

- A-885** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Paravertebral Somatic Nerve Block Versus Local Infiltration for Outpatient Inguinal Herniorrhaphy** Stephen M. Klein, MD; Susan M. Steele, MD; Stuart A. Grant, MD; Karen C. Nielsen, MD; Roy A. Greengrass, MD FRCP, *Anesthesiology, Duke University Medical Center, Durham, NC, United States.* Paravertebral block is an effective technique for post-operative pain relief after inguinal herniorrhaphy.
- A-886** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Effects of Dobutamine before and during Thoracic Epidural Anesthesia** Johan Lundberg, M.D., Ph.D.; David J. Lee, M.D.; Mark P. Yeager, M.D., *Department of Anesthesiology, Dartmouth-Hitchcock Medical Center, Lebanon, NH, United States.* Dobutamine infusion during thoracic epidural anesthesia supports cardiac output, but does not restore arterial pressure or affect right cardiac performance.
- A-887** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Ropivacaine 7.5 mg/ml and 10 mg/ml are Well-Tolerated and Effective for Subarachnoid Anesthesia in Patients Undergoing Total Hip Arthroplasty** David A. McNamee; Lorraine Parks; Ann McClelland; Kevin R. Milligan; Urban Gustafsson, *Department of Anaesthetics, Musgrave Park Hospital, Belfast, United Kingdom.* Intrathecal ropivacaine provides effective anesthesia for hip arthroplasty.
- A-888** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Influence of the Learning Curve on the Quality of Cervical Block** Jean Claude Merle, MD; Nor-Eddine Saidi, MD; Leila Yakhbou, MD; Alexandre D'audiffret, MD; Gilles Dbonneur, MD, *Anesthesiology, Henri Mondor Hospital, Creteil, Val DeMarne, France.* minimum practice of 15-20 blocks are required in order to perform deep cervical block technique
- A-889** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**The Effect of an Anterior and Posterior Lumbar Plexus Block on Postoperative Pain after Total Hip Replacement** D. Morau, MD; P. Biboulet, MD; Y. Barthelet, MD; Y. Ryckwaert, MD; F. d'Atbis, MD Ph.D., *Department of Anesthesia and Critical Care A, Lapeyronie Hospital, Montpellier, France.* Lumbar plexus block improve analgesia during the early postoperative period, only with the posterior approach.
- A-890** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Awake Nasal Intubation; Comparative Efficacy of Two Local Anesthetics** Andrew Norris, FRCA; David Cara, FRCA, *Anaesthetics, University Hospital, Nottingham, United Kingdom.* Cocaine v. Cophenylcaine-forte. 24 subjects. Cross-over design. Endoscopy better than flow at predicting the best side ( $p < 0.05$ ). Pain and flow same with both drugs. Large tubes were more painful ( $p < 0.05$ ).
- A-891** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Incidence of Complications Related to Epidural Catheterization Using the Paramedian Approach** Akira Ogura, MD, Ph.D.; Zen'ichiro Wajima, MD, Ph.D.; Tatsusuke Yoshikawa, MD, Ph.D.; Kazuyuki Imanaga, MD; Tetsuo Inoue, MD, Ph.D., *Anesthesiology, Nippon Medical School, Bunkyo-ku, Tokyo, Japan.* Paramedian approach for epidural puncture is not associated with high incidence of complications.
- A-892** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Washout with a High Volume of Saline to Accelerate Recovery Time from Epidural Anesthesia** Jaime Rodriguez, M.D., Ph.D.; Valentin Rodriguez, M.D.; Alberto Naveira, M.D.; Maria Barcena, M.D.; Julian Alvarez, M.D., Ph.D., *Dept. of Anesthesiology, Complejo Hospitalario Universitario de Santiago, Santiago de Compostela, Spain.* Washout with a high volume of saline after epidural anesthesia. A maximum effective dose?
- A-893** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Postoperative Analgesia by Continuous Psoas Compartment Block after Total Hip Arthroplasty** Yves Ryckwaert, MD; Philippe Macaire, MD; Olivier Choquet, MD; Nathalie Bernard, MD; Xavier Capdevila, MD, Ph.D., *Anesthesiology Department A, Lapeyronie University Hospital, Montpellier, France.* Continuous psoas compartment block with 0.2% ropivacaine provides optimal analgesia after total hip replacement.
- A-894** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Optimal Dose of Intrathecal Morphine in Elderly Patients Undergoing Transurethral Resection of the Prostate** Tetsuya Sakai, M.D.; Taku Fukano, M.D.; Koji Sumikawa, M.D., *Anesthesiology, Sasebo Kyosai Hospital, Sasebo, Nagasaki, Japan.* A dose of 0.05 mg in intrathecal morphine with spinal anesthesia would be optimal for elderly patients undergoing transurethral resection of the prostate.
- A-895** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Extent of Isobaric Spinal Anesthesia Influences the Timing of Regression and Hemodynamic Consequences of Spinal Block** Eduardo Schiffer, MD; Elisabeth Van Gessel, MD; Roxane Fournier, MD; Anne Weber, MD; Zdravko Gamulin, MD, *Anesthesiology, University Hospital, Geneva, Switzerland.* Timing of regression and hemodynamic changes of isobaric spinal anesthesia are highly influenced by its extent.
- A-896** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Prospective Study of 903 Patients Receiving Intraoperative Heparin and Hypotensive Epidural Anesthesia for Total Hip Replacement** N.E. Sharrock, MB, ChB; A. Gonzalez Della Valle, MD; G.O. Go, BS; T.P. Sculco, MD; E.A. Salvati, MD, *Hospital for Special Surgery, New York, NY, United States.* At 3-month followup, 5 patients developed PE, none lethal. One patient had major bleeding and 6% required homologous blood.
- A-897** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Arterial and Venous Plasma Uptake of Local Anesthetic after Axillary Brachial Plexus Blockade** Michael Stafford, MB; John Darling, MD; David Hill, MD, *Anaesthetics, Ulster Hospital, Belfast, United Kingdom.* Arterial plasma concentrations of local anesthetic are greater than venous after brachial plexus block. Venous levels may be unreliable and should be interpreted with care.
- A-898** Room A, 10/16/2000 2:00 PM - 4:00 PM (PS)  
**Relationship between Minimal Stimulating Current and Success Rate of Femoral 3 in 1 Block** Po-Wen Suen; Marc Dumerat; Xavier Combes; Gilles Dbonneur; Philippe Duvaldestin, *Anesthesiology, Hospital Henri Mondor, Creteil, Val de Marne, France.* Low intensity of minimal stimulating current improves efficiency of femoral block performed with neurostimulation