

Local Anesthesia: Clinical & Basic Science

- A-813** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Effect of Lidocaine on DNA Synthesis in Human Lung Fibroblasts *Shamsuddin Akhtar, M.D.; Mabboub Eghbali-Webb, Pharm D, Ph.D., Department of Anesthesiology, Yale University School of Medicine, New Haven, CT, United States*
- A-814** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Single or Multiple Injections for Interscalene Brachial Plexus Anesthesia with 0.75% Ropivacaine? *Paolo Beccaria, MD; Andrea Casati, MD; Guido Fanelli, MD; Andrea Albertin, MD; Giorgio Torri, MD, Dept of Anesthesiology, IRCCS H San Raffaele, Milan, Italy.* The multiple injection technique improves preparation time and quality of interscalene block with 0.75% ropivacaine.
- A-815** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Axillary Brachial Plexus Block and Nerve Injury: A Comparison of Blocks Conducted under Sedation Versus General Anesthesia *Bruce Ben-David, MD; Beno Rosenberg, MD; Shalom Stabl, MD, Department of Anesthesiology, Allegheny General Hospital, Pittsburgh, PA, United States.* Axillary block under GA may have both a different mechanism and an increased risk of nerve injury.
- A-816** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Extent of Blockade along the Thigh after the Anterior and the Posterior Approach to the Lumbar Plexus *Philippe Biboulet, MD; Didier Morau, MD; Yves Ryckwaert, MD; Yves Barthelet, MD; Xavier Capevila, MD PhD, Department of Anesthesia and Critical Care A, Lapeyronie, Montpellier, France.* The extent of blockade to the proximal part of the thigh was inconstant after the "3 in 1" block.
- A-817** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Relative Potencies of Ropivacaine and Bupivacaine for Peripheral Nerve Blocks *Andrea Casati, MD; Guido Fanelli, MD; Paolo Beccaria, MD; Luca Magistris, MD; Giorgio Torri, MD, Anesthesiology, IRCCS H San Raffaele, Milan, Italy.* Producing an effective femoral nerve block in 50% of patients within 20 min from anesthetic injection required similar doses of either ropivacaine or bupivacaine
- A-818** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Comparison of Ropivacaine 0.2% and Lidocaine 0.5% for Intravenous Regional Anesthesia in Outpatient Surgery *Marcos Castro, MD; Carlos A. Ocampo, MD; David G. Silverman, MD; Thomas Halazinsky, MD; Peter G. Atanassoff, MD, Anesthesiology, Yale University School of Medicine, Yale-New Haven Hospital, New Haven, CT, United States.* Ropivacaine is effective and safe for use in IVRA.
- A-819** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
A Comparison of Cardiovascular Effects during Spinal Anaesthesia of Three Different Intravenous Doses of Dihydroergotamine *Lester A.H. Critchley, MD, FFARCSI; David K. Woodward, MBBS, FRCA, Department of Anaesthesia & Intensive Care, Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, New Territories, Hong Kong.* Cardiovascular effects of dihydroergotamine during spinal anaesthesia in the elderly.
- A-820** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Effect of Prolonged Nerve Block on Inflammatory Hyperalgesia in Rats *Jean-Pierre C. Estebe, MD; Marc E. Gentili, MD; Pascal Le Corre, PharmD-PhD; Jean-Philippe Moulinoux, MD-PhD; Claude Ecoffey, MD, , Dept Anesth 2, University of Rennes, France.* Bupivacaine could not prevent hyperalgesia. Prolongation of block with B-loaded microspheres (\pm dexamethasone) could prevent hyperalgesia.
- A-821** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
The Effect of Fentanyl on Bupivacaine-Morphine Spinal Anesthesia for Cesarean Sections *Richard Evans, MD; Robert Ascanio, MD, Department of Anesthesiology, Maine Medical Center, Portland, ME, United States.* While bupivacaine, preservative-free morphine and fentanyl are commonly used for spinals during c-sections, the benefits of having both narcotics has yet to be studied.
- A-822** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Lysophosphatidic Acid Signaling Is Attenuated by Local Anesthetics in Human Neutrophils *Lars G. Fischer, MD; Beate Conrad, MS; Boris Krumm, MS; Markus W. Hollmann, MD; Marcel E. Durieux, MD, PhD, Anaesthesiologie und operative Intensivmedizin, Westf.-Wilhelms Universitaet, Muenster, Germany.* Local anesthetics in clinical relevant concentrations attenuated responses due to lysophosphatidic acid.
- A-823** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Intrathecal Sufentanil Alone, with Epinephrine or Clonidine for Postoperative Analgesia after Total Hip Replacement *Roxane Fournier, MD; Zdravko Gamulin, MD; Anne Weber, MD; Elizabeth Van Gessel, MD, Division of Anesthesiology, University Hospitals, Geneva, Switzerland.* Adding EPI 200 μ g or CLO 30 μ g to 7.5 μ g IT SUF does not modify its onset or duration of action.
- A-824** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Ropivacaine Vs. Bupivacaine for Postoperative Patient-Controlled Epidural Analgesia (PCEA) *Goetz F. Geldner, M.D.; Bernhard Leble, M.D.; Joerg Weinberger, M.D.; Leopold H.J. Eberhard, M.D.; Michael Georgieff, Prof., Anesthesia, University of Ulm, Ulm, Germany.* A ropivacaine and bupivacaine combined with sufentanil PCEA will produce sufficient postoperative analgesia, but will cause a motoric blockade also.
- A-825** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
An Evaluation of Single Vs. Multiple Injections during Cervical Plexus Block (CPB) for Carotid Endarterectomy *M.E. Goldberg, MD; I. Gratz, DO; M. Afshar, Pharm.D; G.E. Larjani, Pharm.D; E. Deal, Anesthesiology, UMDNJ-RWJMS at Camden, Camden, NJ, United States.* Anesthesia for CEA maybe accomplished successfully using either single or multiple injections for Cervical Plexus Block.
- A-826** Room A, 10/16/2000 9:00 AM - 11:00 AM (PS)
Do Doppler Diastolic Filling Indices Differentiate among Local Anesthetic Cardiac Toxicities? *Leanne Groban, M.D.; Dwight D. Deal, B.S.; Jason C. Vernon, B.S.; John F. Butterworth, M.D., Anesth. Dept., Wake Forest Univ. Sch. of Med., Winston-Salem, NC, United States.* Doppler echocardiographic indices of left ventricular filling define diastolic dysfunction with amide local anesthetic.