

## LOCAL ANESTHESIA & PAIN

**A-869** Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
**Hypogastric Plexus Block for Non Cancer Pelvic Pain: Effect on Erectile and Ejaculatory Function** *Tarek M. Sarban, M.D.; Saad A. Sbata, M.D., Anaesthesiology, Faculty Of Medecine, Alexandria, Egypt.* Bilateral hypogastric plexus block achieved better pain relief but more sexual dysfunction than the unilateral block

**A-870** Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
**Greater Morphine Analgesia in Women Compared to Men** *Elise Y. Sarton, MD; Erik Olofsen, MSc; Albert Daban, MD PhD, Department of Anesthesiology, Leiden University Medical Center, Leiden, Netherlands.* Women show, relative to men, greater analgesia after intravenous morphine, despite equal arterial blood concentrations of morphine, morphine-6-glucuronide and morphine-3-glucuronide.

**A-871** Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
**A Small-Dose Intravenous Fentanyl Can Predict the Analgesic Efficacy and the Incidence of Side Effects in Patients with Epidural Fentanyl** *K. Ueta, MD; K. Takeda, MD PhD; T. Obsumi, MD PhD; J. Haruna, MD; H. Shibuya, MD, Department of Anesthesia, Osaka National Hospital, Osaka, Osaka, Japan.* Individual variation of epidural fentanyl response can be predicted by a small-dose intravenous fentanyl.

**A-872** Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)  
**Oral Methylaltrexone Reverses Chronic Opioid-Induced Constipation** *Chun-Su Yuan, MD, PhD; Joseph F. Foss, MD; Michael O'Connor, MD; Joachim Osinski, Chief; Wu Ji An, Research Techni, Anesthesia & Critical Care, University of Chicago, Chicago, IL, United States.* Constipation is a common side effect of opioids. Oral methylaltrexone induced laxation and reduced gut transit time in chronic methadone subjects.

### Local Anesthesia: Clinical

**A-873** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Anatomy of the Saphenous Nerve** *Honorio T. Benzon, MD; Sanjay Sharma, MD, Anesthesiology, Northwestern University Medical School, Chicago, IL, United States.* The saphenous n branched off from the femoral n at 5 cm and crossed the artery at 10 cm from the inguinal line. At the hiatus, the femoral vessels were posterior to the n. The n was medial to the condyle and caudal to the tubercle.

**A-874** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Effects of Continuous Femoral Infusion (CFI) on Outcome in Patients Undergoing Total Knee Replacement (TKR)** *Jacques E. Chelly, M.D., Ph.D., MB; Jennifer Greger, M.D.; Ralf Gebhard, M.D.; Ahmad Khan, M.D., Anesthesiology, University of Texas Medical School, Houston, TX, United States.* CFI provides better pain control than PCA or epidural and reduces requirement for transfusion and hospitalization for TKR.

**A-875** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Ropivacaine Infusions Via Perineural or Intra-Articular Catheters for Ambulatory Postoperative Pain Management** *Jacques E. Chelly, M.D.; Gregory Harvey, M.D.; Duc Vo, M.D.; Ahmad Khan, M.D.; Jennifer Greger, M.D., Anesthesiology, University of Texas Medical School, Houston, TX, United States.* Perineural infusions of ropivacaine provide better ambulatory pain control than intra-articular infusions.

**A-876** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Epidural Analgesia for Deep Vein Thrombosis Prophylaxis in Total Knee Replacement Patients** *John A. Dilger, MD; Ehab Farag, MD; Peter Brooks, MD; John E. Tetzlaff, MD, Anesthesia, Cleveland Clinic Foundation, Cleveland, OH, United States*

**A-877** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**The Effects of Clonidine on Mepi-, Ropi- and Bupivacaine in Axillary Perivascular Brachial Plexus Block** *Wolfgang Erlacher, MD; Matthias Meltschek, MD; Christoph Schuschnig, MD; Peter Marhofer, MD; Stephan Kapral, MD, Anesthesiology, University, Vienna, Vienna, Austria.* The addition of clonidine to mepi 1% and bupi 0.5% results in prolongation of block. It fails to prolong ropi 0.75%-block.

**A-878** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Wound Infiltration of Iliac Bone Graft Harvest Site with Ropivacaine** *Jean-Pierre C. Estebe, MD; Severine Lecacheur, MD; Alain Le Naoures, MD; Michel Leroy, MD; Claude Ecoffey, MD, Dept Anesth 2, University of Rennes, France.* Infiltration with ropivacaine before the surgery was more effective than after surgical closure which remained more effective than placebo.

**A-879** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Respiratory Disturbances in Patients Receiving Epidural Bupivacaine/Morphine for Postoperative Pain Relief. A New Monitoring Method** *Per Flisberg, MD; Jan Jakobsson, MD, PhD; Johan Lundberg, MD, PhD, Department of Anesthesiology and Intensive Care, Lund University Hospital, Lund, Sweden.* Postoperative respiratory monitoring with a nostril probe may detect ventilatory disturbances.

**A-880** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Patient Surgery Experience: Primary Concerns, Analgesia Preference and Patient Satisfaction** *T.J. Gan, M.D.; Jeffrey L. Apfelbaum, M.D.; Connie Chen, Pharm.D., Department of Anesthesia, Duke University Medical Center, Durham, NC, United States.* Gan TJ et al. Despite improvements in pain management, postoperative pain remains a primary patient concern before surgery.

**A-881** This abstract was withdrawn at the time of publication.

**A-882** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Anterior Paravertebral Approach for Brachial Plexus Nerve Block** *Kiyoshi Harano, MD; Mitsubiro Takasaki, MD; Yoshio Taniuchi, MD; Kazukuni Araki, MD, Anesthesiology, Saga Med School, Nabeshima, Saga, Japan.* When the brachial nerve block failed, the anterior paravertebral approach is useful. It does not require changing the initial anesthesia method, nor large amount of local anesthetics.

**A-883** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Ropivacaine Wound Infiltration in Patients Following Modified Mastectomy with Axillary Node Dissection** *Ernst-Peter Horn; Andre Gottschalk; Frank Schroeder; Thomas Standl, Anesthesiology, University Hospital Ependorf, Hamburg, Germany*

**A-884** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Is Regional Anesthesia for Upper Extremity Surgery Time Efficient? A 1278 Patient Retrospective Study** *Jean-Louis E. Horn, MD; Brenda Q. Gaebel, BS, RHIT; Peter J. Mollenbott, MD, PhD, Anesthesiology, Oregon Health Sciences University, Portland, OR, United States.* Regional anesthesia for upper extremity surgery produces a small delay in surgery start while PACU stay is considerably reduced.