

## Instructions for Obtaining Journal CME Credit

ANESTHESIOLOGY's journal-based CME program is open to all readers. Members of the American Society of Anesthesiologists participate at a preferred rate, but you need not be an ASA member or a journal subscriber to take part in this CME activity. Please complete the following steps:

1. Read the article by Wu *et al.* entitled "Efficacy of postoperative patient-controlled and continuous infusion epidural analgesia *versus* intravenous patient-controlled analgesia with opioids: A meta-analysis" on page 1079 of this issue.
2. Review the questions and other required information for CME program completion (published in both the print and online journal).
3. When ready, go to the CME Web site: <http://www.asahq.org/journal-cme>. Submit your answers, form of payment, and other required information by December 31 of the year following the year of publication.

The American Society of Anesthesiologists is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The American Society of Anesthesiologists designates this continuing medical education program for a maximum of 1 hour of Category 1 credit toward the AMA's Physician Recognition Award. Each physician should claim only those hours of credit actually spent in the activity.

**Purpose:** The focus of the journal-based CME program, and the articles chosen for the program, is to educate readers on current developments in the science and clinical practice of the specialty of Anesthesiology.

**Target Audience:** Physicians and other medical professionals whose medical specialty is the practice of anesthesiology.

**Learning Objectives:** After reading this article, participants should have a better understanding of the benefits and limitations of intravenous and epidural analgesic therapies.

### Disclosure Information:

**Authors** – Christopher L. Wu, M.D., Seth R. Cohen, B.S., Jeffrey M. Richman, M.D., Andrew J. Rowlingson, B.A., Genevieve E. Courpas, B.A., Kristin Cheung, M.D., Elaina E. Lin, B.A., and Spencer S. Liu, M.D.

**Grants or research support:** None

**Consultants or honoraria:** None

The article authored by Dr. Wu, Mr. Cohen, Dr. Richman, Mr. Rowlingson, Ms. Courpas, Dr. Cheung, Ms. Lin, and Dr. Liu was supported solely from institutional and/or departmental sources.

**Question Writer** – Peter L. Bailey, M.D.

Dr. Bailey has no grants, research support, or consultant positions, nor does he receive any honoraria from outside sources, which may create conflicts of interest concerning this CME program.

## CME Article Questions

Based on the article by Wu *et al.* entitled "Efficacy of postoperative patient-controlled and continuous infusion epidural analgesia *versus* intravenous patient-controlled analgesia with opioids: A meta-analysis" in the November issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. The drug regimen *most* commonly used for epidural analgesia is
  - A. Opioids alone
  - B. Local anesthetic alone
  - C. Local anesthetic with a lipophilic opioid
  - D. Local anesthetic with a hydrophilic opioid
2. Compared to intravenous patient-controlled analgesia with opioids, epidural analgesia *most* likely provides which of the following?
  - A. Inferior analgesia for pain with activity
  - B. Inferior analgesia for pain at rest
  - C. Superior analgesia for pain at rest but not with activity
  - D. Superior analgesia for pain at rest and with activity

*continued...*

3. Which of the following epidural drug regimens is *least* likely to produce analgesia superior to the analgesia produced by intravenous patient-controlled analgesia with opioids?
  - A. Lipophilic opioids
  - B. Hydrophilic opioids
  - C. Local anesthetic with lipophilic opioids
  - D. Local anesthetic with hydrophilic opioids
4. Compared to intravenous patient-controlled analgesia with opioids, epidural analgesia is *most* likely to result in a lower incidence of which of the following?
  - A. Pruritus
  - B. Urinary retention
  - C. Nausea or vomiting
  - D. Motor block
5. Compared to patient-controlled epidural analgesia, continuous epidural analgesia is *most* likely to produce
  - A. A lower incidence of nausea and vomiting
  - B. A lower incidence of pruritus
  - C. Inferior analgesia at rest
  - D. Inferior analgesia with activity

All tests and requests for Category 1 credit must be submitted through the ANESTHESIOLOGY CME Web site at <http://www.asahq.org/journal-cme>. Participants should claim credit, in 15-minute increments, for a maximum of 1 hour of CME credit per journal issue (up to 12 credits per year). Two payment options are available:

Per-year fee: ASA Members \$60.00, Non-members \$90.00

Per-issue fee: ASA Members \$10.00, Non-members \$15.00

For either option, participants may pay using VISA or MasterCard.

If you have any questions regarding the ANESTHESIOLOGY continuing medical education program, please contact Ellen M. Bateman, Ed.D., Education Specialist, at (847) 825-5586 or via e-mail at [e.bateman@asahq.org](mailto:e.bateman@asahq.org).