

## LOCAL ANESTHESIA & PAIN

**A-841 Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Cocaine Inhibits Lipid Supported Respiration in Cardiac Mitochondria** Guy L. Weinberg, MD; Miriam Schoepf, MD; Richard Ripper, BS; June W. Palmer, PhD, *Anesthesiology, University of Illinois, Chicago, IL, United States.* Cocaine inhibits mitochondrial respiration fueled by lipid substrates. Competitive inhibition of acylcarnitine exchange may contribute to cocaine cardiotoxicity.

**A-842 Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Evaluation of Lidocaine Hydrochloride, Buffered Lidocaine, Diphenhydramine, and Normal Saline after Intradermal Injection** Yun Xia, MD; Edward Chen, MD; Thomas E. Reilly, DO; Thomas D. McSweeney, BS, *Anesthesiology, The Ohio State University Medical Center, Columbus, OH, United States*

### Local Anesthesia: Pain - Clinical

**A-843 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**The Response of Epidural Steroid Injection Therapy as a Function of the Duration of Symptoms** William E. Ackerman, MD; Mahmood Ahmad, MD, *Pain Medicine, Integrative Pain Medicine of Arkansas, Little Rock, AR, United States.* This study demonstrated that the efficacy of epidural corticosteroid injections is higher when performed within the first four weeks of onset of radiculopathic pain.

**A-844 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Post-Thoracotomy Patient Controlled Epidural Analgesia: Should We 'Get it Right' the First Time?** Margaret Aranda, MD; Phil Kim, MD; Jill G. Kelley; Scott T. Kelley, MD; F. Michael Ferrante, MD, *Anesthesia, University of Pennsylvania, Philadelphia, PA, United States.* Patients with more PCEA changes after thoracotomy have a prolonged PCEA duration and an increased hospital length of stay.

**A-845 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Analgesia after Anterior Cruciate Ligament Repair: PCEA Vs Femoral Catheter** H. Barakat, MD; P. Narchi, MD; C. Dagber, MD; N. Naccache, MD; V. Chalhoub, MD, *Anesthesiology, Hotel-Dieu, Beyrouth, Lebanon.* Patient-controlled epidural analgesia was compared to continuous femoral block for analgesia after anterior cruciate ligament repair. Pain scores and incidence of side effects were comparable.

**A-846 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Postoperative Pain Management: Effects on the Immune System** Benzion Beilin, MD; Hanna Bessler, PhD; Eduard Maibord, MD; Yehuda Shavit, PhD, *Anesthesiology, Rabin Medical Center, Petah Tiqva, Israel.* Effects of pain management techniques on immune alterations were compared postoperatively. The PCEA and preemptive+PCEA patients exhibited lower pain scores and less immune suppression.

**A-847 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Addition of Epidural Clonidine to Fentanyl /Bupivacaine Improves Postoperative Analgesia in Patients with Chronic Preoperative Opioid Consumption** Asokumar Buwanendran, M.D.; Trudi J. Leetz, R.N.; Timothy R. Lubenow, M.D.; Anthony D. Ivankovich, M.D., *Department of Anesthesiology, Rush Medical College, Chicago, IL, United States.* Epidural clonidine 20 µg/h reduced postoperative pain.

**A-848 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Methadone Produces Greater Reduction Than Fentanyl in Post-Operative Morphine Requirements, Pain Intensity for Patients Undergoing Laparotomy** Michael G. Byas-Smith, M.D.; Stephen M. Bowles, M.D.; James F. Scott, M.D., *Anesthesiology, Emory University School of Medicine, Atlanta, GA, United States.* Compared to fentanyl, methadone attenuates opioid tolerance and hyperalgesia during laparotomy.

**A-849 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Evaluation of a New Supraclavicular Brachial Plexus Catheter Technique for Shoulder Surgery Anesthesia and Analgesia** Christopher Carter, MD; James B. Mayfield, MD, *Anesthesia, Massachusetts General Hospital, Boston, MA, United States.* We evaluated a new technique for supraclavicular brachial plexus catheter block for shoulder surgery and aggressive postoperative physical therapy.

**A-850 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Post-Operative Pain Control in Patients after Lung Transplant Surgery** Sunil Dogra, MBBS, FFARCSI; Tamra Jaynes, RN, CCRN; Angela Monnig, RN, CCRN; Carole Washington, RN, BSN; Susan King-Zeller, RN, BSN, *Anesthesiology, University of North Carolina, Chapel Hill, NC.* A 10 yr review of 193 lung transplants at the University of North Carolina showed improved postop outcomes in patients with epidural analgesia compared to IVPCA.

**A-851 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Nebulized Morphine in Acute Thoracic Pain** L. Fagraeus, M.D., PhD.; G. Fulda, M.D.; A. Lange, M.D.; F. Giberson, M.D., *Anes. Christiana Care HS, Newark, DE, United States.* The safety and efficacy of nebulized morphine in acute postoperative or traumatic thoracic pain was evaluated. Nebulized morphine is as effective as PCA morphine, and may prove especially beneficial in outpatient or home health care setting.

**A-852 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Intrathecal Clonidine after VATS for Lobectomy or Pleurectomy** William R. Grubb, MD; Laurence G. Kushins, M.D.; John E. Langenfeld, MD; J. Barbella, DO; P. Pollak, BS, *Anesthesia & Thoracic Surgery, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ, United States.* Six VATS patients had IT Clonidine as adjunct to narcotics. Extubation was rapid with good analgesia.

**A-853 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Intrathoracic Bleeding Following Stellate Ganglion Block— Observation under Thoracoscopy —** Kiyosbi Harano; Mitsubiro Takasaki; Yoshio Taniguchi; Kazukuni Araki, *Anesthesiology, Saga Medical School, Nabeshima, Saga, Japan.* The physician should keep in mind that intrathoracic bleeding may occur without any abnormality at the injection site of stellate ganglion block.

**A-854 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)**  
**Numeric Pain Ratings Lack Linearity in Mild to Moderate Spontaneous Pain** Craig T. Hartrick, MD; Juliann Kovan, RN, *Anesthesiology and Perioperative Medicine, William Beaumont Hospital, Royal Oak, MI, United States.* Numeric pain ratings were evaluated in postoperative subjects. Non-linearity in mild to moderate pain at rest make this scale unsuitable for clinical research purposes.