

A-1083 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Oral Narcotic-Antagonist Therapy for Post-Cesarean Spinal Morphine Pruritus Alison J. Macarthur, MD; Sally K. Weeks, MBBS, Department of Anesthesia, University of Calgary, Calgary, AB, Canada. 93 women participated in a multi-centred, double-blind, placebo-controlled randomised trial examining the anti-pruritic / anti-analgesic effects of naltrexone on post-cesarean spinal morphine.

A-1084 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Prehydration and Combined Spinal Epidural Labor Analgesia Bruce D. Macaulay, MD; Michael D. Barton, DO; Mark C. Norris, MD; Emanuel J. Vlastos, MD; Laila Bottros, MD, Anesthesiology, Washington University School of Medicine, St. Louis, MO, United States. 500 mL before IT sufentanil/bupivacaine lacked effect on maternal hypotension, but was associated with fewer prolonged decelerations (0/16 vs 3/16).

A-1085 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Increased Risk of Obstetric Anesthesia Complications in Medical Professionals and Their Spouses Dean W. Martin, MD; Ruth Landau, MD; Stephanie R. Goodman, MD; Susan H. Kim Lo, MD; Richard M. Smiley, MD, PhD, Anesthesiology, Columbia University, New York, NY, United States. Medical personnel are at increased risk for the occurrence of obstetric anesthesia complications (17.8% v 11.4%).

A-1086 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Nalbuphine in Labor: Does It Affect Subsequent Regional Analgesia? Pamela J. Morgan, MD; Julie Lajoie, BSc; Susan K. Palmer, MD, Anesthesia, Sunnybrook & Women's, University of Toronto, Toronto, ON, Canada. 20mg IM nalbuphine in early labor may increase local anesthetic dosage and number of visits by an anesthesiologist to maintain maternal comfort during regional analgesia.

A-1087 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Review of Outcome of Critically Ill Pregnant Population Admitted to ICU U. Munnur, MD; G. Mena, MD; M. Suresh, MD; K. Guntupalli, MD; M. Gardner, MD, Anesthesiology, Baylor College of Medicine, Houston, TX, United States. Preeclampsia and postpartum hemorrhage are the most common etiologies for ICU admission. Our results suggest that high risk patients can be safely managed in an L&D ICU setting.

A-1088 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Platelet Function during Pregnancy : An Evaluation with PFA-100 Analyzer Nathalie Nathan, MD, PhD; Anne Vincelot, MD; Annie Julia, MD; Danielle Collet, MD; Patrice Grandchamp, MD, Dpt of Anesthesia, CHU Dupuytren, Limoges, France. At the end of pregnancy, platelet function assessed with PFA-100 may be altered in patients with HTA with thrombocytopenia but not in isolated thrombocytopenia or HTA.

A-1089 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Probability of Difficult Tracheal Intubation in the Obstetric Population: Does Ethnic Origin Matter? Adeyemi J. Olufolabi, MBBS, FRCA; Elizabeth Bell, MD, MPH; Andrew Hartle, MB, ChB, FRCA, Anesthesiology, Duke, Durham, NC, United States

A-1090 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Intrathecal Ropivacaine and Fentanyl for Labor Analgesia Craig M. Palmer, M.D.; Wallace M. Nogami, M.D.; Diane Alves, R.N., Dept. of Anesthesiology, Arizona Health Sciences Center, Tucson, AZ, United States. Ropivacaine, 2 and 4 mg, prolonged labor analgesia when administered with fentanyl 25 µg. Compared to prior studies of intrathecal bupivacaine and fentanyl, no advantages were found.

A-1091 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Are Lower Concentrations of Ropivacaine Effective for Initiation of Epidural Labor Analgesia? Craig M. Palmer, M.D.; Wallace M. Nogami, M.D.; Diane Alves, R.N., Dept. of Anesthesiology, Arizona Health Sciences Center, Tucson, AZ, United States. Adding fentanyl and epinephrine to low concentrations and volumes of ropivacaine did not substantially improve analgesic success compared to 0.2% ropivacaine.

A-1092 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Is Antiemetic Prophylaxis Cost-Effective for Cesarean Section Patients? P. Pan, MD; C. Moore, PhD; R. Fragneto, MD; V. Ross, MD; G. Justis, MD, Anes, MCV, Richmond, VA, United States. This randomized, double-blind study showed that prophylactic ondansetron or metoclopramide antiemetic were more cost-effective than treating emetic symptoms as symptoms occur in cesarean surgery and first 24 post-operative hrs.

A-1093 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Comparison of Thromboelastography with ADP Stimulated Platelet Aggregation in Normal and Pre-Eclamptic Parturient Patients Stephen K. Patteson, MD; Robert M. Craft, MD; Carolyn C. Snider, MT; Audie A. Smith, MD; Roger C. Carroll, PhD, Anesthesiology, University of Tennessee, Graduate School of Medicine, Knoxville, TN, United States

A-1094 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Is Frequent Redosing of Labor Analgesia Epidural Catheters Associated with Cesarean Delivery? B.M. Scavone, MD; R. Greenbaum, MD; C.A. Wong, MD, Anesth., Northwestern Univ., Chicago, IL. Epidural analgesia breakthrough labor pain treated with manual reboles, increasing epidural infusion rate or concentration predicts risk for Cesarean delivery.

A-1095 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Effect of Epidural Induced Motor Blockade on Intrauterine Pressure during Maternal Expulsive Efforts Young Shin, MD; Weijia Yan, MD; Philip Balestrieri, MD; Joseph Collea, MD, Anesthesia and Obstetrics, Georgetown University Hospital, Washington, DC. Motor blockade associated with labor epidural analgesia reduces intrauterine pressure generation during maternal expulsive effort.

A-1096 Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)
Different Assessments of Labor Pain and Quality of Analgesia during or after Delivery H. Thomas, M.D.; B. v. Kessler, M.D.; S. Gresser, M.D.; G. Janshon, M.D.; J. Vettermann, M.D., Institut für Anaesthesiologie, Evangelisches Krankenhaus, Mulheim a.d. Ruhr, Germany. Nulliparae had higher pain scores during labor and in retrospective judgement, underestimated by the midwives.