

**B150 FEMALE AUTHORSHIP IN PAIN RESEARCH: A CROSS-SECTIONAL STUDY**

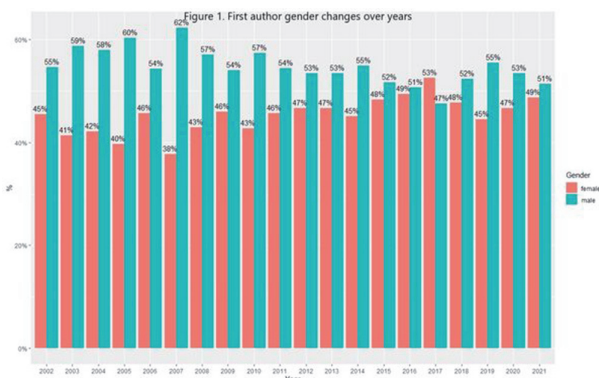
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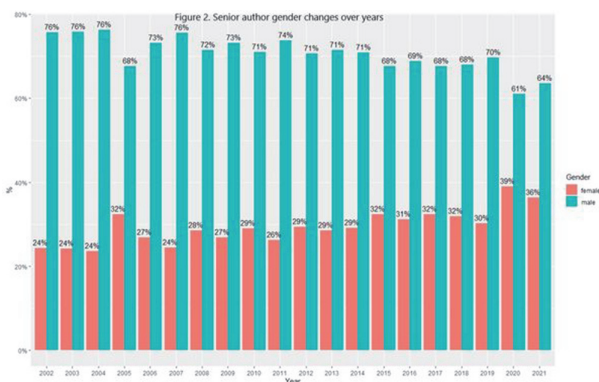
**Background and Aims** There is a lack of data on the distribution of female authorships in pain journals. Using articles published in the top North American pain journals over the past two decades, we sought to describe the prevalence and changes in female representation amongst first and last authors.

**Methods** We retrieved all research articles published in the top 3 pain journals (*Regional Anesthesia and Pain Medicine*, *Clinical Journal of Pain*, and *Pain*) from 2002 to 2021 using the easy-PubMed package. Subsequently, the ‘gender’ package<sup>1</sup> in R was used to determine authors’ gender by first names. Trends in gender authorship change over time were assessed.

**Results** A total of 16,317 authors were identified. Female authors were more often first compared to senior authors (45.7% vs. 30.0%). The proportion of female first authors (45% in 2002 vs. 49% in 2021) and female senior authors (24% in 2002 vs. 36% in 2021) increased over the course of the study period (Figure 1&2. all p-values <0.001). The *Clinical Journal of Pain* had the highest percentage of female authors and *Regional Anesthesia and Pain Medicine* had the lowest percentage of female authors. (Table 1)



**Abstract B150 Figure 1**



**Abstract B150 Figure 2**

**Abstract B150 Table 1**

**Table 1. Author characteristics stratified by gender**

	Female	%	Male	%	P value
<b>N</b>	6177	37.7	10140	62.3	<.001
<b>First author*</b>	3739	45.7	4446	54.3	<.001
<b>Senior author*</b>	2438	30.0	5694	70.0	
<b>Year of publication<sup>b</sup></b>					<.001
2002	174	35.1	322	64.9	
2003	197	32.8	404	67.2	
2004	233	32.9	476	67.1	
2005	230	36.1	408	63.9	
2006	325	36.4	569	63.6	
2007	180	31.1	399	68.9	
2008	262	35.7	471	64.3	
2009	327	36.4	571	63.6	
2010	263	35.9	470	64.1	
2011	290	35.9	518	64.1	
2012	314	38.0	513	62.0	
2013	219	37.8	361	62.2	
2014	352	37.2	595	62.8	
2015	286	40.4	422	59.6	
2016	307	40.3	455	59.7	
2017	350	42.6	472	57.4	
2018	229	39.8	347	60.2	
2019	486	37.4	815	62.6	
2020	240	42.8	321	57.2	
2021	913	42.6	1231	57.4	
<b>Journal*</b>					<.001
<i>Clinical Journal of Pain</i>	1535	42.1	2111	57.9	
<i>Pain</i>	3901	41.0	5611	59.0	
<i>Regional Anesthesia and Pain Medicine</i>	741	23.5	2418	76.5	

a: p-value compares female and male, and chi-squared test was used to compare proportions  
b: p-value compares the trend of proportion of female over time, and Cochran-Armitage trend test was used

**Conclusions** Our data demonstrated increasing female authorship in pain journals in the past 20 years, largely driven by an increase first authorships. There still remains a large gap between first and senior authorship, indicative of disparity in the role that women play in research. More support and resources should be invested to encourage female investigators to advance their (research) careers.

**B151 DAY CASE ARTHROPLASTY: OUTCOME OF 340 CASES**

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**Background and Aims** The introduction of fast track recovery pathways has reduced the hospital length of stay (LOS) allowing patients to be discharged quicker 1. Hospital LOS for elective hip and knee replacements has drastically decreased in the last 2 decades 2. Day case arthroplasty was introduced in our hospital in 2018 when the average LOS was down to 2.4 days and about 15% of patients were discharged after 1 night stay. The purpose of this presentation is to share our experience and data with special focus on patient satisfaction and safety.

**Methods** 340 patients (ASA 1–2) were selected for day case hip or knee arthroplasty (126 THR,164 TKR; 50 UKR). Same day discharge (SDD), readmission, complication and satisfaction rates were recorded. Short acting opiate free spinal anaesthesia was administered. Hunter’s was performed for TKR and UKR (3). Tranexamic acid and LIA were administered. Planned day cases were scheduled as first and second on the list.

**Results** 296 patients had SDD while 44 needed overnight stay. Failure to discharge were lack of confidence, fainting, urine retention and late resolution of spinal anaesthesia.7 patients were readmitted within 6 weeks including 1 with a partial pulmonary embolism. 98% of the patient with SDD were