A-855  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Perioperative Intravenous Lidocaine Reduces Postoperative Morphine Consumption after Abdominal Surgery  
Wolfgang Koppert, MD; Marc Weigand; Reinhard Sittel, MD; Werner Herling, MD; Jürgen Schuttler, MD, Department of Anesthesiology, University of Erlangen, Erlangen, Germany. Systemic lidocaine reduces postoperative pain possibly by preventing the induction of central hyperalgesia.

A-856  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Intraspinal Methylprednisolone to Provide Long Term Analgesia in Patients with Intractable Post-Herpetic Neuralgia  
Naoki Katori, MD, Tetsuya Kushikata, MD, Misako Yodo, MD, Mizue Asai, MD, Akito Matsuki, MD. Anesthesiology, University of Hirotsuki, Hirotsuki, Aomori-ken, Japan. Intraspinal methylprednisolone provided satisfactory analgesia for intractable postheraptic neuralgia.

A-857  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Analysis of the Relationship between Activity and Pain in Chronic and Acute Low Back Pain  
John J. Liszka-Hackzell, MD; David P. Martin, MD, PhD, Department of Anesthesiology, Mayo Clinic, Rochester, MN, United States. We studied the relationship between pain and activity in patients with acute and chronic back pain. Our results suggest that activity exacerbates acute pain, but not chronic pain.

A-858  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Comparison of Side Effects in Patients Receiving Combined Spinal Epidural Versus Epidural Analgesia after Accidental Durarachnoid Puncture  
Timothy R. Lubenow, MD; Asokumar Buvanendran, MD; Trudi J. Leetz, R.N.; Anthony D. Ivankovich, MD, Department of Anesthesiology, Rush Medical College, Chicago, IL, United States. Accidental dural puncture should not preclude epidural analgesia.

A-859  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Effect of Continuous Infusion of Tramadol on Pain after Retropubic Prostatectomy  
Paulin Murray, MD; Jean Foris, MD; Jean de Leval, MD; Maurice Lam, MD, Anesthesia and Urology, University Hospital of Liege, Liege, Belgium. Tramadol (150mg bolus + 400mg/24h continuous infusion) significantly reduces postoperative opioid and other analgesic requirements after retropubic prostatectomy.

A-860  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Analgesic Effect of Epidural Neostigmine after Abdominal Hysterectomy  
Masayasu Nakayama, MD; Shuji Yamamoto, MD; Hiromichi Ichinose, MD; Aktivosh Namaika, MD, PhD, Anesthesiology, Obihiro Kosei Hospital, Obihiro, Japan. Epidural neostigmine of 10 mcg/kg provides analgesic effect after abdominal hysterectomy.

A-861  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Ketorolac Has Preemptive Analggesic Effects in Ankle Fracture Surgery  
Peter H. Norman, MD, FRCPC, M. Denise Daley, MD, FRCPC, Ronald W. Lindsey, MD, FACS; David Mansfield, Anesthesiology and Orthopedic Surgery, Baylor College of Medicine, Houston, TX, United States.

A-862  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Intraoperative Loading for Tramadol PCA - A Dose Response Study  
Wei W. Pang; Chi P. Hung; Da Chang; Min H. Huang, Anesthesiology, Show-Chwan Memorial Hospital, Chang-Hua, Taiwan, Taiwan. Intraoperative loading dose no more than 2.5 mg/kg with metoclopramide plus tramadol for PCA, the nausea/vomiting can significantly be reduced throughout the whole tramadol PCA management.

A-863  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Neostigmine Does Not Prolong the Duration of Analgesia after Popliteal Fossa Block with Mepivacaine  
Eric L. Pedicini, DO, MHPE; Carlos D. Franco, MD, PhD; David J. Bird, DO; Kenneth D. Candido, MD; James R. Markay, MD. Anesthesiology, Cook County Hospital, Chicago, IL, United States. Neostigmine added to a mepivacaine popliteal fossa block does not prolong postoperative analgesia.

A-864  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Comparison of Phantom Sensations and Pain after Mastectomy with or without Breast Reconstruction  
Srinivasan R. Raja, MD; Rachel Vslav, BA; Leslie Heinberg, Ph. D; William Dooley, MD, ACCM, Johns Hopkins Medical Institutions, Baltimore, MD, United States. Phantom breast sensations and pain occur in a third of patients and did not differ between women with or without breast reconstructive surgery.

A-865  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Dose-Finding Study of Intrathecal Morphine in Patients Undergoing Total Hip Arthroplasty  
T. Reilley, DO, FCCM; E. Chen, MD; C. Michelson, MD; M. Gerhardt, MD, PhD, Department of Anesthesiology, The Ohio State University, Columbus, OH, United States. A dose ≥ 4 mcg/kg intrathecal morphine is required for effective analgesia in THA. Side effects increase at ≥ 7.5 mcg/kg.

A-866  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Ketamine and Post Operative Pain in Thoracic Surgery  
Patrick Reysier, MD; Philippe Valat, MD; Jean-Benoît Corcauff, PhD; Guy Simonnet, Ph.D. Gerard Jamirot, MD, DAR II, Groupe Hospitalier Sud, Bordeaux-Pessac, France. NMDA antagonist improves the efficiency of morphine induced analgesia.

A-867  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
Intravenous Butorphanol Reduces Analgesia but not Pruritus or Nausea Associated with a Low-dose Intrathecal Morphine  
Tetsuya Sakai, MD; Take Fukano, M.D.; Koji Sunakawa, M.D, Anesthesiology, Sasebo Kyosai Hospital, Sasebo, Nagasaki, Japan. Propylactic intravenous butorphanol reduces analgesia but not pruritus or nausea associated with a low-dose intrathecal morphine.

A-868  
Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
The Management of Visceral Abdominal Cancer Pain by Percutaneous Neurolytic Procedures. Is There Still a Role for Them in the 3rd Millenium?  
Tarek Mohamed Sarhan, M.D.; Saad Abd Shetta, M.D., Anesthesiology, Faculty of Medicine Alexandria University, Alexandria, Egypt. This study evaluated The PNP,TIEDDS, the oral drugs for cancer pain still there a great role for PNP.