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1. [Paediatr Anaesth. 2010 Feb;20\(2\):202-4.](#)

Intubation via the intubating laryngeal airway in two pediatric patients with predicted difficult airways.

Peiris K, Traynor M, Whyte S.

PMID: 20078820 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

2. [Paediatr Anaesth. 2010 Feb;20\(2\):197-8.](#)

Scalp vein set; simple and useful adjunct for pediatric nerve blocks.

Sharma R.

PMID: 20078817 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

3. [Paediatr Anaesth. 2010 Feb;20\(2\):150-9.](#)

Blood loss, replacement, and associated morbidity in infants and children undergoing craniofacial surgery.

Stricker PA, Shaw TL, Desouza DG, Hernandez SV, Bartlett SP, Friedman DF, Sesok-Pizzini DA, Jobes DR.

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BACKGROUND: Pediatric craniofacial reconstruction (CFR) procedures involve wide scalp dissections with multiple osteotomies and have been associated with significant morbidity. The aim of this study was to document the incidence of clinically important problems, particularly related to blood loss, and perform a risk factor analysis. **METHODS:** Records of all patients who underwent craniofacial surgery at the Children's Hospital of Philadelphia between December 1, 2001 and January 1, 2006 were reviewed. Data were collected from the electronic anesthesia record, intensive care unit (ICU) progress notes, and discharge summary. All intraoperative laboratory values and all laboratory values obtained upon arrival in the ICU were recorded. A multivariable analysis was performed to evaluate associations between elements of intraoperative management and the following clinical outcomes: intraoperative hypotension, intraoperative metabolic acidosis, presence of a postoperative coagulation test abnormality, and postoperative administration of hemostatic blood products. **RESULTS:** Data for 159 patients were reviewed. The mean volume of packed red blood cells transfused intraoperatively was 51 ml x kg(-1). Multivariable analysis revealed that intraoperative administration of albumin was strongly correlated with both an increased incidence of postoperative coagulation derangements and postoperative administration of hemostatic blood products (Odds Ratio 5.9, 2.8, respectively), while intraoperative fresh frozen plasma (FFP) administration was associated with an opposite effect (Odds Ratio 0.94, 0.97, respectively). **CONCLUSIONS:** In pediatric CFR procedures where the volume of blood loss routinely exceeds one blood volume, intraoperative administration of FFP favorably impacted postoperative laboratory coagulation parameters.

PMID: 20078812 [PubMed - indexed for MEDLINE]



MeSH Terms, Substances

4. [Paediatr Anaesth. 2010 Jan;20\(1\):111-2; author reply 112-3.](#)

Ilioinguinal block following a caudal block - how practical?

Schwartz D, Amin A.

Comment on:

[Paediatr Anaesth. 2009 Sep;19\(9\):892-8.](#)

PMID: 20078805 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms, Substances

5. [Paediatr Anaesth. 2010 Feb;20\(2\):177-82. Epub 2009 Dec 11.](#)

Spinal needle design and size affect the incidence of postdural puncture headache in children.

Apiliogullari S, Duman A, Gok F, Akillioglu I.

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BACKGROUND: In adults, pencil point spinal needles are known to be less traumatic and hence to be superior compared with cutting point needles in respect of postpuncture complications. In children, only a few trials have evaluated the difference in the incidence of postdural puncture headache (PDPH) using spinal needles with different tip designs. The aim of this study was to evaluate the success rate and the incidence of PDPH and backache following spinal anesthesia (SA) with the two types of needles currently in use for children. **METHODS:** This is a retrospective study of prospectively collected data. The success rate and postpuncture complications of 26G cutting point (Atraucan) spinal needle were compared with 27G pencil point (Pencan) spinal needle in 414 children aged 2-17 years undergoing surgery with SA. **RESULTS:** Both needles had similar first-attempt success rates: 87% in the cutting point group and 91% in the pencil point group ($P = 0.16$). Pencil point needles caused less PDPH compared to cutting point needles; 0.4% vs 4.5%, respectively ($P = 0.005$). Both needles caused similar backache ($P = 0.08$). No severe neurologic symptom was reported for both needles. **CONCLUSION:** The data suggest that 27G pencil point spinal needles lead to less PDPH compared to 26G cutting point spinal needles in children.

PMID: 20015139 [PubMed - indexed for MEDLINE]



MeSH Terms, Substances

6. [Paediatr Anaesth. 2010 Jan;20\(1\):1-6. Epub 2009 Nov 23.](#)

Leaving no stone unturned, or extracting blood from stone?

Anderson BJ, Holford NH.

Comment on:

[Paediatr Anaesth. 2010 Jan;20\(1\):7-18.](#)

PMID: 19968809 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

7. [Paediatr Anaesth. 2010 Jan;20\(1\):72-81. Epub 2009 Nov 23.](#)

Hypnotic depth and the incidence of emergence agitation and negative postoperative behavioral changes.

Faulk DJ, Twite MD, Zuk J, Pan Z, Wallen B, Friesen RH.

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BACKGROUND: Emergence agitation (EA) and negative postoperative behavioral changes (NPOBC) are common in children, although the etiology remains unclear. We investigated whether longer times under deep hypnosis as measured by Bispectral Index (BIS) monitoring would positively correlate with a greater incidence of EA in the PACU and a greater occurrence of NPOBC in children after discharge. **METHODS:** We enrolled 400 children, 1-12 years old, scheduled for dental procedures under general anesthesia. All children were induced with high concentration sevoflurane, and BIS monitoring was continuous from induction through recovery in the PACU. A BIS reading <45 was considered deep hypnosis. The presence of EA was assessed in the PACU using the Pediatric Anesthesia Emergence Delirium scale. NPOBC were assessed using the Post-Hospital Behavior Questionnaire, completed by parents 3-5 days postoperatively. Data were analyzed using logistic regression, with a $P < 0.05$ considered statistically significant. **RESULTS:** The incidence of EA was 27% (99/369), and the incidence of NPOBC was 8.8% (28/318). No significant differences in the incidence of EA or NPOBC were seen with respect to length of time under deep hypnosis as measured by a BIS value of <45 . **CONCLUSION:** Our data revealed no significant correlation

between the length of time under deep hypnosis (BIS < 45) and the incidence of EA or NPOBC. Within this population, these behavioral disturbances do not appear to be related to the length of time under a deep hypnotic state as measured by the BIS.

PMID: 19968807 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms, Substances, Grant Support

8. [Paediatr Anaesth. 2010 Jan;20\(1\):63-71. Epub 2009 Nov 23.](#)

Is there thermal benefit from preoperative warming in children?

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AIM: We aimed to quantify the impact of a raised preoperative ambient temperature (T(ambient)) on core temperature (T(core)) after induction of anesthesia in children. BACKGROUND: It has been suggested that prewarming of patients before anesthesia induction reduces postinduction drop in T(core). Neither the prewarming temperature nor its duration is established for adults or children. Nevertheless, it remains common practice to either warm the operating theatre and induction room or employ radiant heaters prior to induction of anesthesia, particularly for infants and neonates. We aimed to quantify the benefit, if any, of this warming practice. METHODS: We conducted a prospective clinical study to assess T(core) behavior in children randomized to either raised or standard ambient temperature as a prewarming technique prior to induction and until the operation commenced. We have called this 'preoperative' warming. Well, children scheduled for elective surgery where presurgical anesthetic duration exceeded 20 min were randomized to a T(ambient) of either 26 or 21 degrees C. Esophageal temperature was monitored continuously until the operative procedure commenced. RESULTS: There were 30 children in each group. Those in the warmed group (26 degrees C) had a statistically significant higher initial T(core) (0.4 degrees C warmer) and less drop in their T(core) (0.18 degrees C benefit at 20 min). Although younger/lighter/shorter individuals were more likely to drop their T(core), a warmer T(ambient) had only 0.1 degrees C thermal benefit irrespective of age. CONCLUSIONS: There are statistically significant thermal advantages to preoperative environmental warming. This study provides data to assist the anesthetist in deciding when these are likely to be clinically relevant.

PMID: 19968804 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

9. [Paediatr Anaesth. 2010 Jan;20\(1\):110-1. Epub 2009 Nov 23.](#)

Comments on use of winged laryngoscope blade for endotracheal intubation in children with cleft lip.

Xue FS, Liu JH, Yuan YJ, Liao X.

Comment on:

[Paediatr Anaesth. 2009 Dec;19\(12\):1246-7.](#)

PMID: 19968803 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

10. [Paediatr Anaesth. 2010 Jan;20\(1\):105. Epub 2009 Nov 23.](#)

Cervical thymus and internal jugular vein cannulation.

Jöhr M, Caduff JH, Berger TM.

PMID: 19968802 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

11. [Paediatr Anaesth. 2010 Feb;20\(2\):199-201. Epub 2009 Nov 26.](#)

Management of a difficult airway in a child with partial trisomy 1 mosaic using the pediatric bonfils fiberscope.

Laschat M, Kaufmann J, Wappler F.

PMID: 19943912 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

12. [Paediatr Anaesth. 2010 Jan;20\(1\):107-8. Epub 2009 Nov 18.](#)

Jaw thrust: are we applying it correctly?

Ahmed I, Russell W.

PMID: 19930111 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

13. [Paediatr Anaesth. 2010 Feb;20\(2\):172-6. Epub 2009 Nov 17.](#)

Comparing peripheral venous access between obese and normal weight children.

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INTRODUCTION: Intravenous (i.v.) access is sometimes a difficult, time-consuming, and highly frustrating procedure. Obesity is widely believed to be associated with difficult peripheral intravenous access (PIV) placement. This study examined the relationship between body mass index (BMI) and ease of venous access in children undergoing noncardiac surgical procedures. **METHODS:** We prospectively collected data on children aged 2-18 years undergoing elective noncardiac surgery at our institution. A trained research assistant (RA) was present for PIV placement in all patients and noted the following: age, gender, ethnicity, weight, height, and BMI. We also collected data on i.v. insertion site, number of attempts, number of operators, and the number of i.v. cannula used. The main outcome variable was success or failure of i.v. placement on first attempt. Sample size calculation indicated a need for 40 obese and 40 control patients. **RESULTS:** A total of 103 (56 lean and 47 obese) patients comprised the study population. PIV cannulation was achieved on the first attempt in 55.2% while 39.6% of patients had 2-3 attempts before successful cannulation. Obese children were more likely to have failed attempt at first cannulation than lean controls ($P < 0.001$). Similarly, obese children were more likely to require two or more attempts at cannulation than lean children ($P < 0.001$). **CONCLUSION:** These data indicate that i.v. placement is more difficult in obese children than their lean peers and that the most likely site for successful placement in obese children after a failed attempt on the dorsum of the hand is the volar surface of the hand. Knowledge of potential sites for successful i.v. access could help to improve the success rate for i.v. placement.

PMID: 19922428 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms

Paediatr Anaesth. 2010 Jan;20(1):7-18. Epub 2009 Oct 12.

Pharmacokinetic-pharmacodynamic modeling of the hypotensive effect of remifentanil in infants undergoing cranioplasty.

Standing JF, Hammer GB, Sam WJ, Drover DR.

Department of Pharmaceutical Biosciences, Uppsala University, Uppsala, Sweden.

Comment in:

Paediatr Anaesth. 2010 Jan;20(1):1-6.

OBJECTIVES: Although remifentanil has been used to induce hypotension during surgery in infants, no pharmacokinetic-pharmacodynamic (PKPD) model exists for its quantitative analysis. Our aim was to determine the quantitative relationship between whole blood remifentanil concentration and its hypotensive effect during surgery in infants. **METHODS/MATERIALS:** We studied seven infants (age 0.3-1 year) who underwent cranioplasty surgery and received remifentanil delivered by a computer-controlled infusion pump during the maintenance of anesthesia. Arterial blood samples to determine remifentanil concentration and mean arterial blood pressure (MAP) measurements were collected. A simultaneous PKPD mixed-effects model was built in NONMEM. **RESULTS:** A total of 77 remifentanil concentrations and 185 MAP measurements were collected. Remifentanil pharmacokinetics was described with a two-compartment model, parameter estimates were $2.99 \text{ l} \times \text{min}^{-1} \times 70 \text{ kg}^{-1}$ for clearance and $16.23 \text{ l} \times 70 \text{ kg}^{-1}$ for steady state volume of distribution. Mean baseline MAP was 69.7 mmHg and was decreased as per clinical requirements. A sigmoidal E(max) model driven by an effect compartment described the decrease in MAP, with an estimated concentration to decrease MAP by half (EC(50)) being $17.1 \text{ ng} \times \text{ml}^{-1}$. **CONCLUSIONS:** Remifentanil is effective in causing hypotension. The final model predicts that a steady state remifentanil concentration of $14 \text{ ng} \cdot \text{ml}^{-1}$ would typically achieve a 30% decrease in MAP.

PMID: 19825011 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms, Substances