A-869 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)
Hypogastric Plexus Block for Non Cancer Pelvic Pain: Effect on Erectile and Ejaculatory Function Terek M. Serban, M.D.; Saad A. Sheta, M.D., Anesthesiology, Faculty Of Medicine, Alexandria, Egypt. Bilateral hypogastric plexus block achieved better pain relief but more sexual dysfunction than the unilateral block.

A-870 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)
Greater Morphine Analgesia in Women Compared to Men Else Y. Sarton, MD; Errik Olufs, MSc, Albert Dahan, MD PhD, Department of Anesthesiology, Leiden University Medical Center, Leiden, Netherlands. Women show, relative to men, greater analgesia after intravenous morphine, despite equal arterial blood concentrations of morphine, morphine-6-glucuronide and morphine-3-glucuronide.

A-871 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)
A Small-Dose Intravenous Fentanyl Can Predict the Analgesic Efficacy and the Incidence of Side Effects in Patients with Epidural Fentanyl K. Ueda, MD; K. Takeoka, MD Phd; T. Obumi, MD Phd; J. Haruma, MD; H. Shibuya, MD, Department of Anesthesia, Osaka National Hospital, Osaka, Osaka, Japan. Individual variation of epidural fentanyl response can be predicted by a small-dose intravenous fentanyl.

A-872 Room B, 10/16/2000 9:00 AM - 11:00 AM (PS)
Oral Methylnaltrexone Reverses Chronic Opioid-Induced Constipation Chien-Su Yuan, MD, PhD; Joseph F. Foss, MD; Michael O'Connor, MD; Joachim Oinskis, Chief, Wu Ji An, Research Tekmb, Anesthesia & Critical Care, University of Chicago, Chicago, IL, United States. Constipation is a common side effect of opioids. Oral methylnaltrexone induced laxation and reduced gut transit time in chronic methadone subjects.

Local Anesthesia: Clinical

A-873 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Anatomy of the Saphenous Nerve Honorio T. Benzon, MD; Sanjay Sharma, MD, Anesthesiology, Northwestern University Medical School, Chicago, IL, United States. The saphenous n branched off from the femoral at 5 cm and crossed the artery at 10 cm from the inguinal line. At the hiatus, the femoral vessels were posterior to the n. The n was medial to the condyle and caudal to the tubercle.

A-874 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Effects of Continuous Femoral Infusion (CFI) on Outcome in Patients Undergoing Total Knee Replacement (TKR) Jacques E. Chelly, M.D., Ph.D, MB; Jennifer Greger, M.D.; Ralf Gebbard, M.D.; Ahmad Khany, M.D., Anesthesiology, University of Texas Medical School, Houston, TX, United States. CFI provides better pain control than PCA or epidural and reduces requirement for transfusion and hospitalization for TKR.

A-875 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Ropivacaine Infusions Via Perineural or Intra-Articular Catheters for Ambulatory Postoperative Pain Management Jacques E. Chelly, M.D.; Gregory Harvey, M.D.; Duc Vo, M.D.; Ahmad Khan, M.D.; Jennifer Greger, M.D., Anesthesiology, University of Texas Medical School, Houston, TX, United States. Perineural infusions of ropivacaine provide better ambulatory pain control than intra-articular infusions.

A-876 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Epidural Analgesia for Deep Vein Thrombosis Prophylaxis in Total Knee Replacement Patients John A. Dildgen, MD, Ebub Farag, MD; Peter Brooks, MD; John E. Tetzlaff, MD, Anesthesiology, Cleveland Clinic Foundation, Cleveland, OH, United States

A-877 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
The Effects of Clonidine on Meper-, Ropiv- and Bupivacaine in Axillary Perivascular Brachial Plexus Block Wolfgang Ertasher, MD; Matthias Molischek, MD; Christoph Schuchnig, MD; Peter Marbofer, MD; Stephan Kapral, MD, Anesthesiology, University, Vienna, Vienna, Austria. The addition of clonidine to meper 1% and bupiv 0.5% results in prolongation of block. It fails to prolong ropi 0.75%-block.

A-878 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Wound Infiltration of Iliac Bone Graft Harvest Site with Ropiva- cane Jean-Pierre C. Estebe, MD; Severine Lescabre, MD; Alain J. Naoures, MD; Michel Leroy, MD; Claude Ecoffey, MD, Dept Anesth 2, University of Reneux, France. Infiltration with ropivacaine before the surgery was more effective than after surgical closure which remained more effective than placebo.

A-879 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Respiratory Disturbances in Patients Receiving Epidural Bupiv- acaine/Morphine for Postoperative Pain Relief. A New Monitoring Method Per Flosberg, MD; Jan Jakobsson, MDPhD; Joban Lundberg, MD.PhD, Department of Anesthesiology and Intensive Care, Lund University Hospital, Lund, Sweden. Postoperative respiratory monitoring with a nostril probe may detect ventilatory disturbances.

A-880 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Patient Surgery Experience: Primary Concerns, Analgesia Pref- erence and Patient Satisfaction T.J. Gan, M.D.; Jeffrey L. Apfelbaum, M.D.; Connie Chen, Pharm.D, Department of Anesthesiology, Duke University Medical Center, Durham, NC, United States. Gan Tj et al. Despite improvements in pain management, postoperative pain re- mains a primary patient concern before surgery.

A-881 This abstract was withdrawn at the time of publication.

A-882 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Anterior Paravertebral Approach for Brachial Plexus Nerve Block Kiyoshi Harano, MD; Mitsuhiro Takasaki, MD; Yoshio Tan- iguchi, MD; Kazukuni Araki, MD, Anesthesiology, Saga Med School, Natabesima, Saga, Japan. When the brachial nerve block failed, the anterior paravertebral approach is useful. It does not require changing the initial anesthesia method, nor large amount of local anesthetics.

A-883 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Ropivacaine Wound Infiltration in Patients Following Modified Mastectomy with Axillary Node Dissection Ernst-Peter Horn; An- dre Gottschalk; Frank Schroeder; Thomas Standl, Anesthesiology, University Hospital Ependorf, Hamburg, Germany

A-884 Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)
Is Regional Anesthesia for Upper Extremity Surgery Time Effi- cient? A 1278 Patient Retrospective Study Jean-Louis E. Horn, MD; Brenda Q. Gaebel, BS, RHIT; Peter J. Mollenbolk, MD, PhD, Anesthe- siology, Oregon Health Sciences University, Portland, OR, United States. Regional anesthesia for upper extremity surgery produces a small delay in surgery start while PACU stay is considerably reduced.