A-885 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Paravertebral Somatic Nerve Block Versus Local Infiltration for Outpatient Inguinal Herniorrhaphy Stephen M. Klein, MD; Susan M. Steele, MD; Stuart A. Grant, MD; Karen C. Nielsen, MD; Roy A. Greengrass, MD FRCP, Anesthesiology, Duke University Medical Center, Durham, NC, United States. Paravertebral block is an effective technique for post-operative pain relief after inguinal herniorrhaphy.

A-886 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Effects of Dobutamine before and during Thoracic Epidural Anesthesia Johan Lundberg, M.D., Ph.D.; David J. Lee, M.D.; Mark P. Yeager, M.D., Department of Anesthesiology, Dartmouth-Hitchcock Medical Center, Lebanon, NH, United States. Dobutamine infusion during thoracic epidural anesthesia supports cardiac output, but does not restore arterial pressure or affect right cardiac performance.

A-887 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Ropivacaine 7.5 mg/ml and 10 mg/ml are Well-Tolerated and Effective for Subarachnoid Anesthesia in Patients Undergoing Total Hip Arthroplasty David A. McNamee; Lorraine Parks; Ann McClelland; Kevin R. Milligan; Urban Gustafsson, Department of Anaesthetics, Musgrave Park Hospital, Belfast, United Kingdom. Intrathecal ropivacaine provides effective anesthesia for hip arthroplasty.

A-888 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Influence of the Learning Curve on the Quality of Cervical Block Jean Claude Merle, MD; Nor-Eddine Saidi, MD; Leila Yakhou, MD; Alexandre D'audiffret, MD; Gilles Dhonneur, MD, Anesthesiology, Henri Mondor Hospital, Creteil, VAI DeMarne, France. minimum practice of 15-20 blocks are required in order to perform deep cervical block technique

A-889 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) The Effect of a Anterior and Posterior Lumbar Plexus Block on Postoperative Pain after Total Hip Replacement D. Morau, MD; P. Biboulet, MD; Y. Bartbelet, MD; Y. Ryckwaert, MD; F. d'Athis, MD PbD, Department of Anesthesia and Critical Care A, Lapeyronie Hospital, Montpellier, France. Lumbar plexus block improve analgesia during the early postoperative period, only with the posterior approach.

A-890 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Awake Nasal Intubation; Comparative Efficacy of Two Local Anesthetics Andrew Norris, FRCA; David Cara, FRCA, Anaesthetics, University Hospital, Nottingham, United Kingdom. Cocaine v. Cophenylcaine-forte. 24 subjects. Cross-over design. Endoscopy better than flow at predicting the best side (p<0.05).Pain and flow same with both drugs. Large tubes were more painful(p<0.05).

A-891 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Incidence of Complications Related to Epidural Catheterization Using the Paramedian Approach Akira Ogura, MD, PhD; Zen'ichiro Wajima, MD, PhD; Tatsusuke Yoshikawa, MD, PhD; Kazuyuki Imanaga, MD; Tetsuo Inoue, MD, PhD, Anesthesiology, Nippon Medical School, Bunkyo-ku, Tokyo, Japan. Paramedian approach for epidural puncture is not associated with high incidence of complications.

A-892 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Washout with a High Volume of Saline to Accelerate Recovery Time from Epidural Anesthesia Jaime Rodriguez, M.D., Ph.D., Valentin Rodriguez, M.D.; Alberto Naveira, M.D.; Maria Barcena, M.D.; Julian Alvarez, M.D., Ph.D., Dept. of Anesthesiology, Complexo Hospitalario Universitario de Santiago, Santiago de Compostela, Spain. Washout with a high volume of saline after epidural anesthesia. A maximum effective dose?

A-893 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Postoperative Analgesia by Continuous Psoas Compartment Block after Total Hip Arthroplasty Yves Ryckwaert, MD; Philippe Macaire, MD; Olivier Choquet, MD; Nathalie Bernard, MD; Xavier Capdevila, MD, PhD, Anesthesiology Department A, Lapeyronie University Hospital, Montpellier, France. Continuous psoas compartment block with 0.2% ropivacaine provides optimal analgesia after total hip replacement.

A-894 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Optimal Dose of Intrathecal Morphine in Elderly Patients Undergoing Transurethral Resection of the Prostate Tetsuya Sakai, M.D.; Taku Fukano, M.D.; Koji Sumikawa, M.D., Anesthesiology, Sasebo Kyosai Hospital, Sasebo, Nagasaki, Japan. A dose of 0.05 mg in intrathecal morphine with spinal anesthesia would be optimal for elderly patients undergoing transurethral resection of the prostate.

A-895 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Extent of Isobaric Spinal Anesthesia Influences the Timing of Regression and Hemodynamic Consequences of Spinal Block Eduardo Schiffer, MD; Elisabeth Van Gessel, MD; Roxane Fournier, MD; Anne Weber, MD; Zdravko Gamulin, MD, Anesthesiology, University Hospital, Geneva, Switzerland. Timing of regression and hemodynamic changes of isobaric spinal anesthesia are highly inluenced by its extent.

A-896 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Prospective Study of 903 Patients Receiving Intraoperative Heparin and Hypotensive Epidural Anesthesia for Total Hip Replacement N.E. Sharrock, MB, ChB; A. Gonzalez Della Valle, MD; G.O. Go, BS; T.P. Sculco, MD; E.A. Salvati, MD, Hospital for Special Surgery, New York, NY, United States. At 3-month followup, 5 patients developed PE, none lethal. One patient had major bleeding and 6% required homologous blood.

A-897 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Arterial and Venous Plasma Uptake of Local Anesthetic after Axillary Brachial Plexus Blockade Michael Stafford, MB; John Darling, MD; David Hill, MD, Anaesthetics, Ulster Hospital, Befast, United Kingdom. Arterial plasma concentrations of local anesthetic are greater than venous after brachial plexus block. Venous levels may be unreliable and should be interpreted with care.

A-898 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS) Relationship between Minimal Stimulating Current and Success Rate of Femoral 3 in 1 Block Po-Wen Suen; Marc Dumerat; Xavier Combes; Gilles Dhonneur; Philippe Duvaldestin, Anesthesiology, Hopital Henri Mondor, Creteil, VAl de Marne, France. Low intensity of minimal stimulating current improves efficiency of femoral block performed with neurostimulation