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COSYNTROPIN FOR THE TREATMENT OF POSTDURAL PUNCTURE HEADACHE *Helsley, S. Muir, H.; Breen, T.; DeBalli, P.; Duane, P.; Drysdale, S.; Habib, A.; Millar, S.; Schultz, J.; Olufolabi, A. Anesthesiology, Duke University Medical Center, Durham, NC.* This study investigates the effectiveness of cosyntropin in the treatment of postdural puncture headaches (PDPH). A retrospective analysis of our QI database for patients who received cosyntropin as a potential treatment for PDPH revealed six patients. Their charts were pulled for review and are presented here as a case series. All patients had dural taps with 18 or 17 gauge tuohy needles. Cosyntropin was given intravenously at a dose of approximately 7 ug/kg as this dose has been reported to be effective by others (Carter and Pasupuleti, 2000). This was given in normal saline over 4-8 hours. During this time the patient was instructed to maintain the supine position. Our results are shown in the table below. The present results are in agreement with existing anecdotal reports, which suggest that adrenocorticotropic hormone (ACTH) and its analogue cosyntropin may be of benefit to patients suffering from PDPH. Most of our patients were spared the invasive intervention of an epidural blood patch (EBP) and experienced satisfactory resolution of their symptoms. Further studies are required to confirm these findings. It is possible that prophylactic use of ACTH and its analogues for PDPH in combination with other conservative intervention may significantly reduce the use of EBP and its associated risks. At present, cosyntropin is not labeled for use in the treatment of PDPH. *Carter BI, Pasupuleti R. Use of intravenous cosyntropin in the treatment of postdural puncture headache. Anesthesiology. 92(1): 272-274. 2000.*

Pt	Treatment prior to cosyntropin	Dose of cosyntropin	Day post dural puncture	Symptom pattern	Additional treatment
1	None	6.9 ug/kg	3	Significant but transient improvement	EBP day 5 post dural puncture
2	None	7.7 ug/kg	1	Significant, complete resolution by day 3	None
3	EBP day 9	6.7 ug/kg	10	Moderate improvement followed by complete resolution over next 3 days	None
4	None	7.0 ug/kg	1	No improvement	EBP after cosyntropin
5	None	5.6 ug/kg	2	Moderate improvement, symptoms resolved over next 3 days	None
6	None	6.7 ug/kg	1	Complete Resolution	None

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AMBULATORY GYNECOLOGICAL PROCEDURES OF CERVIX AND UTERUS CAN BE DONE SAFELY WITH MINIDOSE LIDOCAINE AND FENTANYL *Steadman, J.I. Siddiqui, M.N.; Ranasinghe, J.S.; Toyama, T.; Melgen, J.; Lai, M. Anesthesiology, University of Miami, Miami, FL* We traditionally use spinal anesthesia for minor gynecologic procedures at our institution. Of short duration and principally T10-L1 pain origin, we adapted the use of labor analgesia to improve patient satisfaction and time to discharge. Quality improvement data sheets are kept for all procedures in our labor suite. The spinal for missed abortion, molar pregnancy, retained placenta, cone biopsy, dysfunctional uterine bleeding, and cerclage consist of lidocaine 5% indextrose 0.2cc (10mg) and fentanyl 25mcgs using a 27g Whitacre needle. Vital signs are recorded every 2 min for ten min and every five min thereafter. Sensory block to cold and pain are recorded at 2, 5, and 10 min. Motor block using modified Bromage scale is evaluated at 2.5, and 10 min and surgery end. Pain is assessed throughout the procedure and in the PACU using VAS scores. Other medications given in the OR or Pacu are also recorded. Anesthesia time is from spinal induction to complete recovery of spinal effects. Of 29 patients, the average sensory level was T8±4 to cold, and T10±2 to pain. Average motor block at 10 min and PACU was 1±1. 26 of 29 patients had VAS scores during surgery and in PACU of 1±1. One had 5 and two had 6. One patient with VAS 6 was converted to general anesthesia for laparotomy. The other two patient with VAS scores of 5 and 6 responded well to small aliquots of fentanyl IV. 3 patients had pruritus, two requiring treatment in the PACU. 2 patients had mild nausea; neither required treatment. Average anesthesia time is 120 min±30 min. Patient satisfaction was excellent in 28 patients and fair in one. No patients had hypotension (BP ≤20% of baseline). No patients had difficulty voiding. Minidose lidocaine and fentanyl spinal provides safe effective anesthesia for minor gynecological procedures of the cervix and uterus with virtually no motor block.