immediate postoperative period is usually assessed by clinical
clinically evident, and direct monitoring of arterial oxygen saturation
route from the operation room to the recovery room. The present
60s-intervals throughout the period which elapsed to the arrival in the
Results and Discussion.

Background and Goal of Study. Inadequate oxygenation during the
in postoperative patients in dependence to the distance to the PACU.
Materials and Methods. 519 patients from randomly selected operating
Results and Discussion.

DS12

PICK AND GO – A NEW MONITOR CONCEPT TO DETECT THE PREVALENCE OF HYPOXEMIA DURING TRANSPORT TO THE RECOVERY ROOM

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Background and Goal of Study. Inadequate oxygenation during the
in postoperative patients in dependence to the distance to the PACU.
Materials and Methods. 519 patients from randomly selected operating
Results and Discussion.

Conclusion. Peroral administration of dextromethorphan (0.6 mg/kg) is
sufficient to block the central sensitization caused by activation of the N-
methyl-D-aspartate receptors, provides preemptive analgesia and has a
supportive role in postoperative pain relief, as shown by a significant
decrease in 24-h piritramid consumption.

DS13

OVER-THE-HEAD CPR
DESCRIPTION OF A TECHNIQUE AND EVALUATION OF CONFORMITY WITH GUIDELINES 2000 OF ERC AND AHA

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Background and Goal of Study. It has been shown that bag-mask ventilation results in better oxygenation and lower airway pressure than
mouth-to-mouth ventilation. Furthermore, most health care professionals
and the lay public are reluctant to carry out mouth-to-mouth ventilation.
Currently taught single-rescuer CPR techniques with the rescuer kneeling at the victim’s side do not allow for bag-mask ventilation.
We describe and evaluate a different position for single rescuers using the
bag-mask device that we call the ‘Over-The-Head’

Materials and Methods. 15 trained EMTs performing a skill test on a
manikin with Over-The-Head CPR for 120 seconds each were studied. The single rescuer knelt with the head of the patient between his knees. This position was maintained for both ventilation and chest compression. Percentages of correct compression-ventilation ratio, tidal volume, ventilation time, chest compression quality and rate using the Laerdal SkillReporter protocols were evaluated. We also measured the time (means +/SD) - to take the bag, apply it to the face, ventilate twice and put the bag away - between the chest compression sequences. Results were compared with the recommendations of ERC and AHA.

Results and discussion. 100% correct 15:2 ratio; 161/198 [81.3%] correct tidal volume (400ml–800ml); 185/198 [93.4%] correct ventilation (13/19
[6.6%] out of 1-2 sec range and/or stomach insufflation); 1333/1663
[80.2%] correct compression quality; 1515 [100%] correct mean compression rate (90-110 min⁻¹); a mean rate of 103 ± 5 min⁻¹ and an
interval of 8.5 ± 1.5 sec between chest compression sequences resulted in
a mean effective compression frequency of 55 ± 6 min⁻¹.

Conclusion. The Over-The-Head CPR is an effective method for a trained
rescuer to perform single-rescuer CPR with a bag-valve mask according to
ERC and AHA guidelines. Further investigation is needed to compare the
capability of different single-rescuer CPR techniques.

DS14

VOLUME REPLACEMENT THERAPY WITH HYPERTONIC, HYPERONCOTIC SOLUTION IN SEPSIS AND SEPTIC SHOCK

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This study was conducted to test the beneficial hemodynamic effect of
hypertonic – saline-hyperoncotic HES solution (HHS), whether it could
improve tissue oxygenation.

Method: 23 septic patients were involved in the study. The hemodynamic
parameters were measured by the thermodilution technique before and
after administration of 4 ml/kg HHS. The mean arterial pressure (MAP),
the pulse (F), the central venous pressure (CVP), the cardiac output (CO),
the pulmonary wedge pressure (PCWP), the systemic vascular resistance
(SVR) were measured. Oxygen delivery and consumption (DO2, VO2) and
the serum lactate level were estimated. Sodium in the urine and in the
serum were assessed daily.

Results. MAP: 81.25 ± 8.19-95.33 ± 3.7Hgmm, CO:7.85 ± 2.01-8.85 ±
0.95 l/min, F:148 ± 14.6-121.4 ± 12.3/min, SVR:589 ± 230.1-569 ±
227, CVP:14 ± 2.37-17.8 ± 2.19Hgmm, PCWP:18.25 ± 2.05-20.41 ±
2.57Hgmm, DO2: 6.5 ± 2.4 - 18.7 ± 4.9ml/min/kg, VO2: 1.1 ± 0.34-2.3 ±
0.45ml/min/kg. Serum lactate: 3.5 ± 1.46 - below 1 mmol/l. Urine: 61
± 21.6 - above 200 ml/hour. The highest value of sodium in the serum was 149 ± 3.4 mmol/l during treatment. The osmotic pressures: 287.45 ± 11.2 - 291.4 ± 12.4

Conclusion. The hypertonic saline adds a new dimension to volume replacement therapy in sepsis. The improvement in hemodynamics was effective and not only transient.

References

DS15
PREEMPTIVE ANALGESIA – PREOPERATIVE DICLOFENAC Natrium FOR POSTOPERATIVE ANALGESIA IN GENERAL SURGERY
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Semmelweis University, Faculty of Medicine, Department of Anaesthesiology and Intensive Therapy

Background. The goal of preemtive analgesia is to prevent the establishment of central sensitization1. Some investigators have suggested that the preemptive administration of NSAIDs may reduce postoperative analgesic requirements and hypersensitivity2,3. We evaluated the analgesic effect of administering Diclofenac UNO (150mg diclofenac natrium) before surgical incision on patients undergoing general surgery.

Materials and methods. Sixty patients were randomized into two equally sized groups. The first (Diclofenac) group received a single 150 mg dose of diclofenac natrium 1/2h before surgery, the second (Placebo) group received a placebo before surgery. Postoperative pain was assessed using an 11-point verbal analog pain score (VAS), with 0 corresponding to ‘no pain’ and 10 to ‘the worst imaginable pain’. The time to first opioid use, and 24-h analgesic use were recorded.

Results and Discussion. There was a significant difference between the two groups with respect to pain scores recorded at 0, 1. and 2h postoperatively (p<0.05). Analgesic duration, defined as the time from completion of surgery until the first opioid use, was significantly longer with those patients receiving diclofenac (122 min) versus placebo (63 min), (p<0.05 ). The 24-h opioid use was less in the Diclofenac group (68.28mg) than the Placebo group (118.42mg).

Conclusion. In conclusion, Diclofenac UNO provides effective preempptive analgesia for general surgical procedures.

References

DS16
SPINAL ANESTHESIA FOR CS IN PREECLAMPTIC PARTURIENTS
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Introduction. Aim of the study was to determine the cardiovascular stability and the use of ephedrine in healthy and preeclamptic patients.

Method. For Group A (preeclampsics) inclusion criteria were pregnant patients with diagnosis of preeclampsia or ecclampsia on anti hypertensive therapy who were scheduled for elective cesarean section. Group B were healthy patients with repeated CS. For spinal anaesthesia Bupivacain 0.5% hyperbar combined with 15µg Fentanyl was administered. A MAP decrease of more than 20% was corrected with ephedrine in titrated doses. HF below 75 b/min was corrected by 0.5mg atroipe i.v.

Results. Table 1: Biometric data of the pregnant patients (expressed in mean ± SD)

<table>
<thead>
<tr>
<th>Group</th>
<th>Preeclamptic P.</th>
<th>Healthy P.</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>BMI (kg m-²)</td>
<td>32.8 ± 5.3</td>
<td>28.0 ± 3.9</td>
</tr>
<tr>
<td>Age (year)</td>
<td>29.3 ± 5.6</td>
<td>29.7 ± 5.3</td>
</tr>
<tr>
<td>Nulliparous</td>
<td>35</td>
<td>0</td>
</tr>
<tr>
<td>Multiparous</td>
<td>13</td>
<td>48</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Gestation week</td>
<td>35.3 ± 2.06</td>
<td>38.2 ± 0.64</td>
</tr>
<tr>
<td>Fluid load (l)</td>
<td>1.5 ± 0.25</td>
<td>1.4 ± 0.7</td>
</tr>
<tr>
<td>Ephedrin (n)</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Mg</td>
<td>29.5</td>
<td>26.3</td>
</tr>
<tr>
<td>Atropin 0,5 mg</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>MAP pre (mmHg)</td>
<td>122.3 ± 14</td>
<td>97.4 ± 11</td>
</tr>
<tr>
<td>MAP post (mmHg)</td>
<td>103 ± 20</td>
<td>86 ± 12</td>
</tr>
<tr>
<td>Map decrease in %</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>MAP uterotomy (mmHg)</td>
<td>99 ± 27</td>
<td>91 ± 11</td>
</tr>
<tr>
<td>Map decrease in %</td>
<td>19%</td>
<td>7%</td>
</tr>
<tr>
<td>MAP final (mmHg)</td>
<td>102 ± 14</td>
<td>89 ± 7</td>
</tr>
</tbody>
</table>

MAP: Mean Arterial Pressure (oscillographic method); Pre: preoperative MAP, post: post induction MAP; map at uterotomy; final: MAP at skin closure

Conclusion. This study confirms the use of the same dose of Ephedrin in preeclampsic and healthy parturients. So we found SA a safe technique and can be recommended in preeclampsic patients.

DS17
PLEXUS ANESTHESIA AS COMPONENT OF INTENSIVE CARE OF PATIENTS WITH ELECTRIC BURNS OF UPPER EXTREMITIES
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Introduction: The electric injury is characterized by small burn surface but intensive pain syndrome, endogenous intoxication and secondary infectional complications. Opioids are widely used in burn surgery and intensive care, but their side effects (cardiorespiratory, gastrointestinal and immune depression) stimulate the search for alternative methods of analgesia. In this situation regional anesthesia may be most comfortable.

Goal of study. The investigation of the effectiveness of regional plexus anesthesia in intensive care of patients with electric burns of the upper extremities.

Materials and methods. The study was carried out in 12 victims (males, aged 34±7.5 years) with electric burns of the upper extremities. Burn surface 5.5±1.36% BS. Hospitalization was performed during the first 6 hours of the postrumatic period. The intensive care included the analgesia, IV infusion of crystalloids, surgical treatment of the burned surface. The patients were divided to 2 representative groups. Group A (6 patients) had surgery with TVVA by fentanyl+ketamine, group B (6 patients) had brachial plexus anesthesia with 0.25% bupivacaine. Systolic BP, pulse (Ps) and arterial blood saturation (SaO₂) were measured during premedication (stage 1), after induction or performance of regional anesthesia (2), after half an hour of surgery (3), half an hour after surgery ended (4), and 3 hours after surgery (stage 5). All data was analysed by various statistical methods.