

Abstract B155 Table 2

Table 2. Risk of combining use of benzodiazepine and gabapentinoids for complications following total joint arthroplasty surgery

	Adjusted Odds Ratio (95% CI) * gabapentinoids+Midazolam vs Midazolam only	P-value
TKA		
Cardiac complications (N=17,332)	0.96 (0.93, 1)	0.078
Pulmonary complications (N=15,481)	1.22 (1.18, 1.27)	<.001
Delirium (N=9329)	1.45 (1.38, 1.52)	<.001
In-hospital fall (N=17,630)	0.99 (0.96, 1.02)	0.544
Naloxone (N=23,073)	1.56 (1.51, 1.60)	<.001
THA		
Cardiac complications (N=7304)	0.95 (0.89, 0.1.01)	0.002
Pulmonary complications (N=5256)	1.29 (1.22, 1.37)	<.001
Delirium (N=3721)	1.32 (1.23, 1.43)	<.001
In-hospital fall (N=8478)	1 (0.95, 1.05)	0.954
Naloxone (N=9996)	1.49 (1.42, 1.56)	<.001

*Adjusted odds ratios were estimated using a multivariable regression model adjusting for age, gender, race, Charlson-Deyo comorbidity index, insurance provider, type of anesthesia, year of surgery, hospital location, hospital teaching status, hospital size and region.

Conclusions Perioperative benzodiazepines use was associated with increases patient falls, no effect for delirium occurrence, and reduced cardiac complications. Importantly, the postoperative risk profile, substantially deteriorated with concurrent use of gabapentinoids, showing a substantial increase in respiratory failure and delirium.

B156 CHANGES IN EMERGENCY SURGERY DURING COVID-19 PANDEMIC, ONE YEAR LATER – RETROSPECTIVE ANALYSIS

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Background and Aims The aim of this study was to analyze the evolution of the approach of patients emergently admitted in an operating room (OR) dedicated to COVID positive or suspect (CP/S) patients, since the pandemic began.

Methods All emergency procedures, March-2020 to December-2021, on CP/S patients, were collected retrospectively and analyzed with a statistical significance of $p < 0.05$, with no need to ethical approval according to local committee.

Results There was a total of 191 patients. Regarding the anesthetic approach: 80% General Anesthesia (GA), 10% Monitored Anesthesia Care and 10% Regional Anesthesia.

When comparing the frequency of positive diagnosis between 2020 and 2021 (31% in 2020 vs 53% in 2021), there was a statistically significant difference, $p < 0.01$.

In 2020, the average length of stay in the OR was 4h13 compared to 3h13 in 2021, with a statistically significant difference.

In 2020 the mortality at 30 days was 7% compared to 3,29% in 2021. Mortality was not correlated with COVID-19 infection in both years ($p = 0,255$).

Conclusions There was a higher percentage of positive patients admitted, a decrease in length of stay and a decrease in mortality.

These results reflect the better preparation of health care professionals, faster diagnostics and optimized health care logistics.

However, the ongoing pandemic continues to disrupt health services throughout the world and it will keep bringing several new challenges to deal with each day, so, with this work, the authors intend to emphasize the importance of keeping the effort to constantly evolve, ensuring that the best possible care is offered.

B157 LIDOCAINE 5% PATCH IN THE TREATMENT OF POST HERPETIC NEUROPATHY (PHN)

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Background and Aims Post Herpetic Neuropathy (PHN) is difficult to treat. Combinations of anticonvulsants, antidepressants and opioids are often ineffective, whereas side effects especially in older or very sick patients preclude their use. Results of invasive therapy are still controversial. An old local anesthetic, lidocaine has been produced in the form of patch, recommended for the treatment of PHN.

Methods In total 102 patients were identified (registry files; 2016–2019) with a mean age of 72 years. Lidocaine 5% patch (Versatis 5%), was used as add on therapy, to conventional pharmaceutical therapy. One up to three patches were used every 24 hours.

Length of therapy, pain intensity differences, global therapy assessment, adverse effects and reasons for treatment stopping were recorded.

Results Length of treatment was 4 to 12 months (mean 9 months). Pain was reduced 30–80%. Patient assessment: fairly good result in 40 patients(39,2%), good in 42(41,1%), very good 18(17,6%), Local erythema was observed in 8 patients (7,84%) Treatment was abandoned by 1 patient due to local erythema and by 3 due to difficulty in obtaining the patch.

Conclusions Versatis 5% patch was fairly efficient as add on therapy, in the studied group of patients suffering of PHN. The patch was safe and well tolerated even as long term therapy (up to 14 months), since serious adverse effects attributable to treatment were not observed.

B158 PHARMACOLOGICAL MANAGEMENT OF NEUROPATHIC PAIN IN HEAD AND NECK CANCER PATIENTS RECEIVING RADIOTHERAPY OR CHEMORADIOTHERAPY: A SYSTEMATIC REVIEW

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Background and Aims Neuropathic pain (NP) in head and neck cancer (HNC) patients represents a therapeutical challenge. Most of the studies concerning NP-medication are conducted in diabetic neuropathy or postherpetic neuralgia and limited to non-cancer pain. Regarding the cancer therapy-related-NP, most of them do not focus on HNC patients. This review aimed to identify the studies about systematically administered medication for NP in HNC patients under radiotherapy/chemoradiotherapy.

Methods A systematic literature search was performed, following the PRISMA guidelines, in PubMed, Cochrane Library, Web of Science and ClinicalTrials.gov on 30 October 2021. The MeSH terms were “head and neck cancer” OR “tumor” AND “neuropathic pain” AND “medication” AND “radiotherapy.” Cochrane Collaboration tool was used for quality assessment.

Results The search identified 432 articles; 3 more were identified after searching the reference lists of the retrieved articles. Ten articles met the inclusion criteria and were included in this review, concerning pregabalin(1), nortriptyline(1),