A-869  Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)
Hypogastric Plexus Block for Non Cancer Pelvic Pain: Effect on Erectile and Ejaculatory Function Terek M. Sarban, M.D.; Saad A. Sheta, M.D., Anaesthesiology, Faculty Of Medicine, Alexandria, Egypt. Bilateral hypogastric plexus block achieved better pain relief but more sexual dysfunction than the unilateral block.

A-870  Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)
Greater Morphone Analgesia in Women Compared to Men Elisse Y. Sarton, MD; Erik Olsoen, MSC, Albert Dahan, MD PhD, Department of Anaesthesiology, Leiden University Medical Center, Leiden, Netherlands. Women show, relative to men, greater analgesia after intravenous morphine, despite equal arterial blood concentrations of morphine, morphine-6-glucuronide and morphine-3-glucuronide.

A-871  Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)
A Small-Dose Intravenous Fentanyl Can Predict the Analgesic Efficacy and the Incidence of Side Effects in Patients with Epidural Fentanyl K. Ueta, MD, K. Takeda, MD PhD; T. Obsumi, MD PhD; J. Haruma, MD; H. Sibuya, MD, Department of Anesthesia, Osaka National Hospital, Osaka, Osaka, Japan. Individual variation of epidural fentanyl response can be predicted by a small-dose intravenous fentanyl.

A-872  Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)
Oral Methylxyltrizone Reverses Chronic Opioid-Induced Constipation Chun-Su Yuan, MD, PhD; Joseph F. Foss, MD; Michael O'Connor, MD; Joachim Oisinski, Chief; Wu Ji An, Research Technr, Anesthesia & Critical Care, University of Chicago, Chicago, IL, United States. Constipation is a common side effect of opioids. Oral methylxyltrizone induced laxation and reduced gut transit time in chronic methadone subjects.

Local Anesthesia: Clinical

A-873  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Anatomy of the Saphenous Nerve Honorio T. Benzon, MD; Sanjay Sharma, MD, Anaesthesiology, Northwestern University Medical School, Chicago, IL, United States. The saphenous n branched off from the femoral n at 5 cm and crossed the artery at 10 cm from the inguinal line. At the hiatus, the femoral vessels were posterior to the n. The n was medial to the condyle and caudal to the tibia.

A-874  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Effects of Continuous Femoral Infusion (CFI) on Outcome in Patients Undergoing Total Knee Replacement (TKR) Jacques E. Chehly, M.D., Ph.D., MB; Jennifer Greger, M.D.; Ralf Gebbard, M.D.; Ahmad Kaban, M.D., Anaesthesiology, University of Texas Medical School, Houston, TX, United States. CFI provides better pain control than PCA or epidural and reduces requirement for transfusion and hospitalization for TKR.

A-875  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Ropivacaine Infusions Via Perineural or Intrarticular Catheters for Ambulatory Postoperative Pain Management Jacques E. Chehly, M.D.; Gregory Harvey, M.D.; Duc Vo, M.D.; Ahmad Khan, M.D.; Jennifer Greger, M.D., Anaesthesiology, University of Texas Medical School, Houston, TX, United States. Perineural infusions of ropivacaine provide better ambulatory pain control than intra-articular infusions.

A-876  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Epidural Analgesia for Deep Vein Thrombosis Prophylaxis in Total Knee Replacement Patients John A. Dilger, MD, EBab Farag, MD; Peter Brooks, MD; John E. Tetzlaff, MD, Anaesthesiology, Cleveland Clinic Foundation, Cleveland, OH, United States

A-877  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
The Effects of Clonidine on Mept- Ropiv- and Bupivacaine in Axillary Perivascular Brachial Plexus Block Wolfgang Erlacher, MD; Matthias Molischek, MD; Christoboth Schuschnig, MD; Peter Marbofer, MD; Stephan Kapral, MD, Anaesthesiology, University, Vienna, Vienna, Austria. The addition of clonidine to mept 1% and bupi 0.5% results in prolongation of block. It fails to prolong ropi 0.75%-block.

A-878  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Wound Infiltration of Iliac Bone Graft Harvest Site with Ropivacaine Jean-Pierre C. Esteve, MD; Severine Lecaubeur, MD; Alain Le Naoures, MD; Michel Leroy, MD; Claude Ecossey, MD, Dept Anesth 2, University of Reuves, France. Infiltration with ropivacaine before the surgery was more effective than after surgical closure which remained more effective than placebo.

A-879  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Respiratory Disturbances in Patients Receiving Epidural Bupivacaine/Morphine for Postoperative Pain Relief, A New Monitoring Method Per Flisberg, MD; Jan Jakobsen, MD,PhD; Johan Lundberg, MD,PhD, Department of Anaesthesiology and Intensive Care, Lund University Hospital, Lund, Sweden. Postoperative respiratory monitoring with a nostril probe may detect ventilatory disturbances.

A-880  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Patient Surgery Experience: Primary Concerns, Analgesia Preference and Patient Satisfaction T.J. Gan, M.D; Jeffrey L. Aplefeller, M.D; Connie Chen, Pharm.D, Department of Anaesthesia, Duke University Medical Center, Durham, NC, United States. Gan TJ et al. Despite improvements in pain management, postoperative pain remains a primary patient concern before surgery.

A-881 This abstract was withdrawn at the time of publication.

A-882  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Anterior Paravertebral Approach for Brachial Plexus Nerve Block Kiyoshi Haruno, MD; Mitsubiro Takaakazi, MD; Yoshio Taniguchi, MD; Kazukuni Araki, MD, Anaesthesiology, Saga Med School, Nakashima, Saga, Japan. When the brachial nerve block failed, the anterior paravertebral approach is useful. It does not require changing the initial anesthesia method, nor large amount of local anesthetics.

A-883  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Ropivacaine Wound Infiltration in Patients Following Modified Mastectomy with Axillary Node Dissection Ernst-Peter Horn; Andre Gottschall; Frank Schroeder; Thomas Standl, Anaesthesiology, University Hospital Ependorf, Hamburg, Germany

A-884  Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Is Regional Anesthesia for Upper Extremity Surgery Time Efficient? A 1278 Patient Retrospective Study Jean-Louis E. Horn, MD; Brenda Q. Gaebel, BS, RHIT; Peter J. Moltenbott, MD, PhD, Anaesthesiology, Oregon Health Sciences University, Portland, OR, United States. Regional anesthesia for upper extremity surgery produces a small delay in surgery start while PACU stay is considerably reduced.