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SUPINE POSITION DURATION FOLLOWING AN EPIDURAL BLOOD PATCH *Hepner, D.L., Kodali, B., Cannann, W., Harnett, M., Segal, S., Tsen, L.C. Department of Anesthesiology, Perioperative and Pain Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA* An epidural blood patch (EBP) is the most effective treatment for a postdural puncture headache (PDPH), with 61-75% resulting in persistent symptomatic relief.⁽¹⁾ Although a longer duration of the supine position after an EBP has been noted to provide better results (2 hrs1 hr30 min),⁽²⁾ variations in age, gender, needle size and an unknown pregnancy status may have influenced the results and may limit the application of the results to the parturient population. Furthermore, a less effective amount of autologous blood may have been utilized (12 mL).⁽³⁾ We hypothesized that the use of a more homogenous patient group and placement techniques, as well as a greater volume of autologous blood (20 mL), would eliminate differences observed due to the supine position duration. In our ongoing study, 30 postpartum women with a PDPH after an inadvertent dural puncture with a 17G Touhy needle were approached. Following consent, the patients were randomized in a double blind fashion to remain supine following a standardized, 20 mL EBP to one of three groups: 30 minutes (group 1, 10 subjects), 60 minutes (group 2, 11 subjects) or 120 minutes (group 3, 9 subjects). A visual analogue pain score (VAPS) and duration of headache was obtained in the upright position at baseline, and at 24 and 48 hours (hrs) following the EBP. Statistical analysis included an analysis of variance for parametric results, and Wilcoxon ranked tests and Man-Whitney U tests for differences in VAPS scores before and after EBP and between treatment groups. All subjects had a VAPS4 at baseline. There were no differences in the duration of the headache after the EBP (150 min in group 1, 126 min in group 2, 168 min in group 3), or in the number of subjects with a VAPS <4 after the EBP (8 in group 1, 10 in group 2, 8 in group 3), at 24 (8 in group 1, 9 in group 2, 7 in group 3), or 48 hrs (8 in group 1, 7 in group 2, 6 in group 3) post EBP. There was a difference between the VAPS at baseline and following the EBP, and at 24 and 48 hrs post EBP in all three groups (P<0.005). There were no differences between groups in regards to return of headache (3 in group 1, 4 in group 2, 5 in group 3) or need for a repeat epidural blood patch (2 in group 1, 2 in group 2, 3 in group 3). To date we have demonstrated that under the present study conditions utilizing a homogenous group of recently postpartum patients, the duration of the supine position following an EBP does not influence the success of the procedure. 1. *Duffy PJ, Crosby ET. Can J Anaesth 1999;46:878-86.* 2. *Martin R, et al. Can J Anaesth 1994;41:23-5.* 3. *Crawford JS. Anaesthesia 1980;35:513-5.*

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ANESTHESIA FOR EGG RETRIEVAL IN JAPAN: THE FIRST NATIONWIDE SURVEY *TERUL K,¹ Taya, J,² Isbibara, O,² Takeda, S,² Kinoshita, K,³* 1. anesthesia, Saitama Medical Center, Kawagoe; 2. Obstetrics and Gynecology, Saitama Medical Center, Kawagoe, Japan; 3. Obstetrics and Gynecology, Juntendo University, Tokyo, Japan Purpose To investigate the current practice of anesthesia for egg retrieval with respect to anesthesia provider, anesthetic method, and monitoring. Methods Questionnaire was mailed to all 474 registered institutions to perform IVF-ET and GIFT under the guideline by the Japan Society of Fertility and Sterility. The survey includes anesthesia method and its agent, anesthesia provider, and monitoring. Results 312 institutions (65.8%) responded to the survey. The most frequently employed anesthesia method was iv sedation and analgesia (61%), followed by general anesthesia (41%), and regional anesthesia (19%). The most frequently used anesthetic agent was diazepam-pentazocine combination (54%), followed by ketamine-diazepam (14%). General anesthesia was provided by intravenous agents such as thiopental (48%) and ketamine (32%), while propofol was used only in 17% of the institutions. Methods of regional anesthesia include local infiltration (71%), spinal anesthesia (19%), and epidural anesthesia (10%). Anesthesia provider was found to be the same obstetrician who performs egg retrieval in 73% of the respondents. Anesthesiologists provide anesthesia care in only 11% of the institutions. Monitoring for egg retrieval seemed appropriate, 52% of the institutions utilize ECG, BP, and pulse oximetry. There were 15 institutions in which patients were hospitalized due to anesthesia related complications, such as nausea, vomiting, and anaphylaxis. Conclusion This nationwide survey in Japan revealed a variety of anesthesia method for egg retrieval. Anesthesiologists are very infrequently involved in reproductive medicine at present.