ASA ABSTRACTS

A-1097  Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Acute and Longlasting Postpartal Backpain: Due to Epidural Analgesia

A-1098  Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Potency and Sterility of Anesthetic Drugs in an Obstetrical Setting
Deborah S. Wagner, PharmD, Norah N. Naughton, MD; Carl L. Pierson, PhD; Teresa Michel, MD; Michael Sikorsky, MD, Obstetric Anesthesiology, University of Michigan Health Systems, Ann Arbor, MI, United States. Extension of the currently accepted 24-hour medication expiration dating time could result in long range cost savings to health care systems.

A-1099  Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Determination of the Dose Response for Intrathecal Ropivacaine in Laboring Parturients
Ashu Wali, MD, FFARCS; Gabriel Mena, MD; Salomon Imiak, MD; Rakesh Vaidhara, MD, FRCA; Maya Suress, MD, Anesthesiology, Baylor College of Medicine, Houston, TX, United States. Adding fentanyl 15 mcg to ropivacaine (1.5 - 2.0 mg) intrathecally prolongs duration and improves quality of labor analgesia, without affecting mother/fetus.

A-1100  Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
The Quality of Analgesia When Air Vs. Saline Is Used for Identification of the Epidural Space
Jeffrey Zahn, MD; BhanuArnold, BS; Sabera Hossain, MS; Howard H. Bernstein, MD; Yaakov Bellin, MD, Anesthesiology, Mount Sinai School of Medicine, New York, NY, United States. Women in labor had better pain relief when saline rather than air was used for the LOR technique during epidural placement.

Obstetric Anesthesia & Perinatology: New Ideas & Controversies

A-1101  Room 309, 10/17/2000 2:00 PM - 3:30 PM (PD)
The Clinically Relevant Potencies of Ropivacaine and Bupivacaine: A PCEA Study
Terrance W. Breen, MD, David C. Campbell, MD, Jean E. Kronberg, MD, Robert T. Num, MD, Gordon H. Pick, PhD, Duke University Medical Center, Durham, NC, United States. Using PCEA, ropivacaine and bupivacaine were clinically equipotent in providing labor epidural analgesia.

A-1102  Room 309, 10/17/2000 2:00 PM - 3:30 PM (PD)
Platelet Turnover in Normotensive Obstetric Patients and Patients with Pregnancy-Induced Hypertension
Ali Haddad, MD; Hakon Altarogia, MD; Ferne Sevaredo, MD, Obstetric Anesthesiology, Yale School of Medicine, New Haven, CT, United States. This study compared platelet turnover in PIH and normotensive pregnant patients. PIH patients had younger platelets consistent with high turnover.

A-1103  Room 309, 10/17/2000 2:00 PM - 3:30 PM (PD)
Gastric Emptying in Term Parturients: Is NPO after MidNight Necessary?
M. Loffredi, MD; C.A. Wong, MD; J.N. Gancher, MD; J. Zhao, BS, M.J. Avram, PhD, Dept. Anesth., Northwestern University, Chicago, IL, USA. Gastric emptying in term parturients, assessed by ultrasound and acetaminophen absorption, was not delayed after ingestion of water 300 mL vs. 50 mL.

A-1104  Room 309, 10/17/2000 2:00 PM - 3:30 PM (PD)
Morbidity of Cesarean Section for HIV-Positive Women
Alexandre Mignon, MD, PhD; Jacqmin Sebastien, MD; Goncalves Orlando, MD; Madeleinen Patrick, MD; Desmonts Jean Marie, Anesthesia Renovation, Hopital Bichat, Paris, France. 76 HIV-infected consecutive women undergoing cesarean section were followed between 1998 and 1999. Peri-partum morbidity was recorded.

A-1105  Room 309, 10/17/2000 2:00 PM - 3:30 PM (PD)
Lidocaine with Epinephrine as an IV Test Dose Following CSE
Robert D'Angelo, MD; Michael Foss, MD, Dept. of Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC, United States. Lidocaine 45 mg + epinephrine 15 mcg (3 mL) is an effective intravenous test dose following CSE labor analgesia initiated with bupivacaine 2.5 mg and sufentanil 5 mcg.

A-1106  Room 309, 10/17/2000 2:00 PM - 3:30 PM (PD)
A Prospective Trial of Epidural Anesthesia to Improve External Cephalic Version
Jaydeep S. Shab, MD; Mary Lambo, MD; Walter Bowes, Fred Spielman, David Mayer, Department of Anesthesiology, University of Texas Health Science Center, San Antonio, TX, United States. The chance for successful ECV following a failed attempt may be improved with the administration of epidural anesthesia.

A-1107  Room 309, 10/17/2000 2:00 PM - 3:30 PM (PD)
Efficacy of Nalmefene for the Treatment of Intrathecal Opioid Induced Pruritus
Norah N. Naughton, MD; Linda S. Polley, MD; Malachy O. Columb, FRCA; Deanna M. Dorantes, MD; Deborah S. Wagner, PharmD, Department of Anesthesiology, University of Michigan Health System, Ann Arbor, MI, United States. Nalmefene effectively treats i.t. opioid induced pruritis without apparent reversal of analgesia.

A-1108  Room 309, 10/17/2000 2:00 PM - 3:30 PM (PD)
A Comparison of Intrathecal Fentanyl and Sufentanil for Labor Analgesia
K. Nelson, MD; R. D'Angelo, MD; T. Ranch, MD; V. Terebuh, M.D., Anesth. Dept., Wake Forest Univ. Sch. of Med., Winston-Salem, NC, United States. At doses approximating the ED90, spinal sufentanil 8 mcg produces longer-lasting analgesia than spinal fentanyl 36 mcg in laboring women.