

## 155. Is fast track walking spinal anesthesia a reality of the future?

**Siddiqui MN, Siddiqui SM, Steadman J, Shera S, Ranasinghe S**  
**msiddiqui66@hotmail.com**  
**Fairview Hospital, Jackson Memorial Hospital/University of Miami, 38 B Dresser, Great Barrington MA 01230, USA**

**Introduction:** The objective of this study is to compare the effectiveness and safety of intrathecal administration of a mixture of clonidine and fentanyl with low dose lidocaine and fentanyl for Dilatation & Curettage (D&C) procedures.

**Method:** This is a double blind randomized study. The physician utilizes a single shot spinal anesthesia. Once CSF returns through the spinal needle, a solution of 25 mcg of clonidine and 20 mcg of Fentanyl injected to group I and a solution of 30 mg of lidocaine and 20 mcg of Fentanyl injected to group II. Sensory level to cold and pain and motor block on Modified Bromage Scale are evaluated. Supplementing anesthesia with intravenous fentanyl if after 15 minutes patient does not have T – 10 level to pain (pin prick). Patients are monitored throughout the case in accordance with ASA guidelines. The time of post anesthesia recovery is also recorded (length of stay in the post anesthesia recovery unit). Patients discharge from PACU once they fulfill the Aldrete criteria.

**Results:** See demographic table 1

	Age	Height	Weight	ASA
Group I(N 30)	33.43+4.43	154.12+5.6cm	63.09+4.67kg	I14 I116
Group II(N 30)	32.33+5.65	153.02+6.2cm	62.44+5.01kg	I13 I117

Patients in both group evinced T – 10 block after spinal but patients in group I have lower level of sensory and motor blocks as compared with patients in group II. The sensory block to pin prick was T-9.2 + 1.2 and T-7.23 + 1.23 level in group I and group II respectively. The motor blockage on MBS was 1.0 and 3.21 + 0.98 in group I and group II respectively. Patients in both group evinced T – 10 block after spinal. The incidence of side effects was not significantly different between two groups. See table two.

Pain/Anxiety/Pruritis/Vomiting/Brady./Hypotension/High spinal							
Group I	N2	N4	N7	N1	N0	N1	N0
Group II	N1	N6	N9	N1	N0	N2	N0

At the end of the surgery patients in group I were literally ready to walk out of the operating room but because of the hospital policy were transported to the post anesthesia care unit (PACU) on stretcher. See table 3

	MBS on admission /to PACU	Aldrete score on admission/ to PACU	PACU time
Group I	1.0	10	15 + 5 min.
Group II	2.5	8	48 + 11.45 min

The incidence of side effects was not significantly different between two groups in the PACU.

**Conclusion:**

Spinal anesthesia with clonidine and fentanyl is safe and effective anesthetic technique for D&C.

## 156. Do intrathecal opioids for Cesarean section impair cognitive functions of parturient?

**Siddiqui MN, Siddiqui SM, Ranasinghe S, Shera S, Steadman J**  
**msiddiqui66@hotmail.com**  
**Fairview Hospital, Jackson Memorial Hospital/ University of Miami, 38 B Dresser Ave, Great Barrington MA, USA**

The objective of this study is to find out if intrathecal opioids for cesarean section (CS) impair the cognitive function of parturient.

**Method:** Sixty patients were recruited for the study, which were scheduled for elective cesarean section. A Mini Mental status Examination (MMSE) score was performed on the day of surgery in the holding area before the administration of anesthesia for CS. Patients whose MMES scores were less than 26 are excluded from the study. Table 1MMSE:

Question	Maximum Score
<b>Orientation:</b> What is the (year) (season) (date) (day)(month)? Where are we? (State) (County) (Town)(Hospital) (Floor)	One point for each correct answer, maximum of five. One point for each correct answer, max. of five
<b>Registration:</b> Name three objects: One second to say each. Then ask the patient all three after you have said them.	One point each correct answer max. of three
<b>Attention and Calculation:</b> Serial 7's: Subtracts 7 from 100 and keep doing it backward until five answers. Alternatively, spell "world" backward or name all the twelve months backward	One point for each correct answer max. of five
<b>Recalls:</b> Ask for the three objects	one point for each correct answer repeated above. maximum three.
<b>Language:</b> Name a pencil, and watch	One point for each correct answer, max two
<b>Repeat the followings:</b> No if's, and's or but's. Follow a 3-stage command: Take a paper in your right hand, fold it in half, and put it on the floor.	one point one point each, max three
<b>Read and Obey the following:</b> Close your eyes Write a sentence Copy the following design	one point one point One point if copied all ten surfaces and ten angles.

A Combined Spinal Anesthesia (CSE) technique is utilized for CS. Once CSF returns through the spinal needle, a solution of 7.5 to 10 mg of hyperbaric Bupivacaine, 20 mcg of Fentanyl, and 0.25 mg of preservative free morphine sulfate (PFMSO4) is injected. An epidural catheter is placed and secured. A second MMES was performed after the achievement of surgical anesthesia. A third and fourth sets of MMES were performed at the end of surgery in the post anesthesia recovery unit and twenty-four hours later respectively.

**Results:**

Demographic data	
Age :	26.6 + 3.56 yr.
Height:	157.67 + 0.77cm
Weight:	82.89 + 0.56
ASA:	1 (N 22)I N 35)
EGA:	36.46 + 1.87
primagravidity:	N 32
Multiparity:	N 25

There was no statistically significant difference in MMES scores in pre and post intrathecal opioids administration. Table 2 MMES before administration of opioids: 29.06+1.14 MMES after achievement of surgical anesthesia: 29.06 +1.14 MMES at the end of surgery: 29.33 + 0.88 MMES 24 hrs. later: 29.11+1.01

**Conclusion:** Intrathecal opioids do not impair the cognitive function of parturient.