

is to measure regional StO<sub>2</sub> to approximate SvO<sub>2</sub>, thus the anesthesiologists are able to use noninvasive NIRS instead of invasive PAC to obtain the information of the perfusion and cardiac output. Ten patients receiving non-emergent coronary artery bypass grafting were recruited. After the induction of anesthesia, four NIRS patches were attached to different body parts including forehead, back side of the neck, forearm, and lower leg. The measured StO<sub>2</sub> data were recorded every five minutes as well as the data of SvO<sub>2</sub>.

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### **Incidence of Intraoperative CPR and 48-hour Mortality with Common Anesthesia Techniques**

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**Background:** Information on the risk of anesthesia requires update from time to time. We are reporting age and physical status stratified all-cause incidence of intraoperative CPR and 48-hour mortality with common anesthesia techniques in a medical center in Taiwan.

**Methods:** Among patients received surgery under anesthesia other than local anesthesia in our hospital in 2010-2012. Cases of intraoperative CPR and all-cause mortality within 48 hours were identified.

**Results:** There was 94,691 cases received anesthesia other than local anesthesia during 2010-2012. For intraoperative CPR, the overall incidence was 0.96% (n=91). For 48-hour mortality, the overall incidence was 1.10% (n=104). The incidence of intraoperative CPR and 48-hour mortality stratified by age group, ASA physical status classification and anesthesia techniques is shown in figures.

**Conclusions:** Our report could be a holistic reference providing not the risk of anesthesia per se but the overall perioperative risk of intraoperative CPR and 48-hour mortality which might be more meaningful to the patients receiving anesthesia but should be interpreted or applied cautiously.

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### **Comparison the effects of two different bending directions for left-sided double-lumen endobronchial tube in intubation**

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