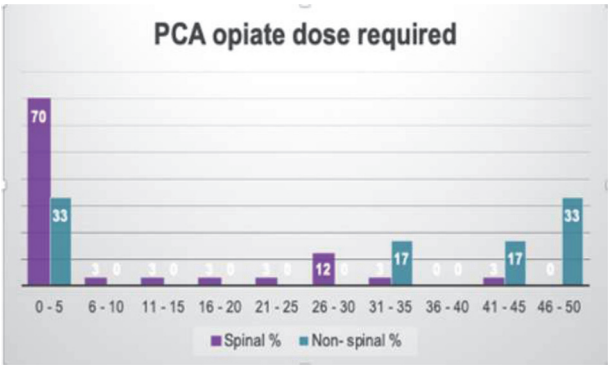
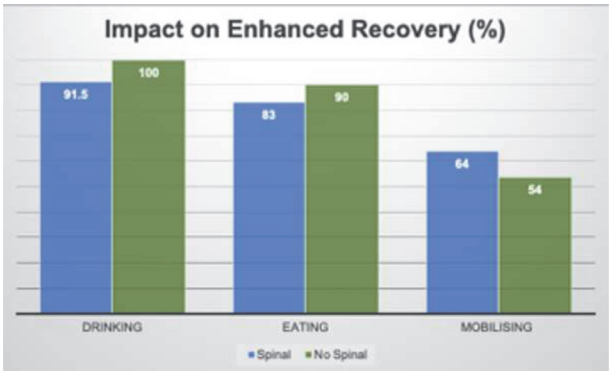


Abstract 212 Figure 2



Abstract 212 Figure 3

Conclusions We demonstrated that intrathecal diamorphine reduced post-operative opiate requirements and facilitated earlier mobilisation.

We concluded that the use of intrathecal diamorphine in combination with multimodal analgesia in colorectal surgery is safe and is comparable, if not marginally superior, to PCA in our institution.

We have also shown that despite a wide range of intrathecal diamorphine dosage (0.5–1 mg), there were no post-operative complications which is in keeping with anecdotal experience. Therefore, we feel that intrathecal diamorphine for perioperative analgesia for resectional bowel surgery is a safe and viable technique.

213 PAIN MANAGEMENT AFTER LAMINECTOMY: A SYSTEMATIC REVIEW AND PROCEDURE-SPECIFIC POST-OPERATIVE PAIN MANAGEMENT (PROSPECT) RECOMMENDATIONS

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10.1136/rapm-2021-ESRA.213

Background and Aims With lumbar laminectomy increasingly being performed on an outpatient basis, optimal pain management is critical to avoid post-operative delay in discharge and readmission. [1, 4] The aim of this review was to evaluate the available literature and develop recommendations for optimal pain management after one- or two-level lumbar laminectomy.

Methods A systematic review utilizing the PROcedure-SPECific Post-operative Pain ManagemenT (PROSPECT) methodology was undertaken [5]. Randomised controlled trials (RCTs) published in the English language from 1 January 2008 until 31 March 2020 – assessing post-operative pain using analgesic, anaesthetic and surgical interventions – were identified from MEDLINE, EMBASE and Cochrane Databases.

Results Out of 65 eligible studies identified, 39 RCTs met the inclusion criteria. The analgesic regimen for lumbar laminectomy should include paracetamol and a non-steroidal anti-inflammatory drug (NSAID) or cyclooxygenase (COX)-2 selective inhibitor administered preoperatively or intraoperatively and continued post-operatively, with post-operative opioids for rescue analgesia. In addition, surgical wound instillation or infiltration with local anaesthetics prior to wound closure is recommended (table 1). Some interventions – gabapentinoids and intrathecal opioid administration – although effective, carry significant risks and consequently were omitted from the recommendations. Other interventions were also not recommended because there was insufficient, inconsistent or lack of evidence (table 2).

Abstract 213 Table 1 Overall recommendations for perioperative pain management in patients undergoing lumbar laminectomy

Preoperative and intraoperative recommendations
Oral or IV paracetamol (Grade D)
Oral or IV NSAIDs/COX-2-specific inhibitors (Grade A)
Surgical wound instillation or infiltration with local anaesthetic (Grade A)
Post-operative recommendations
Oral or IV paracetamol (Grade D)
Oral or IV NSAIDs/COX-2-specific inhibitors (Grade A)
Opioids as rescue medication (Grade D)

COX-2, cyclooxygenase-2; IV, intravenous; NSAIDs, non-steroidal anti-inflammatory drugs

Table 2 Analgesic interventions that are not recommended for pain management in patients undergoing lumbar laminectomy

Intervention	Reason for not recommending
Dexamethasone	Limited procedure-specific evidence
Oral gabapentin/pregabalin	Significant risk for adverse effects
Intrathecal opioids	Significant risk for adverse effects
Epidural analgesia	Limited procedure-specific evidence and risk for adverse effects
Paravertebral block	Limited procedure-specific evidence
Surgical perineural infiltration	Limited procedure-specific evidence
Surgical wound local infiltration	Limited procedure-specific evidence
Corticosteroids	Limited procedure-specific evidence
Intravenous magnesium	Lack of procedure-specific evidence
Transdermal fentanyl	Limited procedure-specific evidence and risk for adverse effects

Abstract 213 Table 2 Analgesic interventions that are not recommended for pain management in patients undergoing lumbar laminectomy

Preoperative and intraoperative recommendations
Oral or IV paracetamol (Grade D)
Oral or IV NSAIDs/COX-2-specific inhibitors (Grade A)
Surgical wound instillation or infiltration with local anaesthetic (Grade A)
Post-operative recommendations
Oral or IV paracetamol (Grade D)
Oral or IV NSAIDs/COX-2-specific inhibitors (Grade A)
Opioids as rescue medication (Grade D)

COX-2, cyclooxygenase-2; IV, intravenous; NSAIDs, non-steroidal anti-inflammatory drugs

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Surgical perineural infiltration	Limited procedure-specific evidence
Surgical wound local infiltration	Limited procedure-specific evidence
Corticosteroids	Limited procedure-specific evidence
Intravenous magnesium	Lack of procedure-specific evidence
Transdermal fentanyl	Limited procedure-specific evidence and risk for adverse effects

Conclusions Perioperative pain management for lumbar laminectomy should include paracetamol and NSAID- or COX-2-specific inhibitor, continued into the post-operative period, as well as intraoperative surgical wound instillation or infiltration. Opioids should be used as rescue medication post-operatively. Future studies are necessary to evaluate the efficacy of our recommendations.

214 VIRTUAL REALITY HYPNOSIS ON COLD PAIN PERCEPTION IN HEALTHY VOLUNTEERS

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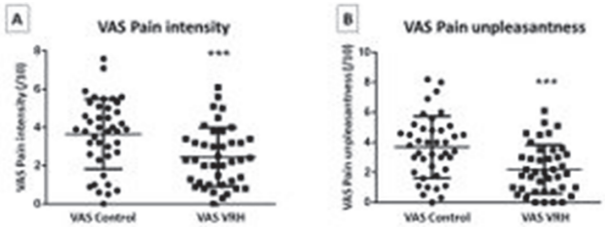
10.1136/rapm-2021-ESRA.214

Background and Aims Over 200 millions of surgeries are performed each year, these may lead to postoperative pain mainly managed with opioid prescription [1]. It is recommended to decrease the use of opioids by adding at least one non-pharmacological pain management modality in the treatment [2]. Virtual Reality and hypnosis are examples of such.

The aim of this study was to measure the pain intensity and unpleasantness perception at rest and during virtual reality hypnosis (VRH) in healthy volunteers.

Abstract 214 Table 1 Demographic data of the 41 healthy volunteers included

	Sex (Male, %)	Age (years)	Education (years)	Stanford score (/12)	STAI Trait (/80)	STAI State CTRL (/80)	STAI State VRH (/80)
Tot / moy	53	41,28	4,80	5,97	36,85	28,17	22,43
SD		13,43	2,09	3,01	8,61	6,58	4,64



Abstract 214 Figure 2


COMITE DE PROTECTION DES PERSONNES
ILE DE FRANCE III

A Paris, le 17 février 2020

Lors de la séance du 04 FEVRIER 2020

Après délibération, le Comité octroie un AVIS FAVORABLE à la recherche, aux motifs suivants :

Le Président :

Pierre Louisgrue

Abstract 214 Figure 1