

A-1097 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Acute and Longlasting Postpartal Backpain - Due to Epidural Analgesia? *H. Thomas, M.D.; A. Torres, M.D.; S. Probst, M.D.; J. Lessmann, M.D.; J. Vettermann, M.D., Institut für Anaesthesiologie, Evangelisches Krankenhaus, Mulheim a. d. Ruhr, Germany.* The conduction of epidural analgesia is not correlated with the high incidence of postpartal back pain.

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 Anesthesia, 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 *Asbu Wali, MD, FFARCS; Gabriel Mena, MD; Salomon Imiak, MD; Rakesh Vadhera, MD, FRCA; Maya Suresh, 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; Itamar Arnold, BS; Sabera Hossain, MS; Howard H. Bernstein, MD; Yaakov Beilin, 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. Nunn, MD; Gordon H. Fick, PhD, Anesthesiology, 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 *Ala Haddadin, MD; Hakan Attaroglu, MD; Ferne Sevarino, MD; Christine Rinder, MD, 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. Ganchiff, RN; J. Zhao, BS; M.J. Avram, PhD, Dept. Anesth., Northwestern University, Chicago, IL.* Gastric emptying in term parturients, assessed by ultrasound and acetaminophen absorption, was not delayed after ingestion of water 300mL vs. 50mL.

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; Madelenat Patrick, MD; Desmonts Jean Marie, Anesthesie Reanimation, Hopital Bichat, Paris, France.* 76 HIV-infected consecutive women undergoing cesarean section were followed during 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 Labor Analgesia *Robert D'Angelo, M.D.; Michael Foss, M.D., Dept. of Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC, United States.* Lidocaine 45 mg + epinephrine 15 µg (3 ml) is an effective intravenous test dose following CSE labor analgesia initiated with bupivacaine 2.5 mg and sufentanil 5 µg.

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 Lanham, 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, M.D.; R. D'Angelo, M.D.; T. Rauch, M.D.; V. Terebub, M.D., Anesth. Dept., Wake Forest Univ. Sch. of Med., Winston-Salem, NC, United States.* At doses approximating the ED₉₀, spinal sufentanil 8 µg produces longer-lasting analgesia than spinal fentanyl 36 µg in laboring women.