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A102 EDTA FREE 2-CHLOROPROCAINE AND EPIDURAL MORPHINE Gershon, R.Y.; Williams, D.; Barone, T. Emory University School of Medicine, Atlanta, GA Introduction: Epidural 2-chloroprocaine (2-CP) adversely affects subsequent epidural morphine(EM). 1,2 Postop analgesia provided by EM improves when used after EDTA free 2-CP. We wish to determine whether postoperative intravenous morphine consumption will further decrease with an increased EM dose. Methods: 45 ASA I and II parturients scheduled for c-section received a standardized epidural using only 3% 2-CP EDTA free, and were then randomly assigned to receive either 2.0 mg, 3.5 mg or 5.0 mg EM post delivery. Visual analog pain scores (VAPS) and intravenous morphine PCA dosing was assessed at 8, 16 and 24 hours after c-section. Statistical analysis was by ANOVA and student's t-test. A p value of ≤.05 was considered significant. Results: All parturients achieved a bilateral T2 sensory level or higher, and a Bromage score of 2 or 3 with 24.3 ±3.9 ml of 2-CP. There was no difference in VAPS amongst all groups at any time period. PCA data as per table. Discussion: After 5.0 mg of Duramorph, we found a prolongation of time before first PCA usage, a decreased PCA usage at 8+16 hours and a decreased total PCA usage as compared to 2.0 mg; all at comparable VAPS scores. However, all PCA data still remain greater than prior reported values for EM after Lidocaine. While both the removal of EDTA from 2-CP and increasing the dose of EM improve its analgesic performance, the combination remains less efficacious as compared to EM after Lidocaine. Refer-

	time until first PCA usage (min)	8-PCA mg	16-PCA mg	24-PCA mg	total PCA mg
2.0 mg	93± 47	4.9±3.3	4.3±3.9	6.7±4.9	16.3±13.7
3.5 mg	128± 63	5.3±3.7	3.9±3.2	5.6±4.3	14.8±12.2
5.0 mg	242±159*	2.8±2.4*	2.3±2.1*	4.1±3.3	9.1 ± 7.8*
*p≤.05 as	compared to 2	1.0 mg			

ence: 1 Acta Anesth Scand 41:774-778, 1997 2 Reg Anesth 22(1):43-

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