

**A-1069** Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)  
**Walking Epidural Analgesia: The effect of Ambulation on Labor Duration and Maternal Outcome** Manuel C. Vallejo, M.D.; Gordon L. Mandell, M.D.; Francisco Jaime, M.D.; Sandra Makishima, M.D.; Sivam Ramanathan, M.D., *Anesthesiology, Magee-Womens Hospital, Pittsburgh, PA, United States.* Ambulation with Ropivacaine walking epidural analgesia does not necessarily shorten labor duration or improve maternal outcome.

**A-1070** Room I, 10/16/2000 9:00 AM - 11:00 AM (PS)  
**Dose/Response of Intrathecal Fentanyl Added to Bupivacaine for Labor Analgesia** C.A. Wong, MD; B.M. Scavone, MD; J.N. Ganchiff, MPH; T.P. Strauss-Hoder, MS, *Dept. Anesth., Northwestern Univ., Chicago, IL.* Intrathecal fentanyl 0, 5, 10, 15, 20 and 25µg was added to bupivacaine 2.5mg for labor analgesia. Fentanyl 0, 5 and 10µg did not provide satisfactory analgesia.

### Obstetric Anesthesia & Perinatology II

**A-1071** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Do Rapidly Administered Intermittent Epidural Boluses Provide Better Labor Analgesia?** Kodali Bhavani-Shankar, MD; Stanislav Malov, MD; Ronald Hurley, MD; Sanjay Datta, MD, *Anesthesiology, Brigham and Women's Hospital, Boston, MA, United States.* Rapidly administered epidural intermittent boluses result in better spread of local anesthetic and better labor analgesia than the continuous infusion.

**A-1072** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Does Labor and Delivery Induce Airway Changes?** Kodali Bhavani-Shankar, MD; Linda S. Bulich, MD; Ronny Kafiluddi, MD; Michael Kral, MD; Sanjay Datta, MD, *Anesthesiology, Brigham and Women's Hospital, Boston, MA, United States.* Airway changes induced by labor and delivery were evaluated in healthy primigravidae. The airway classification changed in 23(38%) parturients following labor and delivery.

**A-1073** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Bispectral EEG Index during General Anesthesia for Caesarean Section** Boris Bryssine, MD; Bernard Allaouchiche, MD; Dominique Chassard, MD, *Anesthesia, Hotel Dieu, Lyon, Rhone, France.* General anesthesia for caesarean section is frequently complicated by intraoperative awareness and recall, and there is no data on BIS index changes during this procedure.

**A-1074** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Combined Spinal-Epidural Anesthesia (CSE) for C/S: Does Epidural Saline Administration Improve Success Rate?** Shaul Cohen, MD; Barbora Hronkova, MD; Elizabeth Burley, BS; Sajida Ahmad, MD; Phyllis Pollak, BS, *Anesthesiology, UMDNJ, New Brunswick, NJ, United States.* We determined that administration of epidural saline before insertion of the catheter for CSE for C/S improved success rate.

**A-1075** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Maternal Fetal Complications and Medical Malpractice** Kirstin M. Erickson, MD; Barry A. Harrison, MD; Matthew S. Kumar, MD; Gurinder Vasdev, MD, *Anesthesiology, Mayo Clinic, Rochester, MN, United States.* In complex and emotional maternal fetal complications with poor outcomes, lawyers compared to obstetric anesthesiologist are not biased in determining medical malpractice.

**A-1076** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Medical Management of the Seizing Pregnant Patient. Maternal-Fetal Conflicts** Sheila F. Gardner, MA(Hons), MD; Donald H. Penning, MD,MS; Amy P. Murtha, MD; Barbara M. Hendrix, ARM; John V. Booth, MBChB, *Anesthesiology, Duke University Medical Center, Durham, NC, United States.* Anesthesiologists and obstetricians were surveyed about seizures and fetal distress. More OBs chose maternal stabilization over immediate C/S.

**A-1077** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**In-Vitro Fertilization Induced Changes In Coagulation Using Thromboelastography** Miriam J.P. Harnett, FFARCSI; Laurence Tsen, MD; Sanjay Datta, MD; Kodali Bhavani-Shankar, MD, *Anesthesiology, Brigham and Women's Hospital, Boston, MA, United States.* Short term high estrogen levels did not have a clinically significant effect either on platelet activation or on clot formation and lysis.

**A-1078** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Total Spinal Anesthesia Requiring Tracheal Intubation in Parturients: The Association with Failed Epidural Anesthesia** Scott E. Helsley, MD,PhD; Elizabeth Bell, MD; Terrance W. Breen, MD; Donald Penning, MD, *Anesthesiology, Duke University Medical Center, Durham, NC, United States.* In Cesarean sections high spinals requiring intubation occurred more often after labor epidural analgesia.

**A-1079** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Intrathecal Ropivacaine or Bupivacaine with Fentanyl for Labor Analgesia** Damien Hughes, MB; David Hill, MD; Howard Fee, MD PhD, *Anaesthesia, Ulster Hospital & Queen's University, Belfast, United Kingdom.* In this study an intrathecal injection of 2.5mg ropivacaine with fentanyl 0.025mg in a CSE technique provided similar analgesia but less motor block than bupivacaine 2.5mg with fentanyl.

**A-1080** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**A Polymorphism of the Endothelial Nitric Oxide Synthase Gene Is Associated with Pre-Eclampsia** Ruth Landau, MD; Kevin Lee; Alastair J.J. Wood, MD; Hong G. Xie, MD; Richard M. Smiley, MD, PhD, *Anesthesiology, Columbia University, New York, NY, United States.* Pre-eclampsia is associated with the Asp298Asp genotype of endothelial nitric oxide synthase (eNOS).

**A-1081** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**Does Intrathecal Fentanyl Affect Intrathecal Morphine Analgesia after Cesarean Delivery** Sung-Hee R. Lee, MD; Norman L. Herman, MD; Barbara L. Leighton, MD; Jill Fong, MD; Farida Gadalla, MD, *Anesthesiology, Weill Medical College of Cornell University, New York, NY, United States.* IT fentanyl used in spinal anesthesia for cesarean delivery decreases postop analgesia of IT morphine.

**A-1082** Room I, 10/17/2000 9:00 AM - 11:00 AM (PS)  
**CSE for Labor Analgesia: Timing of Infusion and Instrumental Vaginal Delivery Rates** Alison J. Macarthur, BMSc, MD; Fiona Mat-tatall, BMSc, MSc, *Department of Anesthesia, University of Calgary, Calgary, AB, Canada.* Cohort study examining when to initiate the epidural component of the CSE technique for labor and comparing the instrumental vaginal delivery rates of CSE vs epidural technique.