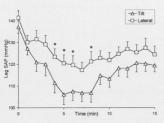
(Poster 52)

(Poster 51)

A82



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]

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

Group	2 mg Morphine	1 mg Morphine	Saline	p value
Number of	16	17	19	
patients (n) Mean pain pills	1	2.5	3.1	0.031
Nausea VAS	5	0	2	ns
>20mm (n) Pruritus VAS	4	1	0	ns
Urinary retention (n)	1	6	3	ns
compared to no study suggest to an algesics with 10:319 -23. 2. Group Number of patients (n) Mean pain pills 24 hours (n) Nausea VAS >20mm (n) Pruritus VAS >20mm (n) Urinary retention (n)				