M.D.
Maimonides Medical Center | Brooklyn, New York
Co-Author:
James Smit, M.D.

A 44 year-old female with neurological signs and symptoms of brain herniation for the past 3 months developed acute rise in ICP and bradycardia that resembled Cushing reflex was successfully managed pre- and peri-operatively with anesthesia and neurosurgical care. Patient recovered from the sequela of acute intracerebral hypertension without any neurological deficits.

MCC-7006 Multiple Level Ultrasound Guided Intercostal Nerve Blocks for Thoracic Wall Surgery in a Patient with Duchenne Muscular Dystrophy: A Case Report

Primary Author: Emine A. Salviz, M.D.
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Clinique Ste Anne-St Remi |Brussels, Belgium
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Nagasaki University School of Medicine |Nagasaki, Japan
St. Luke's Roosevelt Hospital Center, Columbia University | New York
Co-Authors:
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Philippe Gautier, M.D.
Hiroaki Murata, M.D.

Duchenne muscular dystrophy (DMD) is a progressive neuromuscular disease. Mortality is typically related to combined respiratory failure and dilated cardiomyopathy. We describe the utility of ultrasound (US) guided intercostal nerve blocks (INBs) for surgery on the chest wall in a patient with DMD and severe respiratory compromise.
A 27 yo male patient with DMD was scheduled for evacuation of a thoracic wall hematoma resulting from pathologic fracture. A decision was made to perform multiple INBs under US guidance for surgical anesthesia. Injections of 4mL of ropivacaine 0.75% at 5 consecutive intercostal spaces achieved expected dermatomal distribution. No sedation or additional analgesia was used during surgery; the patient's respiratory function remained stable throughout the perioperative period.
Anesthesia using US guided INBs may be a viable option for surgery on the chest wall in selected patients with decreased respiratory function.

MCC-7007 Ultrasound-Guided Continuous Thoracic Paravertebral Block for Outpatient Acute Pain Management of Multi-Level Unilateral Rib Fractures: A Case Report

Primary Author: Emine A. Salviz, M.D.
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Catholic University of Leuven | Leuven, Belgium
Co-Authors:
Hiroaki Murata, M.D.
Catherine Vandepitte, M.D.
Stephanie Chen, M.D.
Admir Hadzic, M.D., Ph.D.

Continuous thoracic paravertebral block for analgesia for inpatients with rib fractures has been reported previously. More recently, ultrasound-guided continuous thoracic paravertebral block has been suggested for greater precision over surface landmarks. However; ultrasound-guided continuous thoracic paravertebral block for outpatients with rib fractures has not been reported previously. We report the use of continuous thoracic paravertebral block for analgesia to facilitate hospital discharge, describe the outpatient management of the paravertebral catheter and the utility of ultrasound to determine optimal level of the catheter insertion.

MCC-7008 Occipital Nerve Block for Surgery on the Posterior Scalp

Primary Author: Saad Mohammad, M.D.
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Co-Authors:
Marilyn Ng, M.D.
Daniel Kaufman, M.D.
Daniel Fitzpatrick, M.D.
Alexander Apostol, M.D.

Conclusion:
Patients that present with scalp lesions within the distribution of cranial and spinal nerves may benefit considerably from regional nerve blocks, in this case, an occipital nerve in combination with spinal anesthesia for lower extremity anesthesia. Such blocks can be used additionally as a source of postoperative pain relief.

References:
1. Finco F, Matteo A, et al. Greater Occipital Nerve Block for Surgical Resection of Major Infiltrating Lesions of the Posterior Scalp. Plastic and Reconstructive Surgery, Feb 2010. 125, 52-53
2. Geze S, et al. The effect of scalp block and local infiltration on the haemodynamic and stress response to skull-pin placement for craniotomy. European Journal of Anaesthesiology 2009, 26:298–303.

MCC-7010 Unusual Airway Situation: Esophageal Stethoscope Knotted Around Endotracheal Tube. How Did We Manage?

Primary Author: Orion Hine, M.D.
UMDNJ-NJMS | Newark, New Jersey
Co-Author:
Sergey V. Pisklakov, M.D.

Uneventful VP shunt placement surgery with inability to remove esophageal stethoscope or endotracheal tube independently at the end of the case. Decision to remove both simultaneously was made and upon doing so the esophageal stethoscope was noted to be knotted tightly around the endotracheal tube.

MCC-7011 Anesthetic Considerations in a Parturient with Noonan Syndrome, Endocarditis, and Placental Abruption

Primary Author: Charles J. Chase, D.O.
Anesthesiologists of Greater Orlando, Inc. | Orlando, Florida
Medical College of WI and Zablocki VA Medical Center | Milwaukee, Wisconsin
Co-Author:
Elena J. Holak, M.D., PharmD.

The current case illustrates that NS is a complex congenital disorder that has several important ramifications for the anesthesiologist. The variability of NS presentation and the need for multidisciplinary care of parturients this disorder emphasize the need for comprehensive, coordinated management during the perioperative period to assure optimal outcome.

MCC-7012 Patient State Index Changes During Carotid Stenting by SEDLine Monitor

Primary Author: Ana B. Fernández, M.D.
Ntra Sra de Candelaria Hospital | Santa Cruz de Tenerife, Spain
Co-Author:
Milagros Fuentes, M.D.

We detected changes in PSI values during carotid angioplasty and stenting under local anesthesia in an awake patient, with completely occlusion of right internal carotid artery and 75-93% occlusion of left internal carotid artery, probably due to a 2nd cervical local radiotherapy.

MCC-7013 Patient with Acromegaly for Pituitary Tumor Resection and Hypertrophy of Pharyngeal Tissues: Difficult Intubation. What Are the Challenges?

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Acromegaly has been recognized as a cause of difficult intubation, due to alterations in airway anatomy, such as macroglossia and hypertrophy of laryngeal and pharyngeal tissues. Even in an acromegalic patient with a Class I airway, a difficult intubation should be expected and alternative techniques and tools should be prepared prior to the start of the case.

MCC-7014 Management of a Patient with Twin Gestation and Velamentous Cord Insertion with Large Post Delivery Hemorrhage During Cesarean Section

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A 24 year old primagravida with twin gestation was diagnosed with velamentous cord insertion on ultrasound. Velamentous cord insertion and vasa previa are risk factors for fetal hemorrhage, but not usually a cause of maternal hemorrhage. A spinal anesthetic was used. Despite the uncomplicated delivery of both the twins and the placenta, the site of placental insertion continued to bleed resulting in 2500mL over a 20 minute period. We describe the management of unexpected intense hemorrhage during spinal anesthesia.

MCC-7015 Using an Epidural Catheter for Cervical Blood Patch for Spontaneous CSF Leak at C2

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Both lumbar and cervical blood patches have been used successfully to treat CSF leaks in the cervical region. However, this success has been described in the lower cervical level, and the current standard of treatment for high cervical leaks is surgical. Current recommendations, through data from epidural steroid injections, suggest limiting cervical epidurals to C7-T1 due to the increased risk of neurologic injury or spinal cord puncture. Therefore, we felt this to be a safe technique for treating this patient's C2 CSF leak.

MCC-7016 Neuromodulation for Chronic Pudendal Neuralgia

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We report a patient who developed pudendal neuralgia following vaginal hysterectomy. She presented with significant pain when sitting, and failed all conservative treatments, including medication and pudendal nerve blocks. We were successfully able to relieve her pain with spinal cord stimulation by placing leads at the T11-12 level.

MCC-7017 Neurofibromatosis Pain Improvement with Transformational Epidural Steroid Injection

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In patients with radicular pain caused by neurofibromas, it remains unproven in clinical studies whether steroids are beneficial in treating symptoms, or have any affect on the neurofibroma itself.

MCC-7018 Subdural Hematoma After a Blood Patch

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The incidence of post-dural puncture headache (PDPH) after spinal anesthesia using pencil-point needles ranges from 0.66% to 4% in patients undergoing elective caesarean delivery. An epidural blood patch (EBP) is the most effective treatment with a reported cure rate of 33–66% after one blood patch. Reported complications include arachnoiditis, back pain, and infection. We report the case of a 37-year old woman who developed excruciating bilateral buttock and lateral thigh pain after an EBP. A magnetic resonance imagining scan demonstrated a contained subacute spinal subdural hematoma (SDH) causing mass effect on the cauda equina and severe spinal stenosis. To our knowledge, this is the first case report of a spinal SDH in a post-partum patient as a complication of an EBP performed for PDPH from a pencil-point spinal needle.

MCC-7019 Placenta Percreta in a G18, P14 Refusing General Anesthesia – Placenta Percreta is a Potential Cause of Life-Threatening Maternal Hemorrhage. When an Antenatal Diagnosis is Made, a Coordinated Multidisciplinary Team Approach to Management Should Be Constructed Through Preoperative Consultation. We Herein Present the Case of a Grand Multiparous Patient with Placenta Percreta Invading the Urinary Bladder

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Placenta percreta is a rare but severe form of abnormal placental attachment that carries a high incidence of maternal morbidity and mortality. Familiarity with this condition is crucial for effective management. While many cases are discovered incidentally at the time of delivery, awareness to the patient's risk factors provides opportunity for an antenatal diagnosis. Preparation and coordination of a multidisciplinary team are key to a successful outcome.

MCC-7020 Preoperative Computed Tomography Image in a Patient with Uncorrected Scoliosis Undergoing Major Abdominal Surgery: Solving the Thoracic Epidural Placement Puzzle

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A case report of a 75 year old female with severe scoliosis undergoing extensive abdominal surgery with use of epidural analgesia for postoperative pain control. The careful review of preoperative CT imaging, in conjunction with the use of a modified paramedian approach, is a useful strategy in the successful placement of a thoracic epidural in a patient with uncorrected scoliosis.

MCC-7021 A Case of Pheochromocytomectomy in a Pediatric Patient While on Ecmo

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A 17 year old male with a pheochromocytoma developed severe cardiac dysfunction requiring extra-corporeal membrane oxygenation (ECMO) for hemodynamic support. He was unable to be weaned from ECMO due to the effects of the vasoactive substances released from the pheochromocytoma on cardiac function. A decision was made by the cardiac anesthesiology, general surgery, cardiothoracic surgery, cardiology, perfusion, and cardiac intensive care teams to perform surgery with the patient on ECMO. A significant concern existed about surgical bleeding on ECMO due the the anticoagulation required with a standard circuit. Therefore, to avoid the need for intra-operative anticoagulation, he was successfully transitioned to a heparin-bonded ECMO circuit for the surgical procedure. The surgery was performed with minimal blood loss, and the patient was decannulated from ECMO on post-operative day 2, with eventual recovery to near-normal cardiac function.

MCC-7022 Trouble in the GI Suite: New Onset LBBB

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During an endoscopic ultrasound in the GI Suite a patient's ECG changed from normal to a complete LBBB. Since a new onset LBBB can be considered ECG evidence of myocardial ischemia or infarction the procedure was aborted and the patient was woken up. A 12 lead ECG was faxed from the patient's cardiologist's office and it showed an incomplete RBBB with no significant conduction delay. A second call to the cardiologist's office triggered further examination of the patient's chart. This revealed that the patient had an exercise induced LBBB. With this new information a decision was made to continue the procedure. The patient was resedated and the procedure was completed. The LBBB remained for the duration of the procedure and during recovery.

MCC-7023 Amniotic Fluid Embolism Following Spontaneous Rupture of Membranes: Subsequent Seizure and Cardiovascular Collapse

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A 25 year old, full-term, healthy female was admitted to L&D for induction of labor. After spontaneous rupture of membranes, the patient experienced seizure activity, hypotension, and hypoxia. Non-reassuring fetal tones were also noted, and after stabilization, the patient was taken emergently to the operating room for Cesarean section. After delivery of the fetus, the patient developed pulseless ventricular tachycardia and ACLS protocol was initiated. Despite prolonged resuscitative efforts, the patient developed DIC and eventually died. The diagnosis of exclusion: amniotic fluid embolism.

MCC-7024 Anaphylactoid Shock with Infusion of 5% Albumin in a Patient Under General Anesthesia

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We are describing a case of anaphylactoid shock with infusion of 5% human albumin in a patient with gastric cancer undergoing gastrectomy. 5% Albumin infusion caused a severe drop in blood pressure that only improved after epinephrine adminstration. With the still ongoing crystalloid colloid debate, the risk of severe anaphylactic shock, even with the safer colloids like albumin should drive to a more conservative use of albumin for volume resuscitation, specially under general anesthesia.

MCC-7025 Chronic Pelvic Pain Treated with a Trigger Point Injection

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We present this case of long-standing chronic pelvic pain with an extensive work-up and treatment that included 3 laparoscopic surgical procedures that was treated successfully with a trigger point injection with normal saline.

MCC-7026 Labor Epidural for a Parturient with a History of Myelomeningocele

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We presented a case of a parturient with a history of myelomeningocele, treated surgically as a child, which caused moderate right leg weakness. Successful epidural anesthesia for labor and delivery was administered in this parturient, producing a sufficient level of analgesia without complications. 2 years later the patient received epidural anesthesia for her 2nd pregnancy followed by delivery via C/S, which again provided excellent analgesia with no complications. In 2 separate incidences this case demonstrates that safety and efficacy can be achieved using epidural anesthesia in a parturient with a history of myelomeningocele and spinal surgery.

MCC-7027 6 Years Old, K+ of 7.0 Mmol/L, and "No Time for Dialysis"

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A 6 year-old boy with renal failure secondary to glomerulosclerosis on peritoneal dialysis was called to the hospital for cadaveric renal transplantation. His medical history is otherwise significant for hypertension. Preoperatively, labs revealed a K+ of 7.0 mmol/L and an EKG exhibited peaked T-waves. The donor kidney ischemia time was approaching 15 hours, and the transplant surgeons requested to proceed immediately to the operating rooms for fear of failure of the graft.
On transfer to the OR, the patient recieved 1ampule of NaHCO3. On induction of anesthesia another ampule of NaHCO3, 500 mg calcium gluconate, 150 mg propofol and 50 mg rocuronium were administered. The patient was intubated without event, and briefly the T waves were noted be become less peaked. A repeated K+ was noted to be 6.2 mmol/L. Insulin and dextrose infusions were started, and the transplantation proceeded without event.

MCC-7028 Perioperative Management of an Elective Cranial Vault Remodeling For a Lambdoid Suture Craniosynostosis in a 13-Month Old Male

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Surgical remodeling of the cranial vault for craniosynostosis requires a great deal of planning on the part of the anesthesiologist and surgeon. These procedures must take place within a particular time frame based on the malleability of the skull as well as the patient's ability to withstand a surgery that could potentially have a significant amount of blood loss. This case presents the management of a 13-month old male with a history of lambdoidal craniosynostosis as well as Wolff-Parkinson-White Syndrome, and an upper respiratory infection 5 weeks prior to surgery. After an inhalational induction, multiple peripheral IVs were placed along with an arterial line. A 4.5 ETT was secured, and the patient was positioned prone. The surgery itself was complicated only by a blood loss of 250 cc. The patient remained intubated until post-operative day (POD) #2. Post-extubation, the patient had no further complications, and was discharged home with his parents on POD #3.

MCC-7029 Unrecognized Fatal Meningitis in the Postpartum Period Following an Uneventful Labor and Delivery with Epidural Analgesia

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We report a case of unrecognized fatal meningitis following an uneventful labor and delivery with epidural analgesia. The patient had a coexisting URI complicated by fatal meningitis making an early diagnosis difficult. There have been several reports of iatrogenic meningitis [1, 2] following neuraxial blocks, and dural puncture has been implicated as a risk factor for meningitis in septic patients [3, 4]. However, a dural puncture is unlikely in our patient. Epidural blocks have been extensively applied in febrile pregnant patients with rare adverse infectious complications. The epidural block was performed under our departmental guidelines with no evidence that it contributed to meningitis. Currently, there are no specific standards or guidelines in the U.S. for infection control precautions in epidural or spinal anesthesia. Our departmental guidelines recommend hats, facemasks, washing hands, and wearing gloves prior to cleaning the patient's skin with an antiseptic solution.

MCC-7030 Acute Postoperative Negative Pressure Pulmonary Edema Immediately Following Extubation

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This report outlines a case of postoperative negative pressure pulmonary edema (NPPE) immediately following extubation in a restless, uncooperative patient. Reintubation, PEEP, diuretics, and bronchodilators restored her normal pulmonary function. Premature extubation, laryngospasm, and retroglossal airway obstructions may all lead to NPPE [1]. In NPPE, increasing negative intrathoracic pressure increases venous return and ventricular afterload. Hydrostatic pressure in the alveolar capillaries is then increased, causing fluid to shift into the interstitium. This leads to fluid overload, distorting the alveolar epithelium, ultimately causing mechanical stress on the pulmonary membranes [2]. The transfer of fluid into the alveoli is further exacerbated by a hypoxia induced hyper-adrenergic state. In fact, a large portion of unrecognized cases of NPPE in the postoperative setting may involve preoperative hypoxemia.

MCC-7031 Pulmonary Embolism in a 29 Week Parturient as a Consequence of a Fractured Fibula Resulting from a Fall

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Pregnancy is a hypercoagulable state. Long bone fracture places these patients at a high risk for potentially fatal complications like pulmonary embolism. At the same time, anticoagulation places these patients at risk of bleeding complications. This case demonstrates that an active multidisciplinary approach is required to prevent such complications in these high risk patients.

MCC-7032 Pediatric Anesthetic Use of a NIM EMG Endotracheal Tube Placement Confirmed by a Glidescope® for a Patient Undergoing a "Spit Fistula"

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Our rationale to first intubate the patient using a Macintosh size 3 blade was to improve the ability to place the NIM EMG tube without needing a stylette or any special tube manipulation. A recent study by Fiadjoe, J "A Prospective Randomized Equivalence Trial of the GlideScope Cobalt® Video Laryngoscope to Traditional Direct Laryngoscopy in Neonates and Infants," had shown that tube passage time was longer than regular DL. If we had used a GlideScope®, we would have required a stylette to negiotate the additional curvature of the GlideScope®. Using the GlideScope® for confirmation allows a better view with decreased need for neck/trachea manipulation. This patient's slightly left sided deviated trachea and copious secretions made us believe that the direct view from the glidescope's optic angle would be better than trying to view the exact lines of the NIM EMG tube in the traditional manner.

MCC-7033 High Spinal Anesthesia During Epidural-PCA for Post-Cesarean Analgesia

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A healthy 39 year old lady underwent an uneventful repeat C/S with CSE anesthesia followed by epidural-PCA for post C/S analgesia. Seven hours following the procedure, the patient pushed her PCA button and within a minute felt weakness of the upper and lower extremities, accompanied by chest pressure, dyspnea, and the loss of sensation below the C2 level. The epidural PCA was immediately discontinued. Within 20 minutes, the patient remained anxious and began shivering. She proceeded to recover motor strength and sensation, and the chest pressure and dyspnea resolved within 90 minutes of the event. A test dose should be administered before initiation of epidural-PCA for post C/S analgesia. Upon such symptoms, we recommend the immediate discontinuation of the epidural-PCA, followed by close monitoring and treatment as needed. Our unique case suggests that a timely response upon the behalf of the patient, nursing staff, and physicians leads to a favorable outcome.

MCC-7034 Severe Bradycardia Following Cardioversion for Atrial Fibrillation

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An 85 year old female with atrial fibrillation was admitted to the Echo lab for TEE and subsequent cardioversion. Following the cardioversion, she had severe bradycardia, complicated by her excessive medications: metoprolol, diltiazem, digoxin, and amiodarone. The patient was not responsive to atropine and ephedrine. Subsequent glucagon and transcutaneous pacing helped maintain her normal vital signs. Glucagon and transcutaneous pacemaker should be the ultimate treatment for severe bradycardia unresponsive to atropine and ephedrine.

MCC-7035 Surgical Electrocautery Induced Ventricular Tachycardia in a Patient with a Spinal Cord Stimulator

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A 56 year old female with medical history of chronic alcoholism and chronic back pain status post spinal cord stimulator develops torsade de pointes while undergoing left hip arthroplasty. Torsade de pointes occurred with electrocaudery usage and resolved with caudery discontinuation. We theorize that the cautery arc to the spinal cord stimulator induced torsade de pointes in association with the patient's underlying hypomagnesaemia.

MCC-7036 Refractory Hypoxemia Leading to Cardiopulmonary Arrest in a Parturient with Acute Pulmonary Edema

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Pulmonary edema is associated with preeclampsia in 3% of cases and acute hypoxemic respiratory failure in the parturient is even more rare. This case discusses the management of a parturient at 31 weeks gestation with severe preeclampsia complicated by pulmonary edema, severe maternal hypoxemia, and respiratory failure.

MCC-7037 Mediastinal Mass in a Child Undergoing Surgery

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When a child with an anterior mediastinal mass needs undergoing surgery, the anesthetic management may result a risk.
Recommendations for preoperative evaluation of children with an anterior mediastinal mass include assessment of compressive signs and symptoms from the anterior mediastinal mass, CT imaging, echocardiography, and pulmonary function testing to assess for dynamic airway compression.
General anesthesia should be avoided in these patients, but if it is necessary a titrated stepwise induction with maintenance of spontaneous ventilation and avoidance of neuromuscular blockers is strongly advised.
Patient position is important too. If supine position is not tolerated, laterally or even prone position should be established.
If tracheal or bronchial collapse occurs during the anesthesia, rigid bronchoscopy may be life saving.

MCC-7038 Stress Cardiomyopathy Following Massive Overdose of Epinephrine

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Accidental injection of 9 mg of epinephrine resulted in severe hypertension that resolved in 15 minutes after treatment with IV Ntg and labetalol. The patient appeared well postoperatively, followup TTE revealed EF of 10-20 % with severe diffuse hypokinesis with sparing of the apex. He had normal cardiac function at 5 weeks.

MCC-7039 An Unexplained Severe Acute Respiratory Insufficiency During a Routine Colonoscopy in an Ambulatory Facility

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A case study on a patient with known asthma that resulted in a spontaneous pneumothorax during colonolscopy requiring emergent airway management and chest tube placement to manage hypoxemia in an ambulatory facility.

MCC-7040 Prompt Treatment of Transient Bradycardia in a Patient with Charcot-Marie-Tooth Disease Undergoing Esophago-Gastro-Duodenoscopy and Colonoscopy with Favorable Outcome

Primary Author: Harry Singh, M.D.
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A growing number of case reports suggest an association between cardiovascular abnormalities and CMT disease. The cardiac conduction disturbances associated with CMT are not necessarily secondary to cardiomyopathy but may represent a primary degeneration of the conduction tissue. Significant cardiac conduction system disease can also occur secondary to mutations in gene encoding lamin A/C nuclear envelope proteins as in axonal CMT disease. Anesthesiologists should be aware of the possibility of serious cardiovascular manifestations requiring antiarrythmic medications and pacemaker as needed. Lack of anticipation of serious cardiac arrythmias and delay in treatment can be fatal with adverse outcome.

MCC-7041 Emergency Cesarean Section in a Patient with Large Uterine Fibroid and Hypercalcemic Crisis

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27 year old woman for emergent cesarean section under GETA due to late fetal decelerations. Case complicated by large intrauterine myoma causing brisk intraoperative hemorrhage and hypercalcemic crisis (level 15.34 mg/dl).

MCC-7042 Case Report: Subdural Hematoma from Thoracic Epidural Placement

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Spinal hematoma has been described in autopsies since 1682 and as a clinical diagnosis since 1867. It is a rare and usually severe neurological disorder that, without adequate treatment, often leads to death or permanent neurological deficit (1). With this case report, we want to stress the importance of early recognition and treatment of a spinal hematoma.

MCC-7043 Ankylosing Spondylitis with Unstable Cervical Spine Fracture and Dislocation

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A 59 year old male with ankylosing spondylitis slipped in a hot tub sustaining a C4-5 fracture dislocation. He was neurologically intact and scheduled for posterior cervical spine fusion with prone positioning and sensory evoked potential monitoring. Wake up tests were required after intubation, before, and after prone positioning.
Awake fiberoptic intubation sedation was with dexmedetomidine and midazolam. Airway anesthesia was with aerosolized 4% lidocaine and topical 2% lidocaine via bronchoscope. General anesthesia was with isoflurane, fentanyl and dexmedetomidine. Wake up tests were uneventful. Patient was extubated and discharged on postoperative day one and three respectively with no neurological deficits.

MCC-7044 Recurrent Psychogenic Paresis After Dural Puncture in a Parturient

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This case report describes a 29 year old G4P1 parturient who after undergoing elective cesarean section with general anesthesia after a failed spinal, displayed symptoms of lower extremity weakness and sensory deficits. This was not her first occurence and was diagnosis with recurrent psychogenic paresis, a type of conversion disorder. Our case report reviews the various risk factors, etiology, neurological signs and symptoms, therapy and future management of a patient with recurrent conversion disorder. We also review the regional anesthetic considerations for patients with Type 1 Arnold Chiari malformation.

MCC-7045 Myotonic Dystrophy Type 1

Primary Author: Filipa Hortae Silva, Resident
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The poster reports a case of a nine years old child with Myotonic dystrophy type 1 submitted to a dorsal spinal fixation under total intravenous anesthesia.
This disorder calls for a tailored perioperative management, due to the altered response to several pharmacological agents, the greater incidence of adverse cardiorespiratory events and the need to anticipate the development of a myotonic crisis, thereby controlling its triggering factors.

MCC-7046 Anesthetic Management in a Patient with Wegener's Granulomatosis

Primary Author: Filipa Hortae Silva, Resident
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The poster reports a case of a 42 years old female with Wegener granulomatosis, proposed to tracheal dilatation due to severe SGS unresponsive to medical treatment.
WG presents a challenge to the anesthesiologist due to multisystemic involvement of the disease resulting in abnormalities of the airway, respiratory, circulatory, renal and central/peripheral nervous systems.

MCC-7047 Watch What You Eat! A Treacherous Airway in a Parturient Secondary to Waffle Ingestion

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A 30 weeks paturient, who had eaten a waffle, and then developed an expanding large soft palate haematoma obscuring the whole pharynx. She urgently required evacuation of haematoma under general anaesthesia as the otolaryngologists were concerned about further haematoma expansion and impending respiratory distress. This case is of particular interest as it occurred in a patient who was pregnant, thus bringing about added complications of a difficult airway and higher risks of aspiration. We describe her anaesthetic management in securing her airway and highlight the importance of an awake fibreoptic intubation.

MCC-7048 Airway Management of Postoperative Tracheotomy Bleed

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62 year old man 3 hours status post tracheotomy for respiratory failure found to have peristomal bleed and large intra-tracheal clot causing elevated airway pressures. Patient orally intubated and large 20 x 1-2cm clot removed from trachea.

MCC-7049 Successful Management of Cardiac Tamponade Secondary to a Hiatal Hernia

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An 82-year-old male who underwent a CABG and an AVR developed worsening hemodynamics in the post-op period. The patient had a known hiatal hernia. Chest X-ray revealed a collection of air within the inferior mediastinum. Passage of an orogastric tube relieved the air, with resulting improved hemodynamics. This resolved what was a case of extra-pericardial tamponade related to hiatal hernia.

MCC-7050 Emergency Cesarean Section in a Patient with Large Uterine Fibroid and Hypercalcemic Crisis

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27 year old woman for emergent cesarean section under GETA due to late fetal decelerations. Case complicated by large intrauterine myoma causing brisk intraoperative hemorrhage and hypercalcemic crisis (level 15.34 mg/dl).

MCC-7051 A Unique Case of Hypercarbia During Cardiopulmonary Bypass

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Hypercarbia and the accompanied respiratory acidosis alter the hemodynamic physiology of the pulmonary, cardiac, and systemic circulations. These undesirable effects are compounded in the cardiovascular patient and behoove the anesthesiologist to discover and correct the problem in a timely manner. We present a unique cause of hypercarbia after cardiopulmonary bypass as a result of medical CO2 being entrained into subcutaneous tissue.

MCC-7052 Venous Air Embolism from Tisseel Use During Endoscopic Cranial Vault Remodeling for Craniosynostosis Repair: Case Report

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Venous air embolism (VAE) is a potential complication during cranial vault remodeling. The incidence of VAE has been reported to be as high as 82.6% during open craniectomy for craniosynostosis repair. On the other hand, other studies reported a much lower incidence of VAE (8% and 2%) during endoscopic strip craniectomy. In addition, there is a heightened emphasis on achieving hemostasis during craniosynostosis repair which has led to the use of products such as antifibrinolytics and fibrin sealants (Tisseel). We present a case where a VAE causing significant hemodynamic instability (grade III) ensued immediately following fibrin sealant (Tisseel) application. Exploration of the potential source of VAE pointed to the high pressure and close proximity (between spray device and tissue) during application of Tisseel, likely forcing air into the vascular system.

MCC-7053 Superior Mesententeric Artery (Wilkie) Syndrome, What to Do When Surgery Fails?

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Superior mesenteric artery syndrome describes vascular compression of the third portion of the duodenum by the abdominal aorta and superior mesenteric artery, and presents with nausea, postpandrial vomiting and epigastic abdominal pain.
Duodenojejunostomy, is the most effective procedure with a success rate above 90%.
We present the case of a 33 years old male who presented epigastric untractable pain since he was 18 years-old where conservative and surgery treatments failed.
We decided to perform celiac plexus block, as the last option to relief this untractable pain with a successful result.
When surgery fails and the pain continues the celiac plexus block is a feasible and effective measure to treat it. It is a technique widely used in oncological pain with positive results, and may be applicable on differents origins of pain.

MCC-7054 Perioperative Anesthetic Management of a Patient with Post Poliomyelitis Syndrome for Femur Orif Under Spinal Subarachnoid Block with Favorable Outcome

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Risk of complications from regional anesthesia in patients with preexisting neurologic disorders such as multiple sclerosis, amyotrophic lateral sclerosis and PPS may not be as frequent as once thought. There is fear of worsening of neurologic status from needle or catheter induced mechanical trauma, local anesthetic neurotoxicity or neural ischemia from epinepphrine-induced vasoconstriction in these patients. Many patients with neurologic disorders may have concurrent respiratory or cardiac impairment and can benefit from regional anesthesia. Decision to perform neuraxial block should be based after consideration of patient co-morbidities, patient preferences, surgical procedure and skills of anesthesiologist for regional anesthesia. Our case adds to a number of other reported cases of patients with PPS receiving SAB without adverse neurologic outcome.

MCC-7055 Cerebral Aneurysm Coiling: TPA and Abciximab

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This event highlights the importance of maintaining appropriate intraoperative anticoagulation, balancing the risk of thrombosis with the risk of bleeding. Anesthesiologists must also perform an assessment of anticoagulation with serial ACTs, and familiarize themselves with fibrinolytic and anti-platelet agents.

MCC-7056 A Difficult Awake Fiberoptic Intubation in a 37 Year Old Female with a Supraglottic Mass and Epiglotitis

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A 37 year old female with a past medical history of laryngeal cancer presents with worsening swallowing and breathing difficulties caused by bilateral peritonsilar abscesses and epiglotitis was brought to the operating room for urgent awake nasal intubation with otolayngology present. 4% Lidocaine gel and Afrin was put in the left nares, followed by nebulized 4% lidocaine. Fiberoptic nasal intubation was attempted, and was finally successful after multiple providers and scopes were used. 4mg midazolam and 30mg propofol were given over 20 minutes for patient comfort. The remainder of the surgery was uneventful: the abscesses were biopsied and debrided. Pathology showed MRSA without cancer. The patient was later extubated uneventfully and discharged home on oral antibiotics.

MCC-7057 Transient Left Bundle Branch Block (LBBB) Following Local Infiltration with Lidocaine and Bupivacaine

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The acute onset of left bundle branch block (LBBB) during surgery is an infrequent occurrence. It is thought to be associated with significant cardiac diseases. Its sudden appearance during anesthesia may complicate the anesthesia management, especially when the patients are under general anesthesia and they are unable to report the symptoms of myocardial ischemia and the presence of LBBB makes the diagnosis of myocardial ischemia by ECG more difficult. There have been several case reports of the association of intravenous administration of lidocaine and transient LBBB. We report here the occurrence of a transient LBBB following local infiltration using 400mg of lidocaine and 100mg of bupivacaine in a patient undergoing a right inguinal hernia repair under MAC. The patient remained asymptomatic with vitals stable and LBBB resolved spontaneously. Cardiac work up showed no evidence of myocardial ischemia or significant cardiac disease.

MCC-7058 Intraoperative Diagnosis & Management of Hemothorax/Pneumothorax Following Central Venous Catheter Placement in 5 Month Old for Craniosynostosis

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Case of a 5 month old infant with difficult access undergoing cranial vault remodeling, bilateral frontal orbital advancement and repair of trigonocephaly. Placement of right internal jugular central venous line causes inadvertent tension pneumothorax and hemothorax, resulting in stat Thoracic Surgery consultation and placement of right sided chest tube. Recognition, diagnosis and management of intraoperative central line complications will be discussed.

MCC-7059 Anesthetic Management for Carotid Body Tumor Excision in a Patient with Bilateral Carotid Body Tumors

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We are describing the anesthetic management of a patient with bilateral carotid body tumors undergoing excision of the left. Anesthesia for carotid body tumor excision remains a challenge with high preoperative morbidity and mortality. Considerable blood loss, impaired response to hypoxia and significant cardiovascular instability because of carotid sinus stimulation and the release of vasoactive amines into the circulation are among the complications the anesthesiologist should be ready to deal with during and after this surgery.

MCC-7060 Prolonged Effect of Non-Depolarizing Muscle Relaxants in a Patient with Multiple Sclerosis

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We are describing a case in which a prolonged paralyzing effect of non-depolarizing muscle relaxants occurred in a patient with multiple sclerosis.

MCC-7061 Anesthetic Difficulties and Perioperative Considerations for Two Neonates with Holoprosencephaly

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We present two holoprosencephalic neonates who required general anesthesia for cranio-facial reconstructive procedures.
We discuss the challenges of holoprosencephaly and anesthetic management techniques.
We also review the strategies utilized to avoid and/or treat possible peri-operative compromises and minimize adverse outcomes.

MCC-7062 The Inhibition of Sufentanil Metabolism By Ritonavir

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We report a case of the inhibition of Sufentanil metabolism by Ritonovir. The inhibitory effect of Ritonovir on the CYP3A4 enzyme has been well-described in the literature, as has the interaction between Fentanyl and Ritonovir. However, to our knowledge, this is the first report of Ritonovir's interaction with Sufentanil.

MCC-7063 Misdiagnosis on Honduran Mission Highlights Teamwork

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A 72-year-old patient presented with right lower quadrant pain of 4 months duration. Portable ultrasound poorly visualized an adnexal mass in the right lower quadrant. Surgical exploration revealed a large ruptured ileocecel abscess. Emergency enteroenterostomy was performed and she developed systemic inflammatory response syndrome. We describe our extraordinary efforts to both provide and achieve the level of essential postoperative and intensive care in a country with extremely limited resources.
The case highlights the importance of preparedness, communication, and physician determination on a medical mission. We were not equipped to handle prolonged post-operative mechanical ventilation and transfer to an ICU. However, with determination, flexibility and persistence, coupled with close cooperation with local physicians, we were able to secure a good outcome for our patient.

MCC-7064 Resection of Paraganglioma in a Patient with Previous Mustard Atrial Switch Procedure

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The patient is a 37 yo male born with transposition of great arteries, who underwent balloon atrial septostomy and Blalock shunt as a neonate, then Mustard Atrial Switch at 18 months. He now presents for resection of a retroperitoneal paraganglioma. He reported that his health was good during childhood, but noticed progressive dyspnea since late teens. The patient had a long history of hypertension treated with Lisinopril and Metoprolol, and atrial flutter treated with aspirin. At age 34, he had stents placed in the SVC and IVC baffle for obstruction. A cardiac MRI prior to surgery showed CHF with estimated RV (systemic) EF of 15%. During a recent workup for abdominal pain, a retroperitoneal mass was discovered on CT scan. Subsequent pathology and laboratory results showed findings consistent with paraganglioma. We report our experience with providing anesthesia for paraganglioma resection in a patient with previous Mustard procedure who was pre-treated with alpha and beta blockade.

MCC-7065 Non-Conventional Endovascular Carotid Surgery in a Patient with Severe Juvenile Atherosclerosis

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Non-conventional Endovascular Carotid Surgery in a 58 year-old man with Severe Juvenile Atherosclerosis. Severe coronary disease. Occlusion of both internal carotid arteries and associated stenosis of both subclavian arteries. Superior mesenteric and bilateral renal artery occlusion. Infrarenal aortic occlusion.
Previous right carotid endarterectomy and right carotid to subclavian artery by-pass and left carotid endarterectomy and left carotid to subclavian artery by-pass with saphenous vein. LVEF 35%. Severe and generalized contractility disorders. A+E consult because of a left cervical pulsatile mass.

Diagnosis:
Giant Left Carotid False Aneurysm and important tracheal deviation.
Impossible conventional femoral approach because of femoral and justarenal aortic obstruction.
Nasotracheal awake intubation with flexible fibrobronchoscope.
Lateral-cervical incision, retrograde puncture of carotid, insertion of endoprostheses and occlusion of the orifice of the false aneurysm.

MCC-7066 Successful Ankle Block for a High-Risk Cardiac Patient Undergoing Toe Amputations Despite Communication Barriers

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An ASA PS 4 Hispanic patient who suffered a recent stroke with aphasia presented for 1st and 2nd toe amputations. Past medical history also included coronary artery disease, congestive heart failure, and end-stage renal disease on hemodialysis. Due to the high risk of cardiac complications under general anesthesia, a regional anesthetic was preferred. Given the difficulty with positioning, patient cooperation, and communication barriers, spinal anesthesia and popliteal blocks were not feasible. Ultimately an ankle block was successfully performed, and the patient tolerated the anesthetic and surgery uneventfully.

MCC-7067 Urgent Pediatric Appendectomy and the Sequelae of Pediatric Cardiac Arrest

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We present a case of an 11-yr-old for pediatric appendectomy sustaining an unexpected, intra-operative cardiac arrest. Resuscitation ensued, but he suffered global hypoxic encephalopathy. His prior medical history and recent illness provide few clues to discern etiology. Were there subtle signs of cardiac disease/arrhythmia or evolving signs of sepsis? Examining the peri-operative course in light of data available through databases such as the Pediatric Perioperative Cardiac Arrest Registry can inform physicians and suggest further registry investigation to avert similar events.

MCC-7068 Cloudy Urine After Propofol Anaesthesia: An Uncommon Occurrence with a Common Drug

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We report a case whereby a young gentleman undergoing elective surgery for achalasia develops cloudy urine after target controlled infusion with propofol. Differential diagnoses included; urinary tract infection, medications and iatrogenic causes. After urinalysis, the cause was discovered to be uric acid crystallization in the urine following administration of propofol anesthesia. This patient did not have any risk factors for hyperuricemia nor was he obese. The occurrence of cloudy urine after propofol anesthesia appears to be transient with no effect on long term renal function. This interesting side effect of propofol may be due to its uricosuric properties. With increasing popularity of propofol use, this phenomenon may be more commonly seen.

MCC-7069 Lumbar Epidural Blood Patch for Management of Asymptomatic CSF Leak in a Child After Placement of Intrathecal Baclofen Pump

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Cerebrospinal fluid leak is a frequent complication following placement of an intrathecal baclofen pump in children. This case describes the utilization of a lumbar epidural blood patch as a successful adjunct in the resolution of a refractory CSF leak in a 4.5 year-old boy.

MCC-7070 Intralipid to the Rescue in a Serious Case of Verapamil Overdose

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This is a case demonstrating a young patient with severe calcium channel blocker overdose who failed to respond to supportive measures but showed dramatic improvement when started on a insulin dextrose infusion and given a bolus of intralipid. Here we discuss the potential mechanisms behind the beneficial effects of insulin. The use of intralipid in the management of local anaesthetic toxicity is a well researched and publicized phenomenon. However case reports showing its efficacy in the treatment of deliberate overdoses with lipid soluble medications are sparse. We believe this to be the first case in Ireland where we successfully treated a serious Ca-channel blocker overdose with insulin-dextrose infusion and a single bolus of intralipid.

MCC-7071 Perioperative Management of a Patient with a Left Ventricular Assist Device Presenting for Emergent Posterior Fusion in the Prone Position

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A 57-year-old male with a HeartMate II LVAD secondary to acute ischemic cardiomyopathy was found to have vertebral body collapse of C5-C7, presumed to be of infectious origin. He was taken to the operating room for anterior cervical corpectomy of C5, C6, and C7 with posterior fusion of C4 through T1. Upon repositioning from supine to the prone position, the patient became hypotensive and VAD interrogation revealed decreased pulsatility index. A decrease in venous return along with increased pressure on the anterior right ventricle and partial right ventricular outflow obstruction by the VAD outflow cannula contributed to the decreased cardiac output. TEE was used to guide fluid management and vasoactive agents, and the patient improved with fluid boluses and phenylephrine. Appropriate anesthetic planning and intraoperative monitoring supported by TEE, as well as an understanding of the mechanism of action of the VAD itself are all crucial to guide a safe anesthetic.

MCC-7072 Central Anticholinergic Syndrome: A Forgotten Diagnosis

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A 40 yr old man (Ht 1.8m Wt 79.4kg) presented to the ER with severe abdominal pain. Abdominal CT revealed free air in the peritoneum, and he was immediately scheduled for exploratory laparotomy. Upon case completion, the patient awoke combative and delirious, and self-extubated. Central anticholinergic syndrome (CAS) was suspected, and the pharmacist was called to immediately bring 2mg of physostigmine, but he did not know what it was and instead offered neostigmine. When a total of 2 mg of physostigmine was finally administered, the patient rapidly calmed and became AAOx3. Many agents, including local and volatile anesthestics, opioids, anticholinergics, benzodiazepenes, propofol, and ketamine may cause CAS. Barriers to treatment include lack of recognition and awareness of this frequently overlooked syndrome, as demonstrated by the pharmacy tech with no knowledge of physostigmine, thus delaying treatment.

MCC-7073 Management of Rare Coagulation Defect in a Parturient Undergoing Cesarean Delivery

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25 y/o lady (G3P1011, IUP 41.2 wks ht 1.6m wt 75kg) with an unknown platelet aggregation defect and Factor VII, XI deficiency was admitted for C/S due to post-date pregnancy and macrosomia. Preoperatively, she received 2U FFP. Intraoperatively, she was transfused with 1U of platelets. A healthy baby girl, Apgars 9,9 was born. Postpartum, oxytocin 20U IV, methergine 0.2mg IM and prostaglandin F2α 250mcg IM were administered. EBL was an acceptable 800ml. The ASA suggests that not only platelet count, but also evidence of coagulopathy, hemorrhage risk, and any rapid deterioration in platelet count should be considered when deciding whether neuraxial block is contraindicated in a patient with coagulopathy. Recombinant FVII and FFP have both been used in factor VII and XI deficiencies. Proactive treatment and the correct precautions on behalf of the anesthesiologist in this patient resulted in a favorable outcome for both the mother and the baby.

MCC-7074 Anesthetic Management of Parturient with Cardiomyopathy Scheduled for Urgent Cesarean Section

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21 y/o (G2P0010, 34 wks. IUP, Ht 1.62 m Wt. 71 kg) with decompensated CHF from a viral-induced dilated cardiomyopathy and severe MR with an AICD and on a therapeutic dose of enoxaparin for A-Fib required urgent C/S for maternal hypoxia and fetal bradycardia. This patient may have a successful outcome when managed aggressively. Carefully delivered G/A with large bore IV access and aggressive monitoring including an arterial line, PA catheter, magnet for the AICD, and external defibrillator pads allow for accurate assessment and guided therapy. The inability to lay supine, therapeutic anticoagulation levels, and the potential for peripheral vasodilation contraindicates neuraxial block. Vigilant and aggressive care can provide good outcome of cesarean delivery even when faced with severe physiological derangements.

MCC-7075 Unusual Complication of Femoral Nerve Block: Urinary Retention

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Femoral Nerve Block is a commonly practiced regional anesthesia technique for postoperative analgesia after surgery on the knee or foot with minimal side effects. We describe the occurrence of urinary retention occurring within 2 hours of a preoperative femoral nerve block in a young healthy patient presenting for knee surgery resulting in overnight admission for management.

MCC-7076 Dog Bite Throat Trauma Causing Distortion of Airway Anatomy, Misplacement of Endotracheal Tube, and Emergency Tracheostomy

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A 51 year old healthy female was brought into the trauma bay at our emergency room with multiple lacerations to the face/throat/chest and avulsions to the scalp covered with dressings, after being mauled by a pitbull. The patient was intubated with Glidescope due to respiratory difficulty without a thorough examination of her injuries. The endotracheal tube penetrated her throat and was found lying on the chest. Its insertion could have caused further airway trauma. Therefore, we suggest a thorough evaluation of the face and neck after dressing removal with a PPV trial with a bag mask of a patient with head and neck trauma before attempting endotracheal intubation to evaluate the integrity of the airway and prevent possible worsening of the injury from ET insertion.

MCC-7077 Anesthetic Management of Esophageal Atresia Type III with Tracheoesophageal Fistula in Premature Infant Without Invasive Monitoring

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A 10-day-old female premature neonate, 1300grams weight, with personal medical history of esophageal atresia type III with tracheoesophageal fistula (TEF), without any other associated malformations.
In a first surgical intervention, invasive monitoring of the arterial blood pressure through the femoral artery was decided. But once it was catheterized, with great technical difficulties, the patient started presenting pale and pulseless extremity. On the face of it, only emergency gastrotomy was performed to prevent pulmonary aspiration.
In the second intervention, after improvement of anticoagulation member, it was decided not to perform invasive monitoring to prevent iatrogenic again with satisfactory results.
It seems necessary to assess individually the benefit/risk balance of more invasive vascular catheter monitoring in this kind of patients, since most of the times we are not getting the expected advantage of it and, on the other hand, it has serious implications for the patient.

MCC-7078 Anesthetic Management for an Intratracheal Mass with Severe Airway Obstruction

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An intratracheal mass not only presents challenges to the anesthesiologist but also can quickly become life-threatening. We present the case of a 25-yo morbidly obese female with a near complete obstruction of the trachea from tumor recurrence. She had a past medical history significant for granulosa tumor of the lung, previously treated with chemotherapy, YAG-laser, and tracheal stent placement due to stricture. The patient was urgently taken to the operating room for laser photocoagulation, at which point it was also noticed that the tracheal stent was mobile. We discussed the anesthetic management and unique challenges posed by this case.

MCC-7079 Successful Treatment of Acute Allergic Reaction to Tranexamic Acid During Total Knee Arthroplasty

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A 64 year old female with PMH of peptic ulcer disease, osteoarthritis of both knees, and no known history of allergies presented for right total knee arthroplasty. The use of tranexamic acid for the prevention of blood loss during total knee arthroplasty resulted in an acute allergic reaction intraoperatively resulting in airway obstruction, airway edema and hypotension requiring rescuing of the patient's airway via intubation and resuscitative efforts to hemodynamically support the patient. As seen with this case, hypersensitivity reactions can come from a variety of unexpected sources. It is important for the anesthesiologist to remain vigilant to quickly identify and treat aggressively allergic reactions with appropriate resuscitative measures.

MCC-7080 Cesarean Delivery of a Fetus with a 10cm Neck Mass Using a Modified Exit Procedure

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A 27 year-old parturient at 36 weeks EGA with a fetus known to have a 10cm neck mass was admitted for premature rupture of membranes. A modified EXIT procedure was done to deliver the baby, involving Cesarean section under epidural anesthesia and removal of the entire neonate from the uterus while maintaining uteroplacental circulation prior to airway management.

MCC-7081 Prone Positioning Prior to Anesthetic Induction in a Patient with a Large Zenker's Diverticulum

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Radiologic consultation with a focused review of barium studies preop in a patient with a large zenker's diverticulum demonstrated emptying of the diverticulum with prone positioning, and the neck of the diverticular sac below the cricoid cartilage. In order to minimize the risk of pulmonary aspiration with anesthetic induction, we positioned the patient prone prior to performing a rapid sequence induction with cricoid pressure.

MCC-7082 Case Report of Seizure Under Burst Suppression with Propofol

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Metabolic suppression has a role in cerebral protection; therefore, it has become common practice to use burst suppression during neurosurgery for its cerebral metabolic and protective effects. We present a novel case of a generalized tonic-clonic seizure under burst suppression with propofol. There are no documented cases in the literature of seizure occurrence during burst suppression.

MCC-7083 Electrocautery Induced Artifactual Inferior Wall Ischemia in Leads II, III and AVF on Intra Operative 5-Lead Electrocardiogram: A Case Report

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In conclusion we suggest that before the diagnosis of myocardial ischemia and infarction are carried out and management started, anesthesiologist and perioperative physician should rule out artifactual nature of ECG changes induced by electrocautery.

MCC-7084 Case Scenario: Anesthetic Implications of Isolated Non-Compaction Cardiomyopathy

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Isolated ventricular non-compaction cardiomyopathy (IVNC) is a relatively rare (incidence of approximately 0.05%), but thought to be underdiagnosed disease, caused by intrauterine arrest of compaction of the myocardial fibers and meshwork. The patho-anatomy is characterized by the presence of deep intratrabecular recesses in the hypertrophied and hypokinetic segments of the left ventricle. IVNC is diagnosed by echocardiography, which besides the massive myocardial trabeculations shows the characteristic myocardial two layer structure consisting of a thin compacted epicardial and a thicker non-compacted endocardial layer. Clinical symptoms of IVNC are signs of heart failure, systemic thromboembolism and arrhythmias. We report the case of a patient with IVNC and severely impaired left ventricular function, who underwent an elective caesarean section and an emergency embolectomy procedure.

MCC-7085 Ondansetron Causing Near Fatal Catastrophe in a Renal Transplant Recipient

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ondansetron act on HERG is possibly responsible for the prolongation of cardiac repolarisation, like QT/QTc interval prolongation and their theoretical proarrhythmic potential.The cardiovascular effects of serotonin receptors are complex and consist of bradycardia or tachycardia, hypotension or hypertension, and vasoconstriction or vasodilatation.The presence of chronic kidney disease, hypertension and multiple antihypertensive medications influences the pre-existing serotonergic activity in the transplant recipient. All these can alter the response to 5-HT3 antagonists. Individuals with occult/congenital QT prolongation are at risk of experiencing malignant dysrhythmias when ondansetron is administered; especially in conjunction with anaesthetic agents like opioids,inhalational anaesthetics & atracurium.
In conclusion, we recommend judicious admin-istration of ondansetron with availability of emergency resuscitation drugs and equipment along with meticulous monitoring.

MCC-7086 Use of a Combination of Glidescope and Fiberoptic Laryngoscope for Difficult Intubation

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62 year old obese female with PMH of hypertension, diabetes, hypothyroidism and arthritis; undergoing vocal cord polypectomy in which on direct laryngoscopy, neither the epiglottis, nor vocal cords could be visualized. Upon using a second anesthesiologist- assisted combination of the cobalt 3 glidescope to aid visualization concomitantly with the use of a fiber-optic scope, the combination was successful in facilitating advancement of the ETT through the vocal cords into the trachea.

MCC-7087 Failure to Detect CO2 After Endotracheal Intubation: Pulmonary Embolism in Post-Cesarean Patient

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Co-Author:
Steven Shulman, M.D.

The diagnosis of pulmonary embolism is challenging in the post-cesarean patient. In this case we report a patient with hypotension and unresponsiveness immediately after cesarean section with a rapid progression to witnessed cardiac arrest. As this case illustrates, early diagnosis of PE is difficult in the post-partum patient and prompt resuscitation is crucial to survival.

MCC-7088 Open Abdominal Aortic Aneurysm Repair with 12 Liter Blood Loss

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Co-Author:
Dmitri Volkov, M.D.

67 year old male with medical history of hypertension, atrial fibrillation, and quadruple coronary artery bypass graft was incidentally found to have a 7.5 cm infrarenal abdominal aortic aneurysm on workup of hematuria. The surgeons opted to do an open repair due to anatomic consideration, particularly no infra-renal neck.
Throughout the case there was significant ongoing blood loss estimated to be approximately 12 liters or about 2 full blood volumes for the patient. Frequent arterial blood gases were sampled and the patient required multiple transfusions in addition to returning red blood cells salvaged by a cell saver. Post-operatively the patient was taken to the surgical ICU and remained intubated until post-operative day 1. The patient was discharged to home on post-operative day 7.

MCC-7089 Eagle Syndrome – A Rare Cause of Neck Pain – Combined Medical Therapy and Occipital Nerve Block

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Summary:
Eagle syndrome is a unrecognized disease, the abnormal elongation styloid process or calcification of stylohyoid ligament can cause direct irritation of any structure in the maxillo-vertebro-pharyngeal recess and its adjacent structure. When practice in pain clinic, Eagle syndrome should be recognized since surgical correction (styloidectomy) can completely relief patient symptom. Peripheral nerve block for symptom relief may be considered as alternative adjuvant therapy.

MCC-7090 Unsuspected Subglottic Stenosis in a Patient with Familial Dysautonomia Undergoing Debridement of Sacral Decubitus Ulcer

Primary Author: Adam J. Sachs, M.D.
NYU | New York, New York

A 11 yo M w/ pmh familial dysautonomia (FD) w/ frequent crises following general anesthesia, severe GERD, ulcerative colitis s/p PEG, corneal abrasions, presented for debridement of sacral decubitus ulcer. Upon rapid sequence induction with cricoid pressure, subglottic stenosis was discovered which required multiple attempts to secure the airway.

MCC-7091 Anesthetic Management of Laparoscopic Repair of Traumatic Diaphragmatic Laceration with Coexisting Pneumothorax and Chest Tube

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Co-Authors:
Hideo Koike, M.D.
Kathryn McGoldrick, M.D.

We present a case of at 17yr old male with penetrating stab injury through the left upper quadrant of the abdomen causing diaphragmatic laceration and pneumothorax. Laparoscopic surgical visualization was inadequate secondary to chest tube drainage of abdominal insufflation. There was concern of causing expanding pneumothorax and difficult ventilation if the chest tube was clamped in order the achieve adequate insuflation of the abdomen necessary for laparoscopic repair. The chest xray was reviewed showed to have no residual pneumothorax with no air leak through the chest tube. The decision was made to clamp the chest tube in attempt to avoid converting to an open procedure. Once the chest tube was clamped peak airway pressures only climbed slightly and adequate ventilation was achieved and surgery was able to continue uneventfully.

MCC-7092 Disseminated Herpes Simplex Type 1 Virus in an Immunocompetent Host

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We describe a rare case of an immunocompetent host who developed a disseminated **HSV-1** infection causing multiorgan dysfunction involving bone marrow, liver, kidney and lung, initially diagnosed by CSF PCR. A thorough search for underlying immune compromise yielded none, and all abnormalities resolved after a 21 day course of antiviral therapy. The likely source of infection was a cold sore on his spouse's lip.

MCC-7093 Hybrid Procedure: Peratrial Approach to a Double Outlet Right Ventricle, Intact Ventricular Septum in a Newborn with Shone's Complex

Primary Author: Angelina Bhandari, M.D.
UTMB | Corpus Christi, Texas
Rush University Medical Center | Chicago, Illinois

6 day old 2.7kg with Double Outlet Right Ventricle and Intact Ventricular Septum(13 reported surgical cases) and Shone's Complex(Hypoplastic transverse aortic arch, bicuspid aortic valve with subaortic stenosis, mitral regurgitation due to underdeveloped papillary muscles) large PDA and restrictive PFO. The patient presented to the catheterization lab for a Hybrid Procedure after intial Balloon Atrial Septostomy (BAS) failed. The patient was heamodynamically stable throughout the bilateral Pulmonary Artery banding and PDA stenting, but had acute blood loss due the trauma of the left atrium wall during the peratrial attempt to stent the PFO using a 14 French sheath dialator.

MCC-7094 How Much Benzocaine Does It Take to Cause Methemoglobinemia?

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Co-Authors:
Daryn Moller, M.D.
Slawomir Oleszak, M.D.

We present a case of a patient with Treacher Collins Syndrome, status post cervical spine fusion with known difficult airway who developed methemoglobinemia following awake fiberoptic intubation with benzocaine spray and lidocaine topically, for acute respiratory distress. This is an interesting case report as our patient had received less than the benzocaine or lidocaine dose needed to cause methemoglobinemia and had no previously known risk factors. We will address the various factors that can affect the delivery of local anesthetic and quantify the dosage per spray.

MCC-7095 Ophthalmic Emergency in a Patient with Huntington's Disease

Primary Author: Neuza Ferreira, Resident
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Huntington' Disease (HD) is a rare neurodegenerative disease. Symptoms appear between 30 and 50 years, with chorea, ataxia, behavioral and cognitive disorders that progress to dementia. There is involvement of pharyngeal muscles with increased susceptibility to regurgitation. There is no specific therapy. There are few reports in the literature (less than 50) of the anesthetic management in such patients.
This case discusses a patient with periorbital cellulitis and abscess, in need of urgent surgery,with a history of HD, hypertension and asthma, medicated with Sulpiride and Telmisartan. Her last meal was unkown.
We choose for rapid sequence intubation with fentanyl (100μg), propofol (150 mg) and rocuronium (1.2mg/Kg). The anesthesia was maintained with sevoflurane. The extubation was performed after administering sugammadex 4mg/kg.Surgery progressed uneventfully as the postoperative period.

MCC-7096 Unusual Treatment of Post Extubation Inspiratory Stridor

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Renata Kowal, M.D.

Post extubation stridor in the absence of structural pathology can be contributed to psychogenic factors and has been referred to as psychogenic stridor, it is a rare cause of apparent acute upper airway obstruction which in the recovery room can indicate a potential airway emergency, and should be diagnosed and treated as soon as possible.

MCC-7097 Pediatric Complex Regional Pain Syndrome (CRPS) and Treatment

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We discuss the case of a 17 year old female who presented to the Center for Pain Management with CRPS after a left wrist fracture four years prior, an episode that was treated successfully with sympathetic blocks. The patient recently experienced a fall, which caused a return of her symptoms. The patient failed conservative therapy, but responded to Ketamine infusions. Management of CRPS in the pediatric population was also reviewed.

MCC-7098 Anesthetic Management in a Patient with Moyamoya Disease Undergoing Encephalodural Arterial Synangiosis

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Moyamoya disease is a progressive occlusive disease of the cerebral vasculature with primary involvement of the Circle of Willis and its associated arteries. Symptoms and clinical course vary widely, ranging from relatively benign to severe neurologic deficits. By understanding the disease process and identifying the perioperative risk factors, one can prepare an anesthetic plan that will ensure adequate cerebral blood flow. In this abstract, we discuss a case report of a patient with Moyamoya disease undergoing a revascularization procedure and its anesthetic implications.

MCC-7099 Neonatal Pulmonary and Portal Hypertension in Gastroschisis

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A preterm female born with gastroschisis, who demonstrated immediate respiratory insufficiency, presented to the OR. Her prolonged hospital course required ongoing high frequency ventilation. A correlation has been demonstrated in neonates with gastroschisis, between the size of the defect and the degree of pulmonary insufficiency. Here we present a case of developing pulmonary hypertension, in addition to, portal hypertension. The goal is to consider the pathophysiology and management of these processes.

MCC-7100 Diffuse Vasospasm of Native Coronary Arteries After Bypass Grafting

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This is a case of severe coronary vasospasm after on-pump bypass grafting. This resulted in circulatory collapse, requiring re-opening of the sternotomy and internal cardiac massage. Upon re-establishment of cardiac output, he was transferred for coronary angiography which demonstrated severe vasospasm of both native and grafted vessels. His survival was due to prompt resuscitation and diagnostic angiography to demonstrate coronary vasospasm. The outcome may have been partly contributed to by the administration of vasodilators.

MCC-7101 Management of Premature Infant with Pulmonary Hypertension and Uncorrected Electrolytes for Pyloromyotomy and Emergent Ventricular-Peritoneal Shunt Placement

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Management of premature infant with pulmonary hypertension and uncorrected electrolytes for pyloromyotomy and emergent ventricular-peritoneal shunt placement.

MCC-7102 Anterior Cervical Discectomy Complicated By Postoperative Stroke

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Antonio Manjon, M.D.
Angel Hernandez, M.D.

Stroke is a rare but extremely serious postoperative complication that occurs in different percentages depending on the type of surgery. For non-vascular non-cardiac interventions, incidence can be as low as 0,08%. We report and discuss the case of a patient who suffered a stroke in the postoperative period of an anterior cervical discectomy, presumably of embolic origin, although other factors cannot be excluded as contributive to the final outcome.

MCC-7103 Asymmetric Near-Infrared Spectroscopy (NIRS) During Posterior Fossa Surgery: What Does It Represent?

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The maintenance of an adequate brain perfusion is one of the goals of anesthetic practice. The search for continuous non-invasive monitoring devices evolved to the development of Near Infrared Spectroscopy (NIRS), a continuous method for regional brain oxygenation evaluation. The majority of world literature focuses on the NIRS ability to predict a potential brain injury in the presence of regional desaturation. The authors describe the case of a patient submitted to a neurosurgical procedure, in whom a NIRS asymmetry and elevation was not associated with a postoperative lesion or poor outcome.

MCC-7104 Difficult and Unpredictable Orotracheal Intubation in Pacient Submited to Programmed Surgery

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Isabel Pita, M.D.

We thought it would be appropriate to report an unexpected difficult airway case and its resolution, classified as apparently easy in pre-anesthesic evaluations. Female, 47 years old, 60 Kg, no anaesthesia records, ASA II, diagnosed with gallstone referred for laparoscopic cholecystectomy. After anesthesic induction three laryngoscopies were performed by two distinct physicians, with grade IV Comarck and Lehane classification, and attempted orotracheal intubation with a 7.5-tube, unsuccessfully. Facing this difficulty it was chosen a number 3 laringeal mask until neuromuscular blocking was reverted. The patient was intubated by fibroscopy which allowed not to be postponed and to perform the initial surgical proposal.

MCC-7105 Elective Tracheotomy in a Patient with Treacher-Collins Syndrome for Radiation Oncology Treatments of the Cervical Spine – Times 25!

Primary Author: Francis S. Stellaccio, M.D.
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26 year male with Treacher-Collins Syndrome and malignant neoplasm of the neck with tracheal deviation. Treated with radiation therapy under general anesthesia via endotracheal intubation. The patient had a difficult airway due to mass effect of malignant neoplasm and micrognathia associated with Treacher-collins syndrome. The case was made for elective tracheotomy for definitive airway management to complete the multiple radiation treatments for this patient. The purpose of this poster is to present the details of this unique case and review the various indications for elective tracheotomy in the difficult airway patient.

MCC-7106 Sub-Periosteal Orbital Hemorrhage Following Mitral Valve Replacement

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Non-traumatic subperiosteal orbital hemorrhage is an uncommon condition known to occur after general anesthesia and in two cases following cardiac surgery. The presentation is sudden and requires urgent action to avoid permanent visual deficit.

MCC-7107 Dorsal Penile Nerve Block – "An Accidental Injection Of Epinephrine": A Case Report

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James Foster, M.D.
Doron Feldman, M.D.

We describe an accidental injection of epinephrine in Dorsal Penile Nerve Block for circumcision on a 7yr old boy.The case report discusses the literature review on the use of epinephrine on end arteries, management of epinephrine induced ischemia and also strategy to reduce medication error in the operating room.

MCC-7108 Preclinical Transient Airway Management Using the I-Gel® with Sustained Spontaneous Breathing in Three Different Emergency Situations

Primary Author: Mathias Emmerich, M.D.
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Co-Author:
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The supraglottic breathing aid I-gel® could be employed successfully in this small series of preclinical emergency situations. Thus, in addition to its traditional use as an alternative to endotracheal intubation during resuscitation and emergency narcosis, the I-gel® can, in principle, also be helpful when there is sustained spontaneous breathing.
Its integrated drainage channel and broad, stiff shaft, which can serve as a bite block, are additional useful characteristics in this situation. Hence, even in the absence of complete protection from aspiration, the I-gel® could be considered for extended use outside the hospital, depending on the specific emergency situation. Nevertheless, a final evaluation of the I-gel's® use in preclinical emergency medicine and its value in comparison to other SBA's is currently not possible.

MCC-7109 Case Report: Analgesia and Anxiolysis Using Sedara in a Tryptanophobic Parturient Receiving a Labor Epidural

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Sedara is a recently FDA approved portable gas delivery system of 50% Nitrous Oxide/50% Oxygen triggered by negative pressure ventilation, intended to provide analgesia and anxiolysis for a variety of minor invasive procedures. We report the first case of Sedara administration in a health parturient with tryptanophobia receiving a labor epidural.

MCC-7110 Uncomfortable in His Own Skin: Anesthetic Management of Epidermolysis Bullosa

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Co-Authors:
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John A. Cooley, M.D.

Epidermolysis bullosa (EB) represents a heterogeneous group of inherited connective tissue disorders that manifest as extreme epidermal fragility. Skin separation and blister formation occur with minor trauma and can go on to form open wounds resulting in chronic pain, nutritional deficiencies, scarring, contractures and wound infection. Patients with this condition pose serious challenges to anesthesia providers. We present a 13 year old boy with EB simplex scheduled for wound debridement and dressing changes under IV sedation and monitored anesthesia care. This case highlights some of the measures that can aid in successful anesthetic management of these patients.

MCC-7111 Recombinant Factor VIIa Used When Alternative Methods of Resuscitation Fail During Orthotopic Liver Transplantation

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Recombinant Factor VIIa can successfully be used in orthotopic liver transplantation as a rescue agent when other conservative techniques of volume resuscitation have failed.

MCC-7112 Dexmedetomidine Infusion as the Primary Anesthetic for a Patient with an Anterior Mediastinal Mass

Primary Author: Gabriel Bonilla, M.D.
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We present a patient with an anterior mediastinal mass scheduled for a cervical lymph node biopsy and Broviac catheter placement. Given the perils of administering general anesthesia to such a patient, IV sedation with dexmedetomidine as the primary anesthetic kept the patient comfortable without compromising ventilation.

MCC-7113 Acute Grief in the Awake Obstetric Patient

Primary Author: Carrie L. Hamby, M.D.
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Co-Author:
Yaakov (Jake) Beilin, M.D.

We review a case of an obstetric patient who experiences a traumatic perinatal outcome. Drawing from literature and experience, opportunities for anesthesiologist to provide better emotional and psychological support for acutely grieving obstetric patients are presented.

MCC-7114 Renal Cell Carcinoma Thrombus Extraction

Primary Author: Ansar Khan, M.D.
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55 y/o morbidly obese male presented with flank pain, hematuria and fatigue resulting from a right renal mass extending into the right adrenal, liver, IVC and the right atrium. This case required managing a difficult airway, TEE instrumentation, Cardiopulmonary Bypass (CPB), large blood loss with fluid shifts, maintaining coagulation/ anticoagulation homeostasis, and minimizing potential risks of pulmonary emboli and heart failure. Primary resection have great prognosis but metastasis resection is often palliative. RCC venous thrombosis extension decreases distally from the renal vein with reports of renal vein and inferior vena cava (IVC) involvement being 23% and 7%, respectively. This magnitude of tumor predisposes to high perioperative morbidity and mortality.

MCC-7115 Third-Degree Atrioventricular Block During Cesarian Section Under Spinal Anesthesia

Primary Author: Sankalp Sehgal, M.D.
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Co-Author:
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Phenylephrine is commonly used for prevention of hypotension associated with spinal anesthesia and during cesarian deliveries. Although an excellent agent of choice for its action on BP during such procedures, it may cause severe bradycardia and heart block from its action on the AV node, direct effects on purkinje and myocardial cells and possibly by ventricular stretch from increased afterload. Patients must be monitored closely, especially with pre-existing conduction abnormalities. We present one such rare case report of clinically significant atrioventricular block using phenylephrine. We also discuss the pathophysiology and possible mechanisms behind such activity.

MCC-7116 Management of Severe Pulmonary Hypertension and Obstructive Sleep Apnea Undergoing Robotic Assisted Laparoscopic Hysterectomy

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Summary:
The anesthetic management of patients with severe pulmonary hypertension with severe OSA due to morbid obesity in steep Trendelenberg is clinically challenging and requires extensive preparation and a carefully planned anesthetic. Normal physiological changes during positioning, anesthesia and surgery can lead to acute increases in PVR and RV failure with refractory hypotension. In addition, post operative ventilatory status depends on intraoperative anesthetic management so titration and selection of medications is very important for post operative success.

MCC-7117 Post-Cse Seizure in a Parturient: Is It Eclampsia?

Primary Author: John K. Liu, M.D.
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Co-Author:
Kalpana Tyagaraj, M.D.

A 20 years primigravid parturient, after receiving a CSE developed tonic clonic movements of the upper extremities, LOC, apnea and masseter rigidity. CSE was performed with minimal difficulty despite severe scoliosis. The patient became hypoxemic and bradycardic. She was manually ventilated with some difficulty with recovery of FHR and intubated after administration of atropine, succhinylcholine and propofol. After stabilizing the patient and her baby in L&D, C-Section was performed in OR uneventfully. Patient was extubated awake and following commands. Review of documentation revealed that the patient received 100 mcg of fentanyl intrathecally, which is the probable etiology for this event.

MCC-7118 Early Regional Anesthesia for Acute Phantom Pain in PACU

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Phantom pain is poorly understood. Although there is limited research on the subject, it is felt to be best treated by addressing it immediately to interrupt the erroneous nerve transmissions. In this case, due to attentive nursing and swift attention to the issue by the the inpatient Pain Management service, this patient's post-operative phantom pains were treated quickly. After the patient showed a poor response to opioid analgesics, a 76 year old male with a complex medical history, who received a below-knee amputation complained of severe pain in his amputated ankle upon arrival to PACU. The patient received continuous femoral and popliteal nerve blocks under ultrasound guidance. The patient enjoyed a complete resolution of his symptoms.
Phantom pain is often treated with opioids and neuropathic pain medications, with mixed results. In the appropriate patient, regional anesthesia can be an excellent treatment modality for phantom pain, in the acute post-operative patient.

MCC-7119 Anesthesia for Interventional Bronchoscopic Tumor Ablation and Stenting

Primary Author: Sankalp Sehgal, M.D.
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Co-Author:
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Interventional pulmonology has seen an evolving need for different types of anesthesia. Compared to topical anesthesia with minimal sedation, general anesthesia may be a more appropriate technique for newer, more complex and invasive interventional bronchoscopic procedures with longer procedure times. In our case scenario, we were successfully able to provide optimum anesthesia for long challenging bronchoscopic ablation of a non-small cell cancer mass by using intravenous general anesthesia, short acting drugs and ventilation using venturi jet. We also discuss the advantages and disadvantages of using jet ventilation in such procedures.

MCC-7120 Use of Non Invasive Cardiac Output Monitoring (Nicom®) and Nitric Oxide for Successful Management of a Patient With Eisenmengers Syndrome

Primary Author: Mubeen H. Khan, F.R.C.A.
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Jane Wang
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We present a case of perioperative management of a dilatation and curettage for 23 year old female who presented with Eisenmengers syndrome and PDA at 23 weeks of pregnancy complicated with acute heart failure.
We used NICOM® a non invasive cardiac output monitor to assess cardiac output and total peripheral resistance in order to prevent excessive right to left shunt which could have led to hypoxia.
We also had to use nitric oxide in order to control pulmonary hypertensive crisis during the procedure.
The patient had a succesful surgery and following recuperation was discharged.

MCC-7121 Emergency Awake Fiberoptic Intubation for Patient With Extensive Neck Tumors Secondary to Sezary Syndrome

Primary Author: Lior A. Levy, M.D.
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This is the case of 54 yr old man with advanced cutaneous T-cell lymphoma (Sezary Syndrome) who required urgent intubation for respiratory distress. The intubation was complicated by limited range of neck movement due to large painful bleeding tumors anteriorly and posteriorly, small mouth opening, and multiple gross skin lesions across neck in the region of surgical airway access precluding an emergency tracheotomy and regional blocks for airway anesthesia. This case study will discuss the airway management and regional anesthesia in these difficult circumstances.

MCC-7122 Mephedrone Toxicity: An Unusual Case of Serotonergic Syndrome

Primary Author: Shiraz Yazdani, M.D.
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Co-Author:
Robert Johnston, M.D.

We present the case of a 22 year-old male who presented with serotonergic syndrome after acute intoxication with mephedrone ("bath salts"). Use of tricyclic antidepressants predisposed him to excess serotonergic activity and release of serotonin due to mephedrone triggered the episode of serotonergic syndrome. After supportive therapy, his symptoms resolved and he suffered no long term sequelae. With abuse of mephedrone rising since 2010, it is important to note its use in the 16-44 age group when formulating a differential diagnosis.

MCC-7123 Use of Cocaine for an Awake Nasal Fiberoptic Intubation in a 14 Year Old with Mandibular Hypoplasia and Lidocaine Allergy

Primary Author: Tanmay H. Shah, M.D.
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Co-Author:
Andrei Botea, M.D.

Lidocaine hydrochloride is the preferred anesthetic agent (an amide type local anesthetic) used in outpatient surgical procedures, like plastic surgery, ENT and dental clinic. Review of literature support that lidocaine hypersensitivity (type I)is very rare and type IV hypersensitivity is even rare to encounter. We describe a case in which patient's airway was managed with an awake nasal fiberoptic intubation with the use of cocaine (an ester type local anesthetic) who had previous type I hypersensitivity reaction to lidocaine. Use of cocaine also precluded the spray of phenylephrine to nasopharynx due to its intense vasocontrictor property.

MCC-7124 Atypical Facial Pain – A Diagnostic Challenge

Primary Author: Shruthi Balakrishna, M.B.B.S.
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Co-Authors:
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Atypical facial pain diagnosis and management utilizing peripheral nerve blocks.

MCC-7125 Severe Anaphylactic Reaction To Floseal®

Primary Author: Roby Sebastian, M.D., F.R.C.A.
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Co-Author:
Susan Goobie, M.D., F.R.C.P.C.

We report a case of severe anaphylactic reaction to Floseal® in a pediatric patient undergoing posterior spinal fusion surgery. Floseal® is commonly used as an adjunct to hemostasis when control of bleeding by ligature or conventional procedures is ineffective or impractical. It consists of a bovine-derived gelatin matrix component and a human-derived thrombin component.

MCC-7127 Supracervical Hysterectomy in the Severely Anemic Jehovah's Witness Patient

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Devon Jeffers, M.D.
Babajide Ayanyele, M.D.

48 year old severely anemic female Jehovah's Witness with a preoperative Hgb of 2.9 who underwent an uneventful exploratory laparotomy with supracervical hysterectomy, had an uneventful ICU course, and was discharged home a few days later.

MCC-7128 Post-Operative Anoxic Brain Injury in a Patient with Undiagnosed Obstructive Sleep Apnea: A Case Report

Primary Author: Sabina A. Khan, M.D.
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Co-Authors:
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Victor Mandhoff, M.D.

Obstructive sleep apnea (OSA) is a common undiagnosed perioperative risk factor. Exacerbation is noted to occur with the use of analgesics, sedatives and volatile anesthetics. It is of utmost importance to identify and treat OSA in the postoperative period to prevent untoward consequences.

MCC-7129 To Induce or Not to Induce: Rolling the Dice With Potential Undiagnosed Pheochromocytoma

Primary Author: Scott G. Pritzlaff, M.D.
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Co-Author:
Mark A. Hoeft, M.D.

This medically challenging case describes the perioperative considerations of a patient affected by Von-Hippel Lindau (VHL) disease with elevated serum normetanephrine discovered on screening laboratories. VHL is associated with multiple concurrent diseases including pheochromocytoma. This presentation outlines the catastrophic intraoperative events that may occur with pheochromocytoma and the management strategies employed to reduce the morbidity and mortality.

MCC-7130 Resolution of Premature Ventricular Contractions Due to Hypomagnesemia with Magnesium Sulfate Infusion and Tachycardia in a Post Cholecystectomy Patient in Post-Anesthesia Care Unit

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Prolonged QTc interval can be congenital or acquired and can lead to torsades de pointes ventricular tachycardia and ventricular fibrillation. Factors for prolonged QTc can be drug induced, female gender, hypokalemia, hypomagnesemia and bradycardia. Drug induced prolonged QTc can manifest from class IA and III antiarrythmics, macrolide and quinolone antibiotics, antidepressants, antipychotics and some antiemetic agents including ondensetron. PVCs responded to magnesium sulfate infusion with favorable outcome in our patient. PVCs were not due to myocardial ischemia in our patient.

MCC-7131 Familial Mediterranean Fever in an Obstetrical Patient: Neuraxial Analgesia as a Novel Treatment Modality?

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Familial Mediterranean Fever (FMF) is a hereditary disease characterized by episodes of acute inflammation of the abdomen, chest wall, and large joints of the body.[1] The is a case of a pregnant patient presenting with an acute FMF flare and pre-term labor who received neuraxial analgesia. She experienced complete resolution of her symptoms and cessation of labor. We review FMF in the setting of obstetrical anesthesia and explore a potentially novel treatment option for patients with this disease.

MCC-7132 Radial Artery Stenosis – Could Ultrasound Improve First-Attempt Cannulation?

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Radial artery stenosis formed from prior cannulation makes successful placement of arterial lines less likely. An ultrasound study was done to visualize the stenosed artery which shows why cannulation was unsuccessful on first-attempt.

MCC-7133 Anesthetic Management of a 12 Year Old Child with Severe Aortic Valve Endocarditis, Subaortic Abscess and Sepsis

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We present a rare case of anesthetic management in a pediatric patient with sepsis from bacterial endocarditis complicated by subaortic abscess and multiple organ infarctions. Our patient presented several challenges. First he was anxious and agitated, in severe respiratory distress and abdominal pain requiring him to remain in the sitting position. Next the effect of induction agents on cardiac output and hemodynamic stability with pericardial/pleural effusions made induction challenging. This was compounded by the potential for catastrophic perforation of the aortic root and cardiac structures from the subaortic abscess. Finally coexisting hemorrhagic lesions in the brain and abdomen in a case with the need for heparin increased perioperative morbidity and mortality. In conclusion it is imperative in a patient with complex pathology that the anesthesiologist create a specific anesthetic plan that prevents adverse outcomes.

MCC-7134 Diagnosis and Management of Malignant Hyperthermia in a 62 Year Old Male Undergoing Right Mandibular Resection Under General Anesthesia

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Learning Objectives:
1. How to suspect malignant hyperthermia based on unexpected rise in Et-CO2 resistant to increasing minute ventilation.
2. How to manage malignant hyperthermia intraoperatively with dantrolene and non-inhaltional agents like propofol.

MCC-7135 Management of the Adult Patient with a Single Ventricle and Transposition of Great Vessels

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This case explores anesthetic management considerations and TEE imaging findings for an adult patient with past medical history significant for a single ventricle and transposition of the great vessels that is status post a Fontan procedure as well as anxiety, HTN, and multiple CVAs.

MCC-7136 Lower Extremity Motor Blockade After Paravertebral Nerve Blocks in Urological Surgery

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A 57 year old man with bladder cancer, DM II, and psoriasis presented for cystoprostatectomy. Pre-operative bilateral paravertebral nerve block catheters were placed at the T10 level with lidocaine infusions. General anesthesia was induced and surgery was uneventful. POD 1 patient found to have b/l lower extremity motor blockade and decreased sensation. Nerve blocks were turned off to r/o epidural spread, but motor block persisted. Motor function regained POD 3. Patient was still complaining of lower extremity weakness one month s/p surgery. Neurology consulted. It is important to recognize the etiology of post-surgical motor blockade and time frame in which it existed. One should also be able to recognize the risks/benefits of paravertebral nerve blocks and diagnose/manage potential complications of continuous paravertebral nerve block catheters.

MCC-7137 Iatrogenic Coronary Vasospasm During Ambulatory Surgery

Primary Author: Allison M. Moriarty, M.D.
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We discuss iatrogenic coronary artery vasospasm in the ambulatory setting. This case describes routine nasal preparation for septorhinoplasty; signs, symptoms, and dangers associated with systemic absorption of epinephrine and cocaine in the anesthetized patient; differentiates stable and unstable acute ventricular tachycardia when only ASA standard monitors are present; and formulates a treatment strategy for intra-opeartive coronary artery vasospasm.

MCC-7138 Takotsubo Cardiomyopathy During Postoperative Period: Diagnostic and Management Challenges

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Takotsubo Cardiomyopathy is acute transient cardiomyopathy with non-obstructive coronary vasculature. Stress is considered to be a significant causative factor. Its presentation during perioperative period poses multiple diagnostic and management challenges.

MCC-7139 Intraoperatively Diagnosed Tracheal Tear After Using a Nim Emg Endotracheal Tube with Previously Undiagnosed Tracheomalacia

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Tracheal rupture is a rare complication, most commonly due to blunt trauma. It can complicate orotracheal intubation. Although in this case intubation was atraumatic, use of a high-pressure cuff in conjunction with undiagnosed tracheomalacia may have precipitated the tear. The diagnosis of the tear was made intraoperatively allowing focused early management.

MCC-7140 Hypoxia Due to Methemoglobinemia

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A 38 year old male with a history of ulcerative colitis presented for enterolysis and ileostomy and was found to have a persistent oxygen saturation the high 80's. The patient had been treated with dapsone for a poorly healing lower extremity ulcer. Methemoglobinemia was diagnosed and successfully treated with methylene blue.

MCC-7141 What to Do When All Else Fails? The Management of a Patient with Central Pain Syndrome with Alternative Medicine

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Management of a patient with Central pain syndrome who had failed conventional medical and surgical management with alternative medicine.

MCC-7142 Anesthestic Implications for Unroofed Coronary Sinus Defect

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Unroofed coronary sinus is a rare form of an atrial septal defect. In this report, we present a case of a Type II completely unroofed without a persistant left superior vena cava and discuss the anesthetic implications of such an anomaly.

MCC-7143 Septic Thrombophlebitis of the Portal Vein Secondary Acute Appendicitis

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The Following report describe a patient presenting with pylephlebitis as a complication of acute appendicitis. The diagnosis was made by Doppler ultrasonography That Showed Within the thrombus and air Portal venous system. The patient recovered completely with Prolonged antibiotic therapy.

KEY WORDS: Pylephlebitis, acute appendicitis.

MCC-7144 Drugs That May Provoke Kounis Syndrome

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We report a case of Kounis Syndrome type 1 in a 62 year-old man, secondary to NonSteroidal Anti-Inflammatory Drug intake. The patient had no previous history of cardiac disease. The symptoms began 10 minutes after drug intake. He was submitted to cardiac catheterization wich showed no lesions. Patient symptoms resolved rapidly after institution of treatment for suspected allergic event.

MCC-7145 Resuscitation of a Trauma Patient with C5/6 Fracture and Pulseless Rue

Primary Author: Prashanth V. Reddy, M.D.
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Resusciation of a trauma patient who presented with C5-6 fracture and pulseless RUE. Pt became non responsive to phenylnephrine and epinephrine but was found to be responsive to levophed. Massive transfusion initiated and pt was started on multiple pressors. Pt is currently in ICU s/p trach.

MCC-7146 A Curious Case of IV Acetaminophen

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We discuss the case of a 15 year old girl with cerebral cavernous malformations and chronic headaches responsive only to IV acetaminophen.

MCC-7147 TEE Guided Off Pump Resection of Renal Cell Carcinoma – Thrombus Invading Inferior Vena Cava and Right Atrium: Importance of Optimizing Inferior Vena Cava to Superior Vena Cava Collateral Flow Pathways

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Off pump resection of renal cell carcinoma - thrombus involving IVC and right atrium can be performed with TEE guided optimization of intravascular volume, vascular tone, and ionotropic state, enabling avoidance of cardiopulmonary bypass or deep hypothermic circulatory arrest. Collateral flow pathways from IVC to SVC play a critical role in avoiding bypass.

MCC-7148 Anesthetic Considerations in a Parturient with Wolff-Parkinson-White Syndrome in Active Labor

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A 30 y/o G3P2 female with a history of Wolff-Parkinson-White syndrome presents in active labor with a request for a epidural. Discussed will be the management of labor analgesia of a parturient with WPW.

MCC-7149 A Case of a Ruptured Chordae Tendinae Secondary to Bacterial Endocarditis After Dental Surgery in a Patient with Hypertrophic Cardiomyopathy

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We describe a case of a 61-year old male with a past medical history remarkable for hypertrophic obstructive cardiomyopathy, mitral regurgitation, hypertension, and recent dental surgery who presented with severe SOB requiring intubation. In the setting of suprasystemic PA pressures, emergent mitral valve replacement and LVOT myomectomy-myotomy was successfully performed.

MCC-7150 Challenges in Treating Pain in a Patient with Systemic Botulism

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43 year old male came to the hospital ED complaining of blurry vision, numbness in the tip of his tongue, and dizziness. He was eventually diagnosed to have systemic Botulism needed to be intubated for respiratory failure and ended to have tracheostomy for long term ventilator dependence.
Along with his treatments, pain service was consulted for patient's two months of abdominal pain unresponsive to narcotics. After a detailed evaluation, we made the diagnosis of neuropathic pain as the etiology for his pain and started him on gabapentine. His pain fully resolved after 2 days and all narcotics were stopped.
The purpose of this presentation is to highlight the importance of appropriate evaluation and diagnosis of the different types of pain (neurogenic vs neuropathic) for anesthesiology residents and pain fellows to make them able to treat patients with the best medical option.

MCC-7151 Airway Management in an Achondroplastic Dwarf

Primary Author: Isaac Chu, M.D.
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Current anesthesia standards call for an awake fiberoptic intubation in managing the airway in patients with achondroplasia. Not all patients are suitable candidates for such a technique. This case demonstrates that mask ventilation is often possible with adjuvants such as oral airways. In situations where awake fiberoptic intubation is contraindicated, other intubation methods are available when acknowledging the reliability of mask ventilation in patients with achondroplasia.

MCC-7152 We Present a Case Report of Use of Ketamine Drip for Management of Severe Uncontrolled Pain in a Patient with Painful Sickle Cell Crisis

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There is no single drug or combination of medications that completely alleviates sickle cell crisis pain. Sickle cell crises occur in the setting of chronic or recurrent pain, chronic opioid use, relative opioid tolerance, making crises difficult to treat. A variety of adjunctive analgesics have been tried, including ketamine. By blocking the N-methyl-D-aspartate (NMDA) receptor, ketamine impairs sensitization of spinal neurons to nociceptive stimuli and may, therefore, impede development of and also blunt neuropathic pain.
Ketamine is used widely in adults with severe pain not related to sickle cell disease. Ketamine has been shown to help manage a variety of adult opioid-refractory nonsurgical pains as well. This demonstrates that ketamine can be a rescue option for treating pain and discomfort in patients with sickle cell crises not responding to opiods.
We describe the case of a 26-year old female in sickle cell crisis treated with ketamine as an adjunct to opioids.

MCC-7153 Anesthetic Choices and Concerns: A Quadriplegic Patient for Urological Procedure with Chronic Spinal Cord Injury Presents with a Diaphragmatic Pacemaker

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Patients with high spinal cord paralysis are now being offered diaphragmatic pacemakers that can prolong and enhance their quality of life. As this technology is advancing we are seeing more of these devices in the operating room and off site locations where anesthesia is administered. Diaphragmatic pacemakers provide considerable perioperative challenges that we must become familiar with and know how to manage.

MCC-7154 Subarachnoid Hemorrhage and Electrocardiographic Abnormalities: Case Report and Literature Review

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Subarachnoid hemorrhage (SAH) is the neurologic disorder more often complicated by electrocardiographic abnormalities. These changes – when detected early in the course of the disease – seem to be independently associated with in-hospital morbidity. They are also commonly misinterpreted as a sign of cardiac disease, placing patients at risk of incorrect management.
We report a case of a young patient with SAH who, although presenting with early ECG changes, was submitted to surgery and had a benign outcome. The authors aim to raise awareness to this matter among anesthesiologists.

MCC-7155 Pericardial Tamponade, Superior Vena Cava and Innominate Vein Perforation During an ICD Lead Extraction

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The indications for pacemaker and implantable cardioverter-defibrillators (ICD) have increased in recent years. As a result, the removal of chronically implanted lead extractions secondary to complications including pocket infection, lead malfunction, lead or device erosion, endocarditis, thromboembolic events, and device recall has also increased.[2] These procedures can potentially lead to life-threatening complications. We present a case where lead extraction lead to pericardial tamponade and emergent sternotomy secondary to multiple vascular tears.

MCC-7156 69 Year Old Women with Severe Pulmonary Hypertension Requires Cholecystectomy

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69 year old women with severe idiopathic PAH,was transferred to our center to undergo open cholecystectomy. She followed therapy with inhaled prostaglandins, bosentan and sildenafil, and requiered suplementary oxygen 24 hours per day. Intravenous induction was performed with etomidate, fentanyl and succinylcholine. Norepinephrine and dobutamine were used to maintain hemodynamic stability. Maintenaince of anesthesia was made with an O2/air mixture, sevofluorane, fenatanyl and rocuronium. Transesophageal echocardiography (TOE) monitoring showed severe right ventricular dilatation and severely reduced contractility.Inhaled prostaglandin and nitric oxide were applied to control pulmonary pressures. Extubation was performed in the operating theater without complications.
During the patient´s stay in the postanesthesia intensive care unit , norepinephrine and dobutamine were necessary to maintain hemodynamic stability.The patient was discharged eight days after the surgical procedure.

MCC-7157 Successful Resuscitation from Massive Coronary Air Embolism During Percutaneous CT-Guided Lung Biopsy

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Luiz De Lima, M.D.

We present successful resuscitation from coronary and aortic air embolism which is extremely rare. Because pecutaneous CT guided lung biopsy is on the rise, anesthesiologists and radiologists need to be aware and prepared to manage this rare and usually fatal complication.

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MCC-7158 Cardiovascular Collapse Under General Anesthesia

Primary Author: William T. Azzoli, M.D.
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71 year old male with a past medical history significant for Coronary Artery Disease status post coronary stent and 55 pack year smoking history was undergoing cranioplasty under general anesthesia with invasive monitoring. After being stable throughout with minimal blood loss, during closure, his blood pressure dropped precipitously to 40s/20s. He did not respond to large boluses of phenylephrine, ephedrine, fluid bolus nor calcium chloride. SBP barely stayed above 50 with these measures. Eventually, BP improved with epinephrine boluses. Diagnostic modalities used included physical exam (skin, heart, lungs), CXR and TEE. Treatment included epinephrine infusion, steroids and antihistamines.

MCC-7159 Amniotic Fluid Embolism – A Successful Case Report

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Amniotic fluid embolism is a rare and often fatal obstetric condition, characterized by sudden cardiovascular collapse, altered mental status, and disseminated intravascular coagulation.
The classic presentation of amniotic fluid embolism is characterized by sudden cardiovascular collapse, altered mental status, and hemorrhage associated with DIC.
We report the case of a 36 year old female, pregnant, with 37 weeks of gestation. Immediately after normal delivery with epidural analgesia, the patient presents with generalized seizures, hypotension and vaginal bleeding, without any obstetric reason.
The presumptive diagnosis was amniotic fluid embolism with disseminated intravascular coagulation. The promptly onset of suportive treatment improved the clinical condition with hemodynamic stabilization and control hemorrhage. It was decided to remove the epidural catheter, with normal coagulation tests, 2 days after delivery.
She was discharged from the ICU after 3 days, without complications.

MCC-7160 Spinal Cord Stimulation for Radicular Pain Following Retained Bullet in Lumbar Spinal Canal

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First reported case of successful spinal cord stimulator treatment in a patient with a near-complete bullet retained in the spinal canal.

MCC-7161 Use of TEE to Detect Thrombus in an Anticoagulated Patient with an Impella Device and Low Flow State

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Case presentation of 59-year old male with acute MI and multi-organ system failure resulting in placement of Impella device for cardiac assist. In spite of anticoagulation, the patient developed LV thrombus, detected by TEE, likely due to low flow state.

MCC-7162 Successful Use of Thoracic Epidural Anesthesia with Monitoring of Spinal Evoked Potentials in an Extrapleural Pneumonectomy

Primary Author: Junaid Nizamuddin, M.D.
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Successful use of thoracic epidural anesthesia with intraoperative neurophysiologic monitoring of spinal potentials in an extrapleural pneumonectomy for resection of a large synovial tumor with arterial supply near the artery of Adamkiewicz.

MCC-7163 Management of a Difficult Airway in a Phenotypically Normal Appearing Patient

Primary Author: Michael C. Dutt, M.D.
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Laryngoscopy in a 50 year old male proved to be difficult despite a normal airway exam. Awake fiberoptic intubation was unsuccesful after multiple attempts at direct laryngoscopy and glidescope intubation. The patient was eventually intubated by using a Mac 3 to obtain a grade 3 view and passing a fiberoptic bronchoscope under the epiglottis and into the trachea.

MCC-7164 Is a Serum Potassium Level of 0.9 Mmol/L Compatible with Life?!

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The anesthetic management of the patient with profound hypokalemia and severe metabolic derangements for emergent subdural hematoma evacuation.

MCC-7165 Management of Pheochromocytoma Excision with Poorly Controlled Hypertension

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54 year old female with a pheochromcytoma was brought to the OR for a laparascopic adrenalectomy. Her blood pressure remained poorly controlled on phenoxybenzamine and metoprolol, with pressures as high as 170/100 within 1 week of the schedule surgery date. She had also recently been admitted to the hospital for evaluation of dyspnea and chest pain, she was found to have a hyperdynamic heart and mild non-obstructive CAD.
Throughout the case her pressures were labile and went as high as 190/110 during surgical manipulation of the adrenal gland and as low as 80/40 after clamping the adrenal vein. Multiple vasoactive agents were used including esmolol, nitroglycerin, and phenylephrine. By the end of the surgery blood pressure stabilized around 140/80, and she was extubated without difficulty. She was discharged home on post-operative day 1.

MCC-7166 Misplaced G-Tube Leading to Intraoperative Pediatric Death in a Patient with Short-Chain 3-Hydroxyacyl-Coenzyme a Dehydrogenase (SCHAD) Deficiency

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Misplaced G- tube in a seventeen month old male with past medical history significant for short-chain 3-hydroxyacyl-coenzyme A dehydrogenase deficiency (SCHAD) leading to intraoperative cardiac arrest secondary most likely to septic shock. Discussion will focus on perioperative management of patients with SCHAD and as well as PALS.

MCC-7167 Emergent Cesarean Section in a Patient with Newly Diagnosed Malaria

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Malaria in pregnancy is a life-threatening condition with increased morbidity and mortality for both the mother and the fetus. This report describes the perioperative management of a multiparous woman with a new diagnosis of *Plasmodium falciparum* infection who required an emergent caesarian section under general anesthesia. In addition, our patient had just travelled into the country from Africa, did not speak English, and a translator was not immediately available.

MCC-7168 Cold Case Mystery: One Hundred Days to a Diagnosis

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Motor neurone disease affects 2 in 100,000 people worldwide, occurring most frequently in 40 to 60 year olds and is characterised by muscle weakness and atrophy secondary to upper and lower motor neurone degeneration. Approximately 75% of patients present with limb symptoms whilst the remainder present with bulbar symptoms or, less commonly, respiratory compromise.
This case reports describes an unusual presentation and path to an unexpected diagnosis of MND in an elderly lady.

MCC-7169 Perioperative Resuscitation in a Case of Orbital Hemangiopericytoma in an Infant

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This is a case of an orbital hemiangiopericytoma in an 8-week old infant with other co-morbodities. The aggressive and potentially lethal behavior of this type of tumor resulted in the need for perioperative hemodynamic resuscitation. Micrognathia and a recent URI further complicated the case in the need of advanced airway techniques.

MCC-7170 Difficult Airway, a Common Field for Anesthesiology and ENT Surgery: Case Report

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Sharing the airway, remote access and the need to prevent soiling of the respiratory tract are factors that classically need to be taken into consideration when anesthesiology cooperates with ENT surgery. However, this collaboration could be helpful to manage the unanticipated difficult intubation. Although rare (1.5 – 8.5% in all anesthesic patients), these events could result in serious respiratory complications. Flexible fiberoptic laryngoscopy has become the standard tool for assisting the difficult intubation. However, in our hospital, it is not available in every operating room. We report a case of unanticipated difficult airway in ENT surgery in which the rigid fiberscope was useful to facilitate the traqueal intubation using a double hand approach. For this procedure, the anaesthesiologist held the laryngoscope in place while the ENT surgeon performed a video-rigid endoscopy, allowing the indirect visualization of the glottic aperture.

MCC-7171 Total Intravenous Anesthesia Using NMDA Receptor-Sparing Agents in a Patient with Anti-NMDA Receptor Encephalitis

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The anesthetic management of a 38 year old woman with anti N-methyl-D-aspartate (NMDA) receptor encephalitis is presented. Anti-NMDA receptor encephalitis is a newly identified paraneoplastic syndrome characterized by progressive psychosis, seizures, autonomic instability and central hypoventilation. To prevent exacerbation of her encephalopathic state, total intravenous anesthesia with propofol, remifentanil and hydromorphone was employed, and NMDA antagonists such as volatile agents, nitrous oxide and ketamine were excluded.

MCC-7172 Acute Coronary Syndrome and Perioperative Death in a 32-Year Old Female with Systemic Lupus Erythematosus

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A 32 year old woman with history of SLE was scheduled for a stump revision of left BKA and angiogram of right leg. She have had history of hypertension, DM, PVD , but denies any history of chest pain, palpitation or shortness of breath. Her intraoperative course during general anesthesia was uneventful , but she became hypoxic with spontaneous ventilation during extubation when pinkish frothy sputum noted inside ET tube. Patient was kept intubated, transferred to SICU. At SICU, she continued to be tachycardic, then developed SVT. Finally, within four hours after admission to SICU, she went into cardiac asystole and all resuscitative measures failed to revive her. Postmortem report stated that massive coronary thrombosis of both main coronary arteries were the probable cause of her death. The case signifies the premature involvement of coronary arteries in SLE, and their role in precipitation of an acute coronary event during perioperative period.

MCC-7173 Unplanned Hypothermic Circulatory Arrest in a Teenager with Scimitar PAPVR Pulmonary Vein to IVC During a Planned "Simple" ASD Repair

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Co-Author:
Gerald A. Bushman, M.D.

We report the case of a 13 y/o with Scimitar Syndrome who presented for repair of PAPVR and "simple" ASD. The repair proved to be very complicated and she underwent an unplanned DHCA. After a prolonged operation, her outcome was good but the risk of "unprepared DHCA" was not weighed against the result of a right lower lobectomy in this patient.

MCC-7174 Pheochromocytoma: Anesthesia Management and Role of Preoperative Hypertension Management

Primary Author: Hess M. Robertson, M.D.
University of Arkansas for Medical Sciences | Little Rock, Arkansas
Co-Authors:
Mohamed Ismaeil, M.D.
Esamelden Abdelnaem, M.D.

The patient is a 36 y/o AAM with Von Hippel-Lindau (VHL) syndrome who presented to the OR for recurrent pheochromocytoma resection, aortic paraganglioma resection, and bilateral partial nephrectomies for renal cell carcinoma. Preoprative blood pressure control was accomplished by using the combination of clonidine, doxasin, verapamil, and lisinopril. AH's pre-operative blood pressure regimen did not exactly fall into one of the commonly used preoperative blood pressure control protocols. He was started on an alpha-blocker, but a beta-blocker was never added.

Scientific Exhibits

STEPHEN A. VITKUN, M.D., M.B.A., PH.D., Chair

Rotunda Area • 7th Floor • New York Marriott Marquis

Saturday, December 15, 2012 10:00 - 16:00

Sunday, December 16, 2012 10:00 - 16:00

Scientific Exhibits will be judged for specific awards on Sunday, December 16th, by the following Committee Members:

Stephen M. Breneman, M.D.
Hugh C. Hemmings, Jr., M.D.
Venkata S. Katari, M.B., B.S.
Jung T. Kim, M.D.
Paul R. Knight,III,M.D., Ph.D.
Rhoda D. Levine, M.D.
Lixin Liu, M.D.
Joseph Schianodicola, M.D.
Robert s. Sladen, M.B., Ch.B., FCCM
P. Sebastian Thomas, M.D.

Ribbons may be awarded in the followig categories:

Best Instructional Exhibit
Best Scientific Exhibit
Best Exhibit for Clinical Application
Special Award
Honorable Mention

The written exhibit descriptions have been reproduced as submitted on line by each exhibitor.
The PGA is not responsible for the accuracy of the contents.

SCIENTIFIC EXHIBIT PRIMARY AUTHOR DISCLOSURES:
The primary authors listed below did not disclose any financial relationships.

S-8001 Innovations in Airway Management from Cleveland Clinic

Primary Exhibitor: William D. Kolosi, B.S.
Cleveland Clinic | Cleveland, Ohio
Co-Exhibitors:
Rafi Avitsian, M.D.
Andrew Zura, M.D.

New airway devices conceived by clinicians to solve shortcomings of current devices. Posters and prototypes of devices such as a fiberoptic bronchoscope covering sheath, airway device with suction and configurations of supraglottic airway devices will be exhibited. Participants will be encouraged to comment on usefulness and acceptability in clinical practice.

S-8003 Smartphone Based Anesthesia Quality and Outcomes Registry

Primary Exhibitor: Matthew Jacques, B.S.
Hofstra University | Hempstead, New York
Hofstra North Shore-LIJ School of Medicine | New Hyde Park, New York
Co-Exhibitors:
Xiang Fu, Ph.D.
Frank Overdyk, M.D.

This exhibit will demonstrate an autonomous, smart phone based, anesthesia quality/outcomes registry. Metrics critical to patient safety (difficult airways, reintubations, adverse events) as well as value based purchasing measures (PONV, patient satisfaction) are easily collected at the point of care in preoperative, intraoperative, PACU and postop phases. Rapid and reliable patient identification is assured through wristband barcoding (optional image capture). This standalone system uses Android mobile devices (iOS in future), a Linux server with HIPAA complaint data exchange, and Web enable SQL data management capability, with potential for future scaleability using a centralized, cloud based, hosting service.

Technical Exhibitor Alphabetical Listing

Company Descriptions and Booths

2014 Combined AACA and ASURA 265
Auckland, New Zealand
2014 Combined AACA & ASURA (14th Asian Australasian Congress of Anaesthesiologists, combined with The Australian Symposium on Ultrasound and Regional Anaesthesia).

abeo.....302
Irving,TX
abeo is a leading provider of technology-enhanced solutions in billing and practice management services for anesthesia providers nationwide. Our focus is on the client's individual needs. abeo is a single-source solution for improving compliance, profitability and operations in all anesthesia practice settings. Visit abeo.com to learn more.

AcelRx Pharmaceuticals, Inc. 213, 214
Redwood City, CA

Advanced Data Systems.....206
Paramus, NJ
MedicsDocAssistant EHR and MedicsPremier Practice Management. The Medics Suite is excellent for Anesthesia and Pain Management EHR, Billing/EDI, Scheduling, Reports and more.

Ambu Inc. 313
Glen Burnie, MD
Within the field of anesthesia Ambu offers a wide range of products from resuscitators, face masks and laryngeal masks to the highly innovative single use flexible intubation scope. Products that all have their own place in the difficult airway algorithm.

American Academy of Anesthesiologist Assistants 115
Richmond BC, VA
The American Academy of Anesthesiologist Assistants is the national organization dedicated to the ethical advancement of the Anesthesiologist Assistant profession and to excellence in patient care through education, advocacy, and promotion of the Anesthesia Care Team.

American Anesthesiology, Inc 258
Sunrise, FL
American Anesthesiology is a rapidly growing physician group practice of anesthesia providers. Currently with practices in Georgia, North Carolina and Virginia, American Anesthesiology employs more than 310 anesthesiologists who provide care in hospitals, surgery centers and pain management clinics. For more information, visit www.americananesthesiology.com.

American Society of Anesthesiologists (ASA) **.....118, 119**
Park Ridge, IL

Ameridose.....270
Westborough, MA
Ameridose is a leading provider of sterile admixed solutions and oral repackaging services to hospital pharmacies nationwide. We are state licensed and FDA registered, exceeding USP <797> standards and meeting cGMP requirements. Our customer commitment includes the promise to deliver best-in-industry product and process quality, customer service, and value.

Anchor Medical Supply, Inc. 105, 106
New York, NY

Anesthesia Associates, Inc. (AincA) 120
San Marcos, CA
Anesthesia Associates, Inc. (AincA) manufactures reusable anesthesia and respiratory care products. These include MRI and custom Jet Ventilators, fiber-optic and conventional laryngoscopes, lighted stylettes, and aids for difficult intubation. Also available are many breathing circuits and components, special adapters, custom designs, nerve stimulators, and digital / analog Respirometers. www.AincA.com. Over 54 Years of Manufacturing!

Anesthesia Business Consultants.....239
Jackson, MI
Anesthesia Business Consultants, LLC, provides billing & practice management services for anesthesia and pain management practices, featuring OneSourceAnesthesia the mobile systems architecture supporting the entire perioperative process—patient portals, pre-admission testing tracking, intra-operative documentation, and quality measures tracking. ABC's proprietary practice management software, F1RSTAnesthesia™ and interconnectivity suite, F1RSTConnect, provide accurate, prompt and complete billing and revenue cycle management. OneSourceAnesthesia collects and analyzes data allowing practices to be ready for new business models such as ACOs.

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Penlon Anesthesia machine
Criticare monitor
Penlon
Laryngoscopes Amsorb

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Arizant Healthcare Inc., a 3M company 132, 133, 134
Eden Prairie, MN
Arizant Healthcare Inc., a 3M Company, pioneered the concept of forced-air patient warming with the introduction of Bair Hugger™ therapy in 1987. Today, our ground-breaking lineup of temperature management products includes the Bair Paws™ system and the Ranger™ fluid warming systems.

Armstrong Medical Industries, Inc. 325
Lincolnshire, IL
Carts, wireless, aluminum or steel, custom or standard, keyless entry or key-locking, latex free, Bronchoscopy carts, emergency Broselow Pediatric Resuscitation Carts and complete system.

Bankers Healthcare Group, Inc. 318
Syracuse, NY
Leading provider of financing solutions to Anesthesiologists.

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Billerica, MA
Belmont Rapid Infuser, Buddy Lite, Buddy.

BK Medical 203
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Cadence Pharmaceuticals 303, 304
San Diego, CA
Cadence Pharmaceuticals is a biopharmaceutical company focused on inlicensing, developing and commercializing proprietary product candidates principally for use in the hospital setting. The company is currently marketing OFIRMEV® (intravenous acetaminophen) for the treatment of acute pain and fever.

CASMED 309
Branford, CT
CASMED presents the innovative FORE-SIGHT® Absolute Tissue Oximeter, a non-invasive device that provides immediate, reliable data for assessing a patient's tissue oxygenation status. FORE-SIGHT is the first and only device in its class that provides a non-trend, absolute measure of tissue oxygen saturation for all patients, regardless of age or weight. www.CASMED.com/FORE-SIGHT

Centurion Medical Products 215
Williamston, MI
Centurion Medical Products develops custom procedural kits and trays that feature innovative products designed to improve caregiver, patient, and hospital outcomes. Developed with critical input from end-users, Centurion sterile custom kits include the Central Line Insertion Bundle, featuring the SorbaView® SHIELD catheter securement system and the SorbaView® IJ Dressing System. The Centurion Foley Anchor securement device, Eme-Bag®, and the bio-degradable Eco-Eme-bag are also among our high-quality product offerings that make procedures faster and more efficient.

Cheetah Medical 202
Vancouver, WA
Cheetah Medical delivers 100% noninvasive accurate, continuous hemodynamic information. Cheetah NICOM® empowers clinicians with actionable data to titrate fluids and drugs in the OR, PACU, ICU and ED. NICOM's accuracy, ease of use and responsiveness provide an ideal combination in challenging scenarios such as peri-operative care, shock, sepsis, acute decompensated heart failure and renal failure.

CIVCO Medical Solutions 108
Kalona, IA
CIVCO Needle Guidance for Ultrasound & Covers for Transducers.

Clarus Medical LLC 301
Minneapolis, MN
Airway scopes for intubating and airway management. Shikani, Levitan and Video Scope.

ConMed 232
Utica, NY
ConMed presents the ECOM® Endotracheal Cardiac Output Monitoring system. ECOM utilizes a standard endotracheal tube that is inserted using normal ET placement techniques. Based on impedance cardiography, the ECOM system provides cost-effective, beat-to-beat monitoring of cardiac output, cardiac index, stroke volume, stroke volume variation and systemic vascular resistance.

Cook Medical 308
Bloomington, IN

Covidien.....233, 234, 235, 236, 237, 238
Boulder, CO
Covidien is a leading global healthcare products company that creates innovative medical solutions for better patient outcomes and delivers value through clinical leadership and excellence. Covidien manufactures, distributes and services a diverse range of industry-leading product lines in three segments: Medical Devices, Pharmaceuticals and Medical Supplies. With 2011 revenue of $11.6 billion, Covidien has 41,000 employees worldwide in more than 65 countries, and its products are sold in over 140 countries. Please visit www.covidien.com to learn more about our business.

Cumberland Medical Affairs 228
Nashville, TN
Caldolor® (ibuprofen) Injection is indicated in adults for the management of mild to moderate pain, the management of moderate to severe pain as an adjunct to opioid analgesics, and for the reduction of fever. Caldolor has been proven safe and effective when administered pre-, intra- and post-operatively and is the first FDA-approved IV NSAID for the treatment of both pain and fever. Caldolor is marketed by Cumberland Pharmaceuticals Inc. based in Nashville, TN.

Cumberland Pharmaceuticals Inc.....226, 227
Nashville, TN
Caldolor® (ibuprofen) Injection is indicated in adults for the management of mild to moderate pain, the management of moderate to severe pain as an adjunct to opioid analgesics, and for the reduction of fever. Caldolor has been proven safe and effective when administered pre-, intra- and post-operatively and is the first FDA-approved IV NSAID for the treatment of both pain and fever. Caldolor is marketed by Cumberland Pharmaceuticals Inc. based in Nashville, TN.

Disposcope USA LLC.....127
Princeton, NJ
Disposcope is a stylet with a real-time video camera on the tip that provides a clear unobstructed view during intubation, preventing trauma caused by blind forceful advance. It is an all-in-one device that has the functions of a laryngoscope, video-assisted laryngoscope, fiberoptic scope and simple bronchoscope. Disposcope is a lightweight and portable system and is easy to carry around and easy to use.

Dr. Fuji Cyber Relax.....101, 102
Fremont, CA
Dr. Fuji - The highest quality and the most humanized medical, health and beauty care products.

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Iowa City, IA

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Anesthesia workstations
Innovian Anesthesia AIMS

Edwards Lifesciences 210
Irvine, CA
At Edwards, we strive to provide you with the valuable hemodynamic information you need, how you need it, when you need it most. From the first Swan-Ganz PAC to the latest FloTrac sensor and PreSep oximetry catheter, our goal is to provide the clarity you need, the moment you need it, to advance patient care.
www.edwards/criticalcare.com

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Philadelphia, PA
Medical books; educational
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EmCare Anesthesia Services 323
Milford, CT
AnesthesiaCare's anesthesiology services can meet your hospital's need for an experienced, highly trained anesthesiology staff. With more than 30 years of experience managing integrated and cost-effective anesthesia programs, AnesthesiaCare's anesthesiologists and certified registered nurse anesthetists (CRNAs) provide anesthesiology services when you need them. Our service is backed by our extensive national resources.

AnesthesiaCare's anesthesiology service offers full-service management services including:
- Recruiting and credentialing
- Accounting
- Cash management
- Risk management
- Billing and collections

European Society of Anaesthesiology 117
Brussels, Belgium
Meet the European Society of Anaesthesiology

Flexicare Inc....124
Irvine, CA
Flexicare manufactures airway management devices of the highest quality and innovation. Key products include laryngoscopes, laryngeal masks, circuits, capnography cannulas and many other items.

Gauss Surgical....153
Palo Alto, CA
iPad-based Mobile Platform for Monitoring Fluids and Blood Loss During Surgery
Gauss Surgical, located in Silicon Valley, California has developed a mobile platform for real-time monitoring of fluids and blood loss during surgery. Gauss is leveraging mobile applications, cloud based computing, and artificial intelligence to provide information to better assist the clinician in intraoperative fluid
management and blood transfusion.

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Havel's Inc....109
Cincinnati, OH
Havel's revolutionary EchoStim®, EchoBlock®, and EchoBlock® MSK needles for Ultrasound Guided Peripheral Nerve Blocks and injections have 16 Corner Cube Reflectors (CCR®) in the first 5.5mm of the needle. This focus on the tip keeps Havel's prices $4 or $5 less than other echogenic insulated needles. Havel's Micro Laser Etched (MLE™) needles are also bright under ultrasound and have a variety of tips from block bevels to the EchoTuohy™. Call today for a free sample!

Hospira 316, 317
Lake Forest, IL
For more information, stop by Hospira's booth or call 1-877-946-7747 to learn the latest regarding Precedex™ (dexmedetomidine HCl Injection) and Voluven® (6% Hydroxyethyl starch 130/0.4 in 0.9% sodium chloride injection) - See full prescribing information. Hospira is the world's leading provider of injectable drugs and infusion technologies. Learn more at www.hospira.com.

Hospital Information Services 128
Brooklyn, NY
Hospital Information Services for Jehovah's Witnesses is a nonprofit organization with over 130 Hospital Liaison Committees located throughout the United States. Published medical information, detailed clinical strategies documents, and physician-to-physician consults are available at no cost to medical professionals desirous of managing hemorrhage and anemia in patients without blood transfusion.

I-Flow LLC 121, 122
Lake Forest, CA
I-Flow's market leading ON-Q* pumps slowly infuse local anesthetic near a peripheral nerve, reducing the need for narcotics. I-Flow now offers ON-Q* T-bloc* trays and kits, and an expanded line of needles and catheters to complete your ON-Q* block program. www.myON-Q.com.

iMDsoft 243, 244
Needham, MA
myAnesthesia is a new iPad app for advanced case documentation which creates accurate and compliant anesthesia records. As a cloud-based solution, it enables anesthesiologists to easily store, manage, and automatically share patient information with relevant parties such as billers, hospitals and anesthesia groups, resulting in improved communications and billing efficiency.

Infinite Therapeutics....126
Infinity Brand Massage Chairs
Kingston, NH

Intersurgical 139
Liverpool, NY
Intersurgical offers a wide range of high quality products: QuadraLite, the anatomical anesthesia face mask with an exceptional seal which is part of the Eco-friendly product line. i-gel™, a supraglottic airway with an integrated bite block and gastric channel, secures the airway naturally with a non-inflating cuff, reducing trauma and improving patient safety and outcome. The most complete line of CO2 absorbents, filters, HME's and HMEF's available. Quality, Innovation and Choice!

Karl Storz Endoscopy 315
El Segundo, CA

Kern Augustine Conroy & Schoppmann, P.C. 205
Garden City, NY
Legal service

King Systems Corporation.....219, 220
Noblesville, IN
Innovation, quality, and customer focus; this is King Systems. The only expandable co-axial breathing circuit – the Universal Flex2®, the market leader face mask – King's Big Blue, the game changer in intubation – the King Vision® video laryngoscope, and "the most reliable supraglottic airway" - the King LT-D™ and LTS-D™; these are King Systems.

Lexco Wealth Management, Inc.....216
Tarrytown, NY
Lexco Wealth Management is an independent registered investment advisor specializing in comprehensive financial planning and asset protection strategies for anesthesiologists.

LiDCO, Ltd.....129
Sawston, Cambridge UK
LiDCO's products: LiDCOplus, LiDCOrapid and LiDCOview enable the measurement, analysis, audit, training and sharing of real-time and historic hemodynamic data, in the OR and ICU. LiDCO will soon provide LiDCOunity: non-invasive continuous BP and BIS together on the LiDCOrapid platform allowing for hemodynamic and depth of anaesthesia guidance without the requirement of an arterial line.

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San Diego, CA
LMA North America, Inc. is a San Diego-based company dedicated to continuously improving patient care through the marketing and sales of high quality, innovative, proprietary products for anesthesia and critical care. The LMA™ family of products have significantly improved patient outcomes and been used on over 300 million patients worldwide.

Masimo.....256, 257
Irvine, CA
Masimo is a global medical technology company responsible for the invention of award-winning noninvasive technologies, medical devices, and sensors that are revolutionizing patient monitoring, including Masimo SET®, Masimo rainbow SET® Pulse CO-Oximetry™, noninvasive and continuous hemoglobin (SpHb®), acoustic respiration rate (RRa™), Masimo Patient SafetyNet™, and SEDLine® (EEG-based) Brain Function Monitors.

MBS Insurance Services 207
Boonton, NJ
MBS is a full service insurance agency and has been in business for over 30 years. We specialize in Medical Malpractice Insurance, Audit Coverage, Healthcare Consulting, Financial & Retirement Planning and Property & Casualty coverage.

McKesson Revenue Management Solutions 201
Alpharetta, GA
McKesson, processing over 2.5 million cases annually for over 3,200 anesthesiologists, has the expertise to lead anesthesiologists through the complexities of reimbursement and to identify areas of lost revenue by optimizing revenue, reducing cost, ensuring clean claims, minimizing compliance exposure and accessing superior business intelligence tools.
800.300.2599
anesthesioinfo@mckesson.com
www.mckesson.com/anesthesiologyservices

Medical Liability Mutual Insurance Company (MLMIC).....255
New York, NY
Professional liability insurance for physicians, surgeons, and hospitals.

Merit Medical Endotek.....130
South Jordan, UT
The Merit Medical Endotek Three-In-One (TIO) device combines an oral airway, bite block, and oxygen administration in a single convenient device.

Mercury Medical.....229
Clearwater, FL

Mindray North America.....240, 241, 242
Mahwah, NJ
Anesthesia, Ultrasound, Patient Monitoring. Featuring the A5 with touch-screen, VCV, PCV, SIMV-VC, SIMV-PC, warmed breathing system, HL7 interface for anesthesia information management systems. DPM6/7 Anesthesia monitors with modular design, touch screen and expanded parameter capability. M5/M7 Portable Diagnostic Ultrasound, feature rich with high quality imaging tools.

Moog Medical Devices Group 254
Salt Lake City, UT
Infusion/pain management ambulatory pumps.

Mylan Inc. 136
Rockford, IL
Ultiva® (remifentanil hydrochloride) for injection

NAPA - North American Partners in Anesthesia.....103, 104
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Foothill Ranch, CA

Nonin Medical 324
Plymouth, MN

Northwest Anesthesia Seminars, Inc.....259
Pasco, WA
Northwest Anesthesia Seminars, Inc. provides quality continuing medical education conferences and workshops for physician and other advanced medical care providers, coupled with travel opportunities in over 80 locations and 30 cruises. The focus is outstanding education scheduled with respect for the activities available at the destination.

Novamed USA 252
Elmsford, NY
NOVAMED USA specializes in patient warming, temperature monitoring and laryngoscopes for the clinical needs of cardiology, anesthesiology, and neonatology.
2012 features: SCIP approved KOALA T Warming System, conductive underbody thermal technology to maintain normothermia; NOVALITE Fiber Optic Green System Laryngoscopes, all blades safe for the MRI, available in reusable and single use.
Also featured: LED Standard Laryngoscopes, superior illumination for safer intubations. For all temperature monitoring needs, discover NovaTemp and LifeSound sensors / probes / adapter cables.

Olympus America Inc.....326
Center Valley, PA

On The Avenue Marketing 135
Weston, MA
We will be offering attendees discounted home delivery subscriptions to the New York Times with a complimentary gift at the time of purchase.

Origin Healthcare Solutions.....223
Rutherford, NJ
Origin Healthcare Solutions is a leading provider of integrated anesthesia and pain management revenue cycle management services. We offer a dedicated, anesthesia-only billing team, real time practice analytics, and fee schedule optimization, all supported by top-notch customer service and over 20 years of insight and experience. Learn why thousands of anesthesia providers have chosen to partner with Origin: 800.358.6443 I originhs.com

Oxford University Press.....123
New York, NY
Oxford University Press publishes some of the most highly respected and prestigious anaesthesia books and journals in the world, including BJA and Continuing Education in Anaesthesia, Critical Care & Pain. Visit our booth to browse and purchase books at a 15% discount, and to pick up free journal copies.

Pajunk Medical Systems LP.....217
Norcross, GA

Parker Medical 140
Highlands Ranch, CO
Parker Medical develops and markets innovative airway management products designed to facilitate rapid, easy, accurate and safe intubations. This year we will be featuring the expanded line of our award- winning Parker Flex-Tip Endotracheal Tube which recently was granted a 510k by the FDA for Nasotracheal intubations, as well as our Flex-It Directional Stylet, and our disposable, silicone, Parker Laryngeal Mask Device.

PharMEDium Services, LLC 221, 222
Lake Forest, IL
PharMEDium is the national leading outsourced pharmacy provider, rigorously ensuring the accuracy and sterility of all your customized IV and epidural preparations. PharMEDium is a nationwide network of state-licensed and federally registered pharmacy outsourced compounding centers, providing trusted solutions to more than 2,000 hospitals throughout the United States.

Physicians' Reciprocal Insurers (PRI).....224
Roslyn, NY
PRI is celebrating 30 years as New York's premier malpractice carrier.

Plexus IS 110
Westwood, MA
Anesthesia Touch
Intraoperative - Intuitive, responsive, and powerful. It is the most innovative and intraoperable anesthesia EMR.
Visit our website at http://www.plexusis.com/products.aspx

PPM Information Solutions, Inc. (PPMIS)..... 138
Shawnee Mission, KS
PPM Information Solutions, Inc. (PPMIS) meets the needs of your practice by offering billing software and/or billing services. The PPM: Connects(SM) platform, intuitive cloud-based billing software, lets you manage your billing in-house, manage pieces of your billing, or monitor the billing we do for you. Connect provides a better net result.

Preferred Physicians Medical 322
Shawnee Mission, KS
Preferred Physicians Medical (PPM) provides malpractice insurance exclusively to anesthesiologists. In 25 years, PPM has developed a national reputation for aggressively defending its insureds, providing proactive anesthesia specific risk management and superior customer service. Owned by the anesthesiologists we insure, PPM's sole focus is you and protecting your professional reputation.

Productive Scheduling Solutions.....141
Chicago, IL
EZ Call is a highly intuitive, completely configurable, web based scheduling program. Designed by an anesthesiologist for anesthesiologists, EZ Call creates balanced schedules according to your group's specific rules and requirements.

Salix Pharmaceuticals, Inc. 269
Raleigh, NC
Salix Pharmaceuticals, Inc., headquartered in Raleigh, North Carolina, develops and markets prescription products for the treatment of gastrointestinal diseases. Salix's strategy is to in-license late-stage or marketed proprietary products, complete any required development and regulatory submission of these products, and market them through the Company's gastroenterology specialty sales and marketing team.

Sharn Anesthesia Inc.....131
Tampa, FL
For almost 30 years Sharp has been the leader in Temperature Trend Indicators. Studies show that Crystaline® and Crystaline ST are as reliable as electronic temp probes and trend comparable to esophageal readings. For non-invasive, continuous temp trending, Crystaline is still your best overall value. For protecting your patient's eyes, EyeGardTM is an excellent alternative to tape and is available in adult and pediatric sizes. Sharp carries one of the broadest varieties of laryngoscopes along with other airway devices, nerve stimulators, patient positioning and more.

Sheridan Healthcare, Inc. 305
Sunrise, FL

Somnia Anesthesia 262, 263
New Rochelle, NY
Somnia provides a solutions-based approach to anesthesia management for hospitals and surgery centers nationwide, and rewarding career opportunities for anesthesiologists and nurse anesthetists. Clinicians in the Somnia network are supported by a national administrative infrastructure that delivers high client, patient and clinician satisfaction.

Spectra Medical Devices, Inc. 209
Wilmington, MA
Full line of regional anesthesia needles including epidurals, pencil point spinals, and echogenic regional block needles.

Surgical Information Systems.....268
Alpharetta, GA

TeamHealth Anesthesia 225
Palm Beach Gardens, FL
TeamHealth Anesthesia provides comprehensive anesthesiology and pain management services for hospitals, surgery centers, pain management groups throughout the United States.

Teleflex.....310, 311
Reading, PA
Arrow®, Rusch®, Sheridan®, and Hudson RCI® have long histories of partnering with Anesthesia professionals to promote high quality healthcare. In addition to our current products for regional anesthesia and airway management, Teleflex is committed to continuing our legacy of innovation and quality by providing world-class products, clinician education, and support.

The American Board of Anesthesiology 116
Raleigh, NC
The American Board of Anesthesiology, Inc. (ABA) examines and certifies physicians who complete an accredited program of anesthesiology training in the United States and voluntarily apply to the Board for certification or maintenance of certification. Please visit the ABA booth to get details about Specialty Certification in Anesthesiology, Subspecialty Certification, and Maintenance of Certification in Anesthesiology (MOCA). ABA staff can guide you through the ABA website (www.theABA.org) and your physician portal account.

The Quality Life 113
College Point, NY
Massage Chair, Massage Machine.

Travelers in the City LLC.....137
Orlando, FL
We specialize in Corporate Gifts and Employee Incentives and have been working with the medical Industry for the past 30 some years in different capacities, either exhibiting at the conventions or exhibiting at the same property and making our samples available to the guest of the hotel and attendees of conventions and conferences. We have been referred to as being therapeutic to attendees of convention, as we offer a great opportunity for the attendees to release some stress and get refreshed for more education and learning.

Truphatek 208
Ashland, MO
Video Laryngoscope
Laryngoscope blades and handles

UBS Financial Services.....204
Bedminster, NJ
Financial services including retirement planning and investment strategies.

UltraScope 267
Charlotte, NC
UltraScope stethoscopes provide cardiology performance in extremely noisy environments. Lightweight, shatter proof heads are hand painted. Customized engraving, painting and corporate logo options are available. Try the Classic model, for hard of hearing (or our "mature users"). Deep quantity discounts at the booth. Lifetime Warranty.

Ultrasonix Medical Corporation.....253
Richmond BC, Canada
Ultrasonix develops and manufactures diagnostic ultrasound imaging systems with customizable touch screens to simplify workflows. The company's systems are built on an open software platform that enables remote service and easy updates to keep current with advancements in imaging technology. Our SonixTouch and SonixTablet systems offer unique features for nerve block guidance and vascular access, including SonixGPS, a breakthrough in needle guidance. SonixGPS lets you plan your trajectory before inserting the needle; it works in-plane and out-of-plane with the transducer and shows the needle tip at all times and at any depth or angle. Visit www.ultrasonix.com/GPS for more information.

Verathon Medical 247
Bothell, WA

Zotec Partners.....260, 261
Carmel, IN
Zotec Partners is a revenue cycle management solutions company with a proven track record of solving real world, bottom-line challenges for the nation's leading anesthesia groups. As an industry leader in medical billing and practice management software and services, Zotec Partners is committed to the continual pursuit of excellence in the anesthesiology revenue cycle management industry, and delivers effective solutions through innovative software, personalized service and measurable client results.

Product Category Listing

Social Activities

The Social Activities Committee for the 66th PostGraduate Assembly has arranged for a special program of entertainment that includes Broadway Plays, New York City Tours, Concerts, Opera at the Metropolitan, Dinner with Jazz, Dance and Holiday Shopping.

Sincerely, Audrée A. Bendo, M.D., Chair, Local Arrangements

Thursday, December 13, 2012

S-02 Les Troyens @ The Metropolitan Opera
The Met offers a rare opportunity to witness Berlioz's vast epic, last performed at the Met in 2003. Deborah Voigt, Susan Graham, Marcello Giordani, and Dwayne Croft lead the starry cast, portraying characters from the Trojan War. Met Principal Conductor Fabio Luisi marshals the large-scale musical force. **6:00 pm** (18:00), Metropolitan Opera House - Lincoln Center (63rd Street and Broadway). **$264* per person.** Orchestra Prime Seating.

S-03 Concert at the Philharmonic
Daniel Harding - Conductor
Jan Lisiecki - Piano
Sibelius: Symphony No. 3
Schumann: Piano Concerto
Sibelius: Symphony No. 7
8:00 pm (20:00), Avery Fisher Hall - Lincoln Center (63rd Street & Broadway). **$113* per person.** Orchestra Prime Seating.

Friday, December 14, 2012

S-10 NY City Tour: Fun, Facts and Figures
This customized New York City Tour will show you most of New York City's highlights, landmarks and neighborhoods, including Central Park, Times Square, Greenwich Village, Soho, Chinatown, Ground Zero and more! This tour is designed to provide guests with a "Behind the Scenes" sightseeing experience. Leave Marriott Marquis **9:15 am** and return by **1:15 pm** (09:15 - 13:15). **$65 per person** (includes transportation, admission and guide).

S-11 Garment District Tour - Shopping Experience
New York is home to the fashion industry and is a shopper's paradise. Begin your shopping adventure with your licensed shopping guide who will give you a brief history of NYC fashion. Visit the Garment District, go to a showroom or sample sale, and shop like an industry insider. Go behind the scenes and see buildings that house the likes of Donna Karan and Halston, also understand how this booming district impacts fashion all over the world. Looking for incredible fabric for a project, missing a hard to find button, have crafty kids and need creative presents? The Garment district has it all, from discounted designer duds, to endless fabric and notions shops. Cash only! Leave Marriott Marquis at **9:30 am** and return by **1:30 pm** (13:30).
$98 per person (includes transportation, admission and guide).

S-12 9/11 Memorial & Downtown Tour
Today, we enjoy a piece of New York by taking Downtown by foot. We start our tour at Ground Zero and see how the area has drastically changed since 9/11, also how it is being reborn. Visit the 9/11 Memorial which opened to the public on September 12, 2011. Once there, visitors will see the two enormous waterfalls and reflecting pools, as well as the construction of One World Trade Center, which will be the tallest building in NYC. From here, we go on to St. Paul's Chapel, the oldest church in the city (1766), past City Hall, Wall Street and the New York Stock Exchange. Then it's on to Battery Park, from there you can see New York Harbor, the Statue of Liberty and Ellis Island. Leave Marriott Marquis **9:30 am** and return by **1:30 pm** (09:30 - 13:30). **$75 per person** (includes transportation, admission and guide).

S-14 Un Ballo in Maschera @ Metropolitan Opera
Accompanied by a thrilling score, Verdi's vivid characters grapple with life, love, betrayal and death. Director David Alden's dreamlike setting provides a compelling backdrop for this dramatic story of jealousy and vengeance. Marcelo Álvarez stars as the conflicted king; Karita Mattila is Amelia, the object of his secret passion; and Dmitri Hvorostovsky is her suspicious husband. Kathleen Kim portrays the Page, Oscar, and mezzo-soprano powerhouses Dolora Zajick and Stephanie Blythe take turns singing the fortuneteller, Ulrica. Fabio Luisi conducts.
7:30 pm (19:30), Metropolitan Opera House - Lincoln Center (63rd Street and Broadway). **$279* per person.** Orchestra Prime Seating.

S-17 Alvin Ailey Dance
The Alvin Ailey American Dance Theater has grown from the now fabled performance in March 1958, at the 92nd Street Y in New York City. Led by Alvin Ailey and a group of young African-American modern dancers, that performance changed forever the perception of American dance. **8:00 pm** (20:00), City Center - 130 West 56th Street (Between 6th and 7th Avenues). **$103* per person** Orchestra Seating.

S-18 "The Book of Mormon"
The Book of Mormon centers on two young Mormon missionaries who set out to spread the word in a dangerous part of Uganda. Their tale is told alongside Joseph Smith, founder of the Church of Latter-day Saints. The show does not viciously mock the Mormon religion; instead, it uses its history and their belief system to open up further discussion about religion and faith in general.
This is not a show for children. There is profanity and topics which parents might not want the children present for.
8:00 pm (20:00), Eugene O'Neill Theatre - 230 West 49th Street (between Broadway and 8th Avenue). **$237* per person.** Orchestra Seating.

* Includes $25 theatre ticket acquisition
** Includes $25 theatre ticket acquisition fee and 10% weekend surcharge

NOTE: Some ticket prices have not been confirmed at press time and may be subject to adjustment.

Saturday, December 15, 2012

S-21 Shopping at Woodbury Common Factory Outlets
Over 220 designer stores populate this hamlet of shopping in upstate New York. Located about 1 hour from Manhattan, Woodbury Common is a shopaholic's dream - designer clothing at bargain prices. You'll find plenty of great deals here and not just on clothing. Average discounts range from 25-60% plus our group receives special coupons for additional reductions. Light refreshments will be given en route and food courts are available at the shopping center for those wishing to purchase lunch. Leave Marriott Marquis at **10:00 am** return by **2:00 pm** (10:00 - 14:00). **$80 per person** (includes light refreshments and discounts). Bus ride is approximately 1 hour and 15 minutes.

S-22 Culinary Tour of New York City
Today, you will be guided through the many culinary delights that NYC has to offer. As you adventure through the delicacies of New York, our licensed tour guide will share the history of each neighborhood and the food that makes it so unique. We will visit dairy stores where fresh mozzarella cheese is made by hand, a true New York "cupcake cafe" where everyone's inner child will be delighted, and a quintessentially New York bagel shop. How about a slice of pizza? We still have a trip to the exotic with a stroll through Chinatown, taking in a traditional Chinese market. Leave Marriott Marquis at **10:00 am** return by **2:00 pm** (10:00 - 14:00). **$70 per person** (includes transportation, guide and tasting).

S-23 Rockefeller Center and NBC Studio Tour - The Greatest Studios & The Greatest View!
Today your guests will visit some of the grandest sites in New York. The tour will start at NBC Studio where guests will learn about the early days in radio. Your NBC Page will tell you about some of the network's early sound effect techniques and NBC's transition into television. Then Katie Couric and Matt Lauer take you down memory lane to show you where the network has been and where they are today. The tour gives you the opportunity to enter and visit some of our most famous studios, including: Studio 3B - Home of NBC Nightly News, 3K - Home of NBC Sports, and 8H - Home of Saturday Night Live. Then your group will tour Rockefeller Center and head all the way to the "Top of the Rock" to the observation deck where they will have an unparalleled view of Manhattan. They will be able to see all of the remarkable skyscrapers, bridges and the beauty of Central Park! Leave Marriott Marquis at **9:00 am** return by **1:00 pm** (09:00 - 13:00). **$70 per person.**

S-24 Radio City Music Hall "Christmas Spectacular"
A New York City holiday favorite. A magical blend of music, dance and pageantry to celebrate the season and, of course, featuring the world famous Rockettes.
11:30 am (11:30) Radio City Music Hall, 50th Street and Avenue of the Americas (6th Avenue). **$154** per person.**

S-25 "Spider-Man: Turn Off the Dark"
This musical follows the story of the teenage Peter Parker, whose unremarkable life is turned upside-down, litterally, when he's bitten by a genetically altered spider and awakens clinging to his bedroom ceiling. This bullied science geek is suddenly endowed with astonishing powers and soon learns that with great power comes great responsibility as villains test not only his physical strength but also his strength of character. **8:00 pm** (20:00), Foxwoods Theatre, 213 West 42nd Street (7th and 8th Avenues). **$184** per person.** Orchestra Seating.

S-27 "Lion King"
Winner of six Tony Awards, including "Best Musical". The Lion King pulses with an award-winning score and innovative puppetry to bring the classic story of young Simba and the animals of the African Pride Lands to vivid life. Driven by primal African rhythms, unforgettable tunes and a jaw-dropping display of exotic African wildlife, brought to life onstage, one can see why "The Lion King" has been one of the reigning shows on Broadway for the last decade. **8:00 pm** (20:00), Minskoff Theater - 200 West 45th Street (Between Broadway and 8th Avenue).
$190 per person.** Orchestra Seating.

S-28 "Wicked"
The untold musical story of Oz's Wicked Witch of the West and Glinda the Good Witch, before Dorothy dropped in. Based on the imaginative Gregory Maguire novel, "Wicked" takes a fantasy journey through the unseen side of Oz, sharing a tale of unexpected friendship and love. **8:00 pm** (20:00), Gershwin Theater - 222 West 51st Street (Between Broadway and 8th Avenue). **$192** per person.** Orchestra Seating.

S-29 "The Book of Mormon"
The Book of Mormon centers on two young Mormon missionaries who set out to spread the word in a dangerous part of Uganda. Their tale is told alongside Joseph Smith, founder of the Church of Latter-day Saints. The show does not viciously mock the Mormon religion; instead, it uses its history and their belief system to open up further discussion about religion and faith in general.
This is not a show for children. There is profanity and topics which parents might not want the children present for.
8:00 pm (20:00), Eugene O'Neill Theatre - 230 West 49th Street (between Broadway and 8th Avenue). **$237* per person.** Orchestra Seating.

S-30 Concert at the Philharmonic Concert at the Philharmonic
Daniel Harding - Conductor
Jan Lisiecki - Piano
Sibelius: Symphony No. 3
Schumann: Piano Concerto
Sibelius: Symphony No. 7
8:00 pm (20:00), Avery Fisher Hall - Lincoln Center (63rd Street & Broadway). **$113* per person.** Orchestra Prime Seating.

* Includes $25 theatre ticket acquisition
** Includes $25 theatre ticket acquisition fee and 10% weekend surcharge

NOTE: Some ticket prices have not been confirmed at press time and may be subject to adjustment.

S-42 NYSSA PGA Speakers' Reception

You are invited to embrace the opportunity of joining your colleagues at the PGA Speakers' Reception for drinks and hors d'oeuvres with NYSSA leadership plus over 300 of our PGA speakers.
5:30 - 8:30 pm (20:30 - 23:30), Astor Ballroom - 7th Floor).
$100 per person.

Sunday, December 16, 2012

S-31 Ellis Island

Today you will be transferred down to Battery Park where you'll board the ferry to Ellis Island. There, visitors are transported back through the portals of time, to the story chronicling the fate of more than 12 million immigrants who passed through the doors of Ellis Island from 1892 to 1954. Ellis Island is one of the most popular tourist attractions in New York. Here, you may view the film "Island of Hope - Island of Tears" which will draw you into the human drama of Ellis Island. Perhaps you will even find an ancestor. En route to the Island you will pass by the Statue of Liberty where your tour guide will share the remarkable history of the iconic landmark. Refreshments can be purchased. Leave Marriott Marquis **8:30 am** return by **1:30 pm** (09:30 - 13:30). **$85 per person** (includes all transportation, admissions and guide).

S-32 Soul and Salvation!
A Visit to Harlem and Gospel Brunch

This morning, our tour takes you through upper Manhattan and into Harlem. Here, you get the sense of what New York is all about. Guests will experience the excitement of Harlem's "Second Renaissance". As well as being the cultural center of African American life in New York City, Harlem is also a fascinating historic district, featuring many beautiful homes, churches, museums and cemeteries. During the tour, guests will see the Apollo Theater, as well as, the Morris-Jumel Mansion. After the tour, guests are in for a treat when they arrive at the famous B.B. King Blues Club and Grill, for a Gospel Brunch. The home-style all you can eat southern buffet is guaranteed to fill the hole in your soul, and the gospel performances will have you dancing on the stage. Leave Marriott Marquis **10:00 am** return by **2:00 pm** (10:00 - 14:00). **$95 per person** (includes all transportation, guide & Gospel Brunch).

S-34 The Nutcracker Ballet

The world's most beloved ballet by Tchaikovsky has become an annual New York holiday tradition for adults and children of all ages. **5:00 pm** (17:00). David H. Koch Theater - Lincoln Center (63rd Street and Broadway). **$166* per person.** Orchestra Seating.

S-35 Radio City Music Hall "Christmas Spectacular"

A New York City holiday favorite. A magical blend of music, dance and pageantry to celebrate the season and, of course, featuring the world famous Rockettes.
11:30 am (11:30), Radio City Music Hall, 50th Street and Avenue of the Americas (6th Avenue). **$154** per person.**

Monday, December 17, 2012

S-40 Harlem By Night

Visit the historic, soulful and vibrant neighborhood of Harlem. The evening will start with a brief tour of the neighborhood and history followed by an authentic soul food dinner in a local neighborhood eatery. Then it's off to The Cotton Club for an evening of fun and excitement. The Cotton Club was a famous night club in New York City which operated during prohibition. The club featured many of the greatest African American entertainers of the era, such as Fletcher Henderson, Bessie Smith, Cab Calloway, Ella Fitzgerald, Fats Waller, Louis Armstrong, Nat King Cole and Billie Holiday. The band, a 13 piece swing & jazz band hit the stage, and they play three 50 minute sets that are bound to get you off your feet! Leave Marriott Marquis **7:00 pm** return by **12:00 am** (19:00 - 24:00). **$165 per person** (includes all transportation, guide, dinner, club admission and two drinks).

S-41 "NYC Craft Beer Tasting"

The Heartland Brewery is an original NYC Brew House right in the heart of Times Square. Heartland was one of the pioneers igniting New Yorker's passion for craft beers. Since then, Heartland has consistently brewed New York's freshest craft beers, including their wide range of unique seasonal brews. Our guests start their night at The Heartland Brewery with a beer tasting and three course dinner. One of the Heartland's own will walk you through the complexity of each beer as it is paired with a delicious menu. Have you ever wondered, "What's the difference between a pilsner and a stout?" Did you know there are about as many types of beers as there are wine? You will learn about some of your favorite beers as you on dine some delicious food in the heart of Broadway. Leave Marriott Marquis **7:00 pm** return by **10:00 pm** (19:00 - 22:00). **$95 per person** (includes guide, 3-course dinner, NYC craft beer tasting, walking transfer).

* Includes $25 theatre ticket acquisition
** Includes $25 theatre ticket acquisition fee and 10% weekend surcharge

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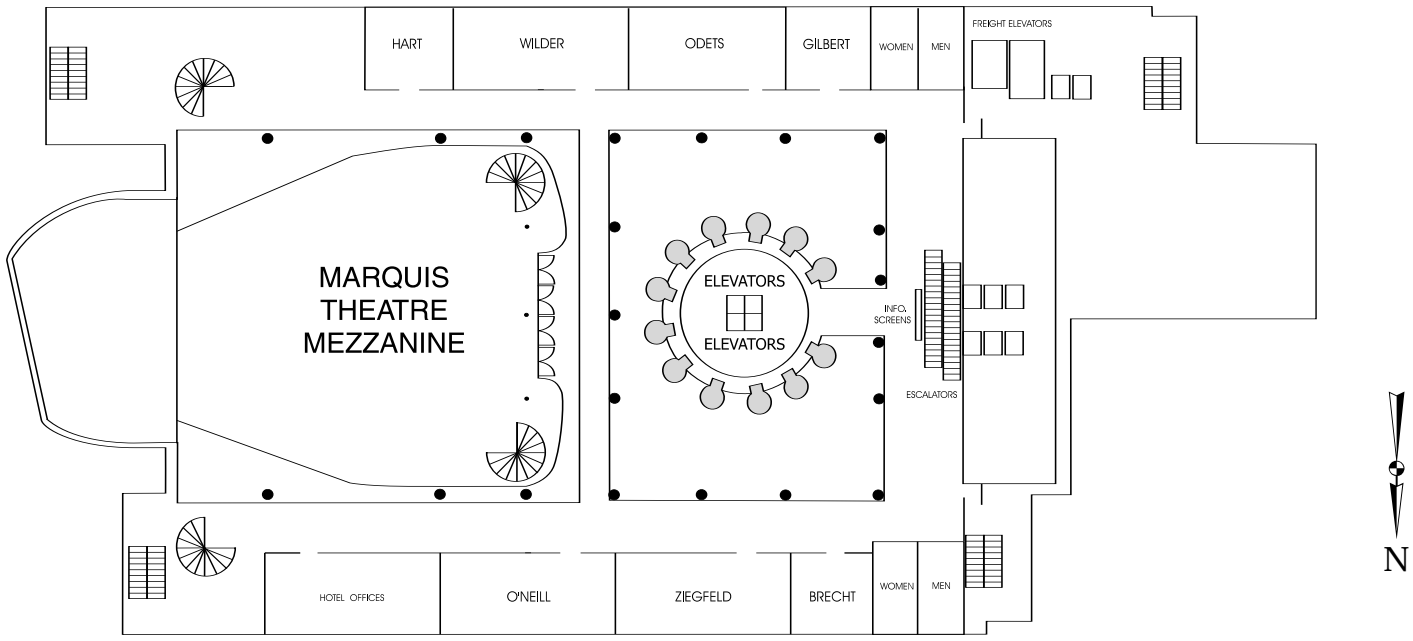
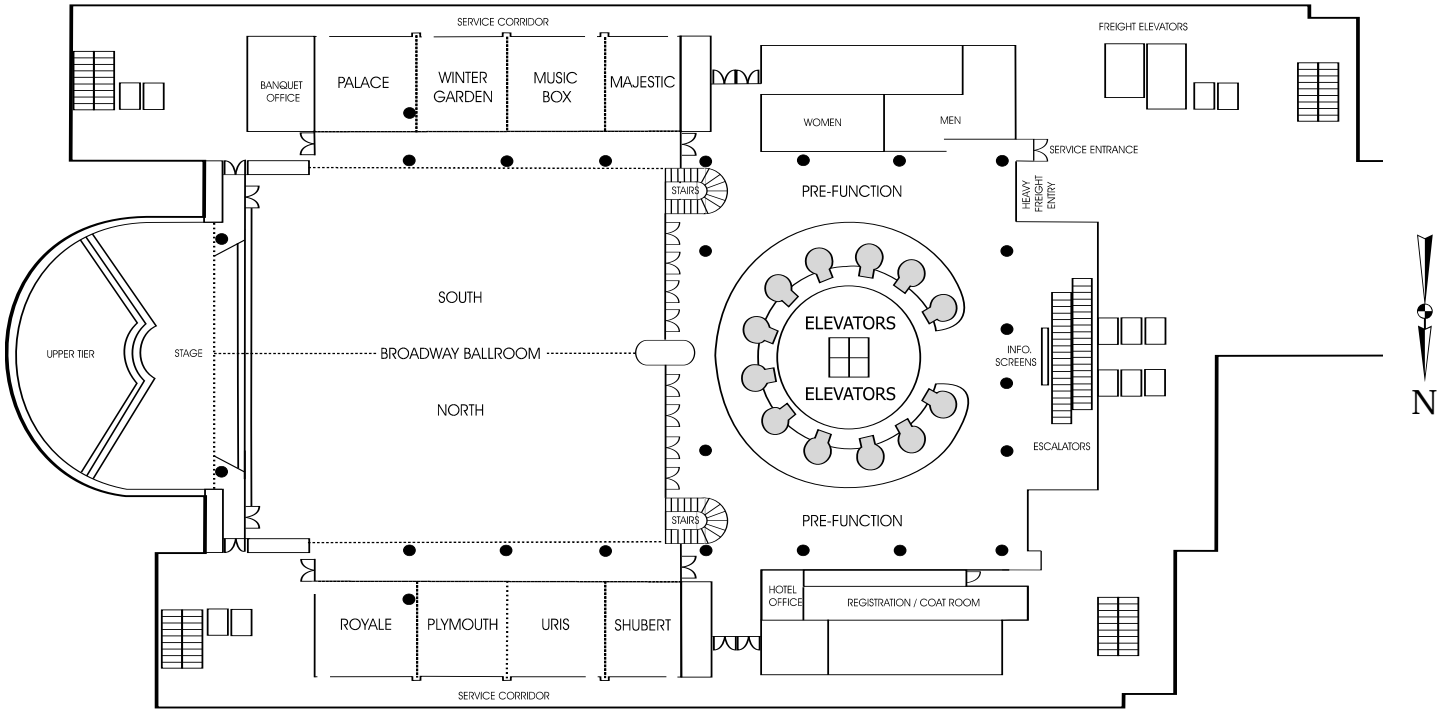
Faculty Index

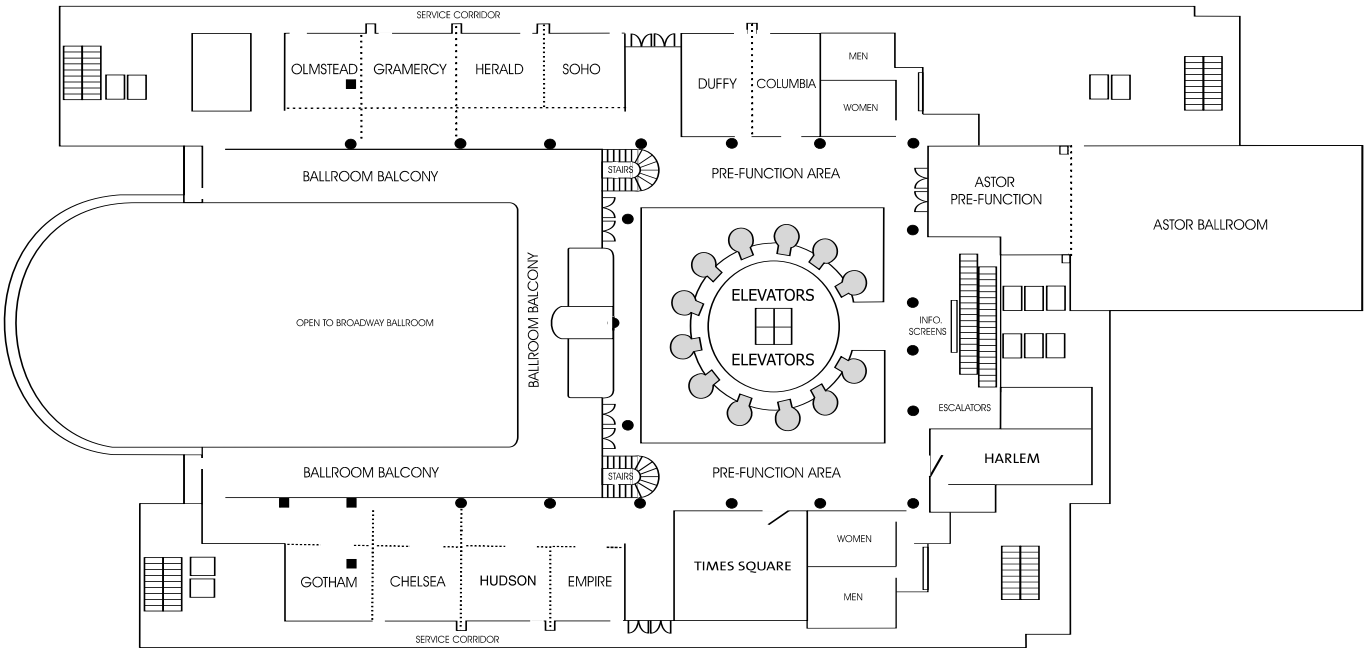
Fourth Floor



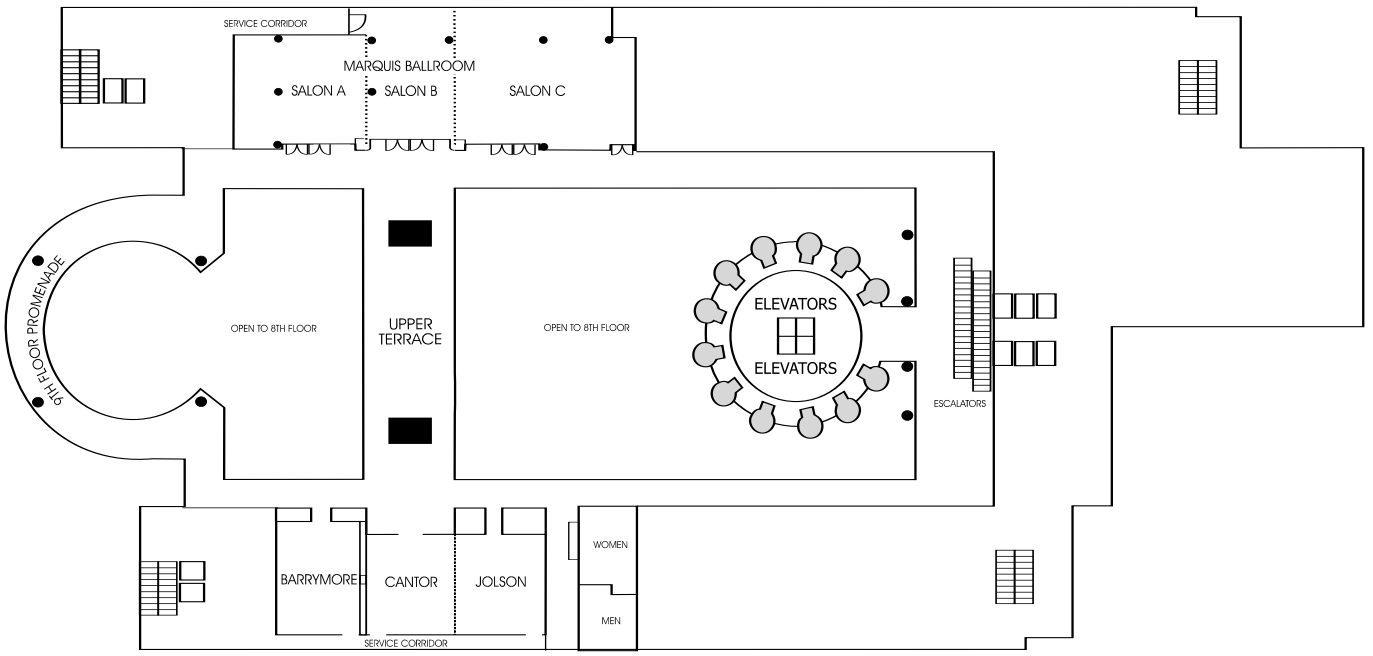
Sixth Floor



Seventh Floor



Ninth Floor



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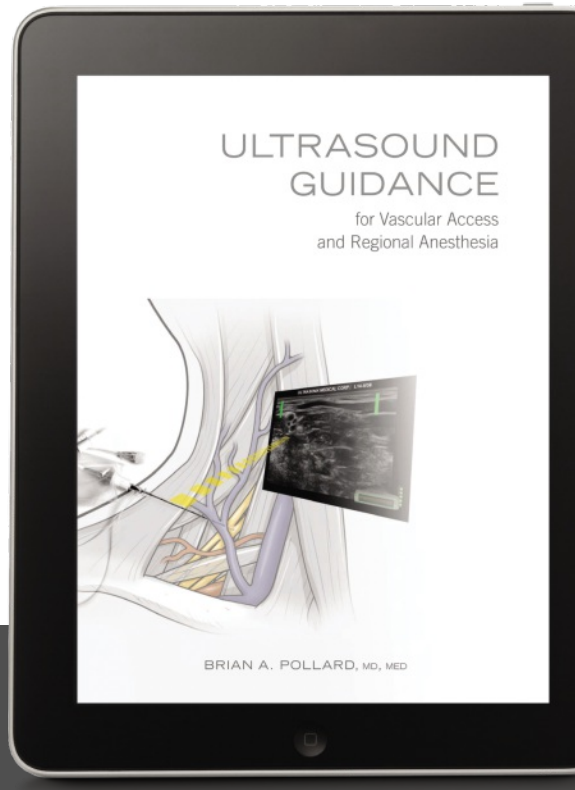

Book highlights

- Introduction to ultrasound
- Ultrasound for vascular access
- Ultrasonix GPS for needle navigation
- Ultrasound-guided blocks
- Continuous nerve block catheter techniques
- Implementing ultrasound in the hospital setting

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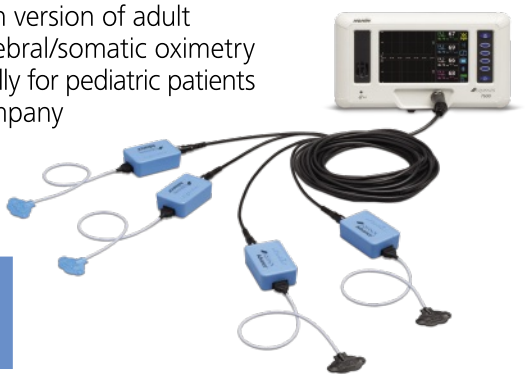

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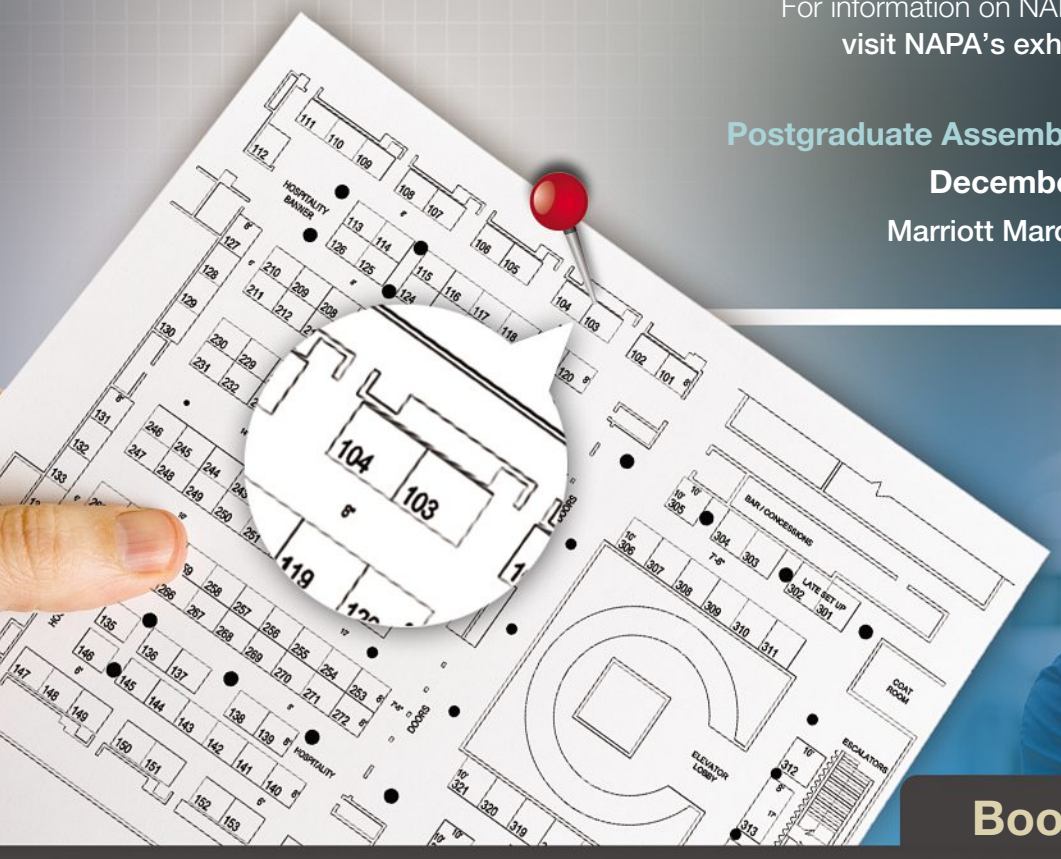

Booths 103/104

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