

A-1055 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
A Comparison of Three Doses of Sufentanil in Combination with Bupivacaine-Adrenaline in Continuous Epidural Analgesia during Labour *Susanne Ledin Eriksson, MD; Per Frykholm, MD; Per-Marten Stenlund, MD; Christina Olofsson, MD, PhD, Anesthesiology and Intensive Care, Karolinska Hospital, Stockholm, Sweden.* Three different doses of sufentanil in epidural analgesia for labor.

A-1056 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Expression of Rat Myometrial Adenylyl Cyclase mRNA at the End of Gestation *Karen S. Lindeman, M.D., Anesthesiology and Critical Care Medicine, The Johns Hopkins University, Baltimore, MD, United States*

A-1057 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Phenylephrine Added to Prophylactic Ephedrine Infusion during Spinal Anesthesia for Elective Cesarean Section *Frederic J. Mercier, MD; Edward T. Riley, MD; Willard L. Frederickson, MD; Dan Benbamou, MD; Sheila E. Cohen, MD, Anesthesie-Reanimation, Hopital Antoine Beclere, Clamart, France.* Phenylephrine added to ephedrine infusion reduced the incidence of hypotension and improved umbilical pH

A-1058 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Neurotoxicity of Benzoylcegonine *Hisayo O. Morishima, M.D., Ph.D.; Toshiyuki Okutomi, M.D., Ph.D.; Atsuro Isbizaki, M.D., Ph.D.; Robert A. Whittington, M.D.; Thomas B. Cooper, M.A., Anesthesiology, Columbia University, New York, NY, United States.* Cocaine's metabolite, benzoylcegonine is neurotoxic when administered directly into the CSF in awake rats.

A-1059 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Effects of Systemic Ketorolac on Intrathecal Morphine Induced Scratching and Antinociception in Monkeys *Norah N. Naughton, MD; Mei-Chuan Ko, PhD, Department of Anesthesiology, University of Michigan Health System, Ann Arbor, MI, United States.* Systemic ketorolac did not have an effect on the scratch response. NSAIDS may not be useful therapeutic agents to treat IT opioid induced itch.

A-1060 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Does a Single Dose of Epidural Morphine Provide Extended Analgesia after Vaginal Delivery? *Wendy Y. Nunlee, M.D.; Patricia M. Perry, M.D.; Adegboyega H. Lawal, M.D.; Anthony D. Ivankovich, M.D., Department of Anesthesiology, Rush Medical College, Chicago, IL, United States.* Epidural morphine 2 mg did not provide superior pain relief after spontaneous vaginal delivery compared to oral analgesics.

A-1061 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Changes in Obstetric Anesthesia in Hospitals at Manitoba, Canada from 1989 to 1997 *Bill Ong, MD; James Blanchard, MD; Carole Beaudoin, PhD(cand), Dept. Anesthesia, Univ. Manitoba, Winnipeg, MB, Canada.* From 1989 to 1997, more epidural/spinal techniques were used, especially in small hospitals (<500 annual births). More than 20% of the Manitoba births continued to occur in small hospitals.

A-1062 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Comparison of Cisatracurium between Non-Pregnant (NP) and Immediate Postpartum (PP) Patients *P. Pan, MD; C. Moore, PhD, Anes, MCV, Richmond, VA, United States.* We show that the mean onset time and clinical duration of action of 0.2mg/kg CA are significantly shorter in immediate PP than in NP patients. These are due to the organ-independent Hofmann elimination and physiological changes of pregnancy.

A-1063 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Does NMDA Receptor Antagonist Increase the Analgesic Efficacy of Intrathecal Fentanyl for Labor Analgesia? *P. Pan, MD; C. Moore, PhD; R. Fragneto, MD; V. Ross, MD; G. Justis, MD, Anes, MCV, Richmond, VA, United States.* This randomized, double-blinded study showed that premedication with 45mg oral DM(an NMDA receptor antagonist) significantly increased the duration of intrathecal fentanyl for labor analgesia.

A-1064 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Epidural Analgesia and Cesarean Section Risk in Patients Managed by Midwives *Scott Segal, MD; Joe Peters, MB; Shirley Kamarowski, CNM; Lawrence Tsen, MD, Anesthesiology, Brigham & Women's Hospital, Boston, MA.* CS rates varied markedly among midwives and were unrelated to the rate of epidural use. Epidural analgesia did not independently increase the risk of CS in individual patients.

A-1065 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Patient-Controlled Epidural Analgesia with 0.0625% Ropivacaine Versus Bupivacaine with Fentanyl during Labor *Richard M. Smiley, MD, PhD; Susan H. Kim-Lo, MD; Stephanie R. Goodman, MD; Mark A. Jackson, MD; Ruth Landau, MD, Anesthesiology, Columbia University, New York, NY, United States.* There was no difference in analgesic efficacy between ropivacaine and bupivacaine at 0.0625% with fentanyl via PCEA for labor

A-1066 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
0.075% Epidural Ropivacaine and Bupivacaine Produce Indistinguishable Labor Analgesia *T. Smith, M.D.; J.A. Thomas, M.D.; M.D. Owen, M.D.; L.C. Harris, R.N.; R. D'Angelo, M.D., Anesth. Dept., Wake Forest Univ. Sch. of Med, Winston-Salem, NC, United States.* 0.075% ropivacaine and bupivacaine are indistinguishable using a PCEA technique to produce labor analgesia. They appear equipotent at clinically relevant doses.

A-1067 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
Long Term Low-Flow Anesthesia with Sevoflurane Does Not Cause Renal Morphologic Changes in Fetal Sheep *Danja Struemper, MD; Christian August, MD; Wiebke Gogarten, MD; Hugo Van Aken, MD, PhD; Abraham E. Marcus, MD, PhD, Klinik f. Anaesth. u. Op. Intensivmed., Westf. Wilhelms-Univ., Muenster, Germany.* Low-flow sevoflurane inhalation does not cause renal morphological changes in fetal sheep.

A-1068 Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)
PCEA during Labor - No Difference in Pain Relief between Ropivacaine 0.1% and Bupivacaine 0.125% When Sufentanil 0.5µg/ml Is Added *B. v. Kessler, MD; H. Thomas, MD; S. Gresser, MD; S. Probst, MD; J. Vettermann, MD, Institut fur Anaesthesiologie, Evangelisches Krankenhaus, Mulheim a.d. Ruhr, Germany.* Good peripart analgesia with PCEA:Ropivacaine/Sufentanil or Bupivacaine/Sufentanil.