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PRURITIS ASSOCIATED WITH INTRATHECAL MORPHINE FOR CESAREAN SECTION: A COMPARISON BETWEEN 100 AND 200 MCG *Habib, A.S. Drysdale, S.; Phillips-Bute, B.G.; Muir, H.A. Anesthesiology, Duke University Medical Center, Durham, NC* Introduction: Intrathecal morphine provides good analgesia following cesarean section (CS), but may be associated with adverse effects. Some studies have suggested that the incidence of itching may be dose-related (1,2), however this was not confirmed by others (3). Our aim was to compare the incidence of itching needing treatment following the two commonly used doses of intrathecal morphine in our unit (100 and 200 mcg). Methods: Following IRB approval, we retrospectively reviewed the anaesthetic records of all women who had a CS under spinal anesthesia during 2001 and received intrathecal morphine. All patients in our unit are followed-up within 24 hours postpartum and asked whether they had itching that needed treatment. Treatments offered are diphenhydramine first, then nalmefene and finally naloxone if there is no response to the first two agents. We recorded the dose of intrathecal morphine used as well as the incidence of pruritis requiring treatment. Statistical analysis was done using the Chi-squared test, $p < 0.05$ was accepted as statistically significant. Results: 382 patients had CS under a spinal anesthetic. The data were incomplete in 67 patients. Of the remaining 315 patients, 100 had 100 mcg intrathecal morphine, 151 had 200 mcg and 64 had other doses. All patients also had 20 mcg intrathecal fentanyl with hyperbaric bupivacaine 0.75 % (10-12.5 mg). Patients in the 100 and 200 mcg groups were similar with respect to age, height and weight. The incidence of pruritis needing treatment was 21 % in the 100 mcg group and 31.79 % in the 200 mcg group ($p=0.06$). Conclusion: In this retrospective analysis, we found a higher incidence of pruritis requiring treatment in patients receiving 200 mcg intrathecal morphine compared to those receiving 100 mcg, however this difference did not reach statistical significance. *1. Cordoso MM et al. Anesth Analg 1998; 86: 538-41. 2. Yang T et al. Can J Anaesth 1999; 46: 856-60. 3. Milner AR et al. Anaesthesia 1996; 51; 871-3.*

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ARE ROUTINE TYPE & SCREEN ORDERS NECESSARY FOR CESAREAN SECTION? *DeBalli, P. Spahn, T.; Muir, H.A. Anesthesiology, Duke University Medical Center, Durham, NC* Introduction: Cesarean section (C/S) is one of the most commonly performed operations in the United States. Major blood loss (>1 L) is commonly associated with identifiable risk factors.(1) Transfusion is rarely required during C/S. A type and screen (T&S) is frequently done before C/S and if found to be unnecessary can have a profound economic impact nationwide. Methods: A retrospective analysis of an obstetrical anesthesia database was used to identify patients who underwent C/S. Patient demographic data was collected along with indication for C/S, pre and post Hct, whether T&S was performed, risk factors (including previous C/S, antepartum hemorrhage (APH), postpartum hemorrhage, multiple gestation or polyhydramnios, macrosomia, prolonged labor on oxytocin infusion, coagulation abnormalities, pre-eclampsia and use of magnesium) and estimated blood loss at the time of surgery. Categorical variables will be analyzed using Chi-square analyses. Logistic regression analysis will be used to determine interaction between risk factors and transfusion/blood loss outcomes. Results: To date 456 records have been reviewed in this ongoing analysis. In this cohort of patients 0.66% required transfusion intraoperatively and 4.6% had a blood loss >1L. Developing trends suggest risk of transfusion and major blood loss is negligible in patients presenting for elective repeat or breech C/S. Failure to progress (FTP) after a prolonged labor associated with the use of oxytocin is the most common risk factor in the otherwise low risk laboring population. Antepartum hemorrhage carries the expected increased risk. See table 1. Discussion: Early data analysis from this ongoing study suggests that elective repeat C/S is associated with a negligible transfusion risk. Identification of factors most associated with major bleeding with other indications for C/S may also be possible. Large numbers are required to make definitive statements about ability to reduce the need for T&S, however using this methodology access to this data is possible. *Journal of Reproductive Medicine 44(7):592-4, 1999 Jul.*

Table 1	Number of patients	Number of transfusions
All C/S reviewed	456 (100%)	3 (0.66%)
Elective repeat C/S	139 (30.5%)	0 (0%)
FTP C/S	117 (25.7%)	1 (4.5%)
Breech C/S	40 (8.7%)	0 (0%)
APH	17 (3.7%)	2 (11.8%)
Blood loss >1L all	21 (4.6%)	3 (14.2%)
Blood loss >1L FTP	12 (2.6%)	1 (8.3%)