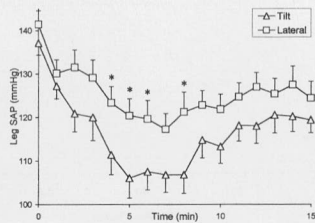


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(Poster 51)

COMPARISON OF TRUE 15° TABLE TILT VS. FULL LATERAL POSITION AFTER INDUCTION OF SPINAL ANESTHESIA FOR CESAREAN SECTION *Rees, S.G.; Thurlow, J.A.; Gardner, I.C.; Scrutton, M.J.; Kinsella, S.M. Department of Anaesthesia, St Michael's Hospital, Bristol, United Kingdom* **Introduction:** Following spinal injection in the right lateral position for cesarean section, the supine position with left tilt is more convenient than the full left lateral position but may be associated with aortocaval compression[1]. This study assessed the difference between these two positions. **Methods:** 60 subjects were randomized to either left 15° table tilt (n=31) or left lateral (n=29) position for 15 minutes after spinal bupivacaine injection for cesarean section. Tilt was measured to ensure accuracy. Ephedrine was administered according to a strict protocol. Recordings were made of maternal arm and leg blood pressure, heart rate (HR), ephedrine dose, symptoms and block height, as well as fetal HR, umbilical cord gases and Apgar scores. **Results:** There were no differences in maternal HR, arm systolic arterial pressure (SAP), ephedrine dose, fetal HR or cord gases. Mean (SD) maximum percentage decrease in leg SAP was greater in the tilt group 34.6(11.1)% vs. 24.6(10.4)% [P<0.001]. Lower Apgar scores and more frequent maternal symptoms in the tilt group did not reach statistical significance. **Conclusion:** Following induction of spinal anesthesia the left 15° table tilt position is associated with aortic compression and potential fetal compromise. Women should spend the minimum time feasible in this position prior to cesarean section, especially in the presence of fetal hypoxia. **Reference:** Kinsella SM, Whitwam JG, Spencer JAD. Reducing aortocaval compression: how much tilt is enough? *Br Med J* 1992; 305: 539-40



Mean (SEM) leg SAP vs. time [* P<0.05]

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(Poster 52)

DECREASED POSTPARTUM USE OF ORAL PAIN MEDICATION AFTER A SINGLE DOSE OF EPIDURAL MORPHINE *Goodman, S.R.; Drachenberg, A.M.; Johnson, S.A.; Kim-Lo, S.H.; Smiley, R.M. Anesthesiology, Columbia Presbyterian, New York, NY* **Introduction:** Perineal trauma and uterine involution cause postpartum (pp) pain, which is reduced with epidural (epi) morphine (MS) (2mg) (1,2). The purpose of this ongoing study is to determine if a lower dose of epi MS can provide effective pp analgesia. **Methods:** With IRB approval and informed consent, 52 ASA 1 or 2 primiparous patients with functioning epidural catheters who had non-instrumental vaginal deliveries were randomized (double-blind) to receive epi MS 2mg, 1mg, or saline. Data collection included demographics, side effects, and oral analgesic use. Pain scores (100mm VAS at rest and with movement) were obtained at 0, 1, 2, 6, 12, 18, and 24 hours, and 7 days after injection. Data were analyzed using ANOVA, Kruskal-Wallis, Chi-squared, and Fisher's exact test at p<0.05. **Results:** No difference between groups was found for demographics, type of labor analgesia (CSE vs. epi), birth weight, duration of 2nd stage, episiotomy/tear and pain scores. Epi MS patients took fewer oral analgesics compared to saline (p=0.031, see table). Of 33 epi MS patients, 3 needed treatment for nausea and 1 for pruritus, compared to no controls. **Conclusion:** The preliminary results of this study suggest that a single pp dose of epi MS reduces the need for oral analgesics with minimal side effects. **Reference:** 1. *Clin J Pain* 1994; 10:319-23. 2. *SOAP* 1997;153.

Group	2 mg Morphine	1 mg Morphine	Saline	p value
Number of patients (n)	16	17	19	
Mean pain pills 24 hours (n)	1	2.5	3.1	0.031
Nausea VAS >20mm (n)	5	0	2	ns
Pruritus VAS >20mm (n)	4	1	0	ns
Urinary retention (n)	1	6	3	ns