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 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)

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.

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. Hospital LOS for elective hip and knee replacements has drastically decreased in the last 2 decades. 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
Abstracts

Background and Aims Early patient controlled analgesia (PCA) and regional anaesthesia (RA) are key for patients with severe rib fractures. In 2019, the Queen Elizabeth Hospital King’s Lynn, implemented Thoracic Injury Pathway To Optimise Pain and physiotherapy (TIPTOP). As a part of this project, an electronic departmental survey was performed.

Methods In August 2021, all anaesthetists who provide on call cover were surveyed as to what analgesic strategy they would be happy to provide for rib fractures. Options included opioid PCA, off-label analgesics and RA blocks.

Results 28 of 38 anaesthetists responded (response rate 74%). All anaesthetic grades responded. Results are presented in table 1. All respondents were happy to provide PCA. The next most common option was thoracic epidural (20, 71%) followed by intravenous Ketamine or Magnesium (both 18, 64%). Few were happy to provide a chest wall catheter such as Erector Spinae plane Block (7, 25%).

Conclusions Despite regular training sessions, when results were filtered to those providing resident out-of-hours cover, only 60% were happy to perform RA. As such a 24/7 analgesic service focusing on RA is not feasible. This mirrors the wider health-care community. A twitter poll last year found only 18% of departments offered reliable 24/7 access to RA for rib fractures (n = 210).

We currently provide day-time RA via a team of regional anaesthetists and have optimised the non-RA options for out-of-hours admissions (e.g morphine-ketamine PCA). This work makes a strong argument for assessment and standardisation of provision via a National Audit Project.

B153 PERIOPERATIVE MANAGEMENT OF PATIENTS RECEIVING ANTIHROMBOTIC THERAPY THAT UNDERWENT SURGERY UNDER REGIONAL ANAESTHESIA. COMPARISON OF THE PERIOPERATIVE MANAGEMENT OF THE ANTIHROMBOTIC AGENTS TO CURRENT GUIDELINES

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Background and Aims The aim of the study was to assess the degree of compliance to current guidelines of perioperative antithrombotic therapy management for patients undergoing surgery under regional anesthesia.

Methods During the year 2019 any patient receiving antithrombotic therapy that underwent surgery in “G. Papanicolaou” under regional anesthesia were enrolled in this retrospective study. Ethics committee approval was acquired. Follow-up was performed 1 month postoperatively in order to identify possible thrombotic or hemorrhagic complications.

Results A total of 274 patients were enrolled. 24.1% (n=66) were receiving DOACs, 7.3% (n=20) received VKAs and 71.5% (n=196) were treated with antiplatelet agent(s). These drugs were managed perioperatively by the respective surgeons or cardiologists and in a lesser degree by anesthesiologists. Compliance was judged taking into account the most up to date guidelines regarding each specific antithrombotic agent. Recent guidelines regarding the perioperative management of antithrombotic therapy for patients about to receive regional anesthesia applied only for the few patients that anesthesiologists were consulted.

Conclusions The main conclusion of this study is that a lesser degree of compliance is evident between patients under DOACs. Management of these agents proves more challenging than antiplatelets or VKAs. The errors in the perioperative management lie both in the longer than suggested period of withdrawal before surgery and bridging with LMWH that is prevalent when it should not be.

Finally, a correlation between the appropriate perioperative management of antithrombotic agents and postoperative thrombotic complications was not observed in our sample. There proves to be ample space for improvement and future audits.

B154 PERIOPERATIVE BEOZODIAZEPINE UTILIZATION PATTERNS IN MAJOR ORTHOPEDIC SURGERY

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Conclusions In hospitals where the inpatient LOS is already low, day case arthroplasty can be safely introduced without producing increased readmission rates or decreased patient satisfaction.