Results None of the patients received parenteral or oral opioids either intraoperatively or postoperatively. All patients remained pain-free during their hospital stay and achieved ERAS outcomes early. Three patients developed DGE. Otherwise the patients had an uncomplicated recovery.

Conclusions Our protocol achieved an opioid-free experience, with the advantage of avoiding opioid side effects which may interfere with early surgical outcomes especially after pancreatic surgery. Future studies on models of enhanced recovery anaesthesia and analgesia and their effect on surgical and oncological outcomes are therefore recommended.

B317 PERSISTENT POST-SURGICAL PAIN AFTER TOTAL ABDOMINAL Hysterectomy AT A TERTIARY CARE HOSPITAL OF A LOW-MIDDLE INCOME COUNTRY

A Ahmed*, G Afshan, R Khan. Aga Khan University, Karachi, Pakistan

Background and Aims Persistent post-surgical pain (PPSP) is pain that lasts for 3 months or more after a surgical procedure, excluding other causes of pain. There has been considerable work in high income countries on incidence and factors related to PPSP. However, there is scarce knowledge about PPSP in low- and middle-income countries (LMICs). We assessed the prevalence of PPSP after total abdominal hysterectomy (TAH), its intensity and effect on daily routine.

Methods It was a prospective cross-sectional study. Approval was obtained from the institution’s Ethics Review Committee. Patients undergoing elective TAH were recruited. A pain nurse called the patients three months after surgery and asked about presence of pain, its location, type, degree and associated factors. Patients who reported pain at three months were called again a year later.

Results During the study period 119 patients underwent TAH. At discharge, 74 (61.3%) were satisfied with their pain management. Three months later, 15 (12.6%) patients reported pain. Pain was mild in 13 and moderate in two patients. At one-year follow-up, two patients (1.6%) reported pain that was mild to moderate in intensity. Pain disturbed sleep in both patients and disturbed daily life routines in one patient.

Conclusions There is scarce knowledge about prevalence of PPSP in LMICs. In our patient population, 12.6% reported pain three months after TAH, while at one year, 1.6% patients reported mild to moderate pain. Multicenter studies are recommended for determining the overall prevalence in our patient population and for getting directions for making targeted efforts towards its prevention and treatment.

B318 OPIOID SPARING EFFECTS OF INTRAVENOUS AND ORAL ACETAMINOPHEN IN HIP FRACTURE PATIENTS: A POPULATION-BASED STUDY

1AB Stone, 2YC Iban, 1H Zhong, 1J Liu, 2A Illescas, 3C Cazovicz, 2J Poeran, 1SG Memtsoudis*. 1Hospital for Special Surgery, New York, USA; 2Icahn School of Medicine at Mount Sinai, New York, USA; 3Paracelsus Medical University, Salzburg, Austria

Background and Aims Patients who sustain hip fractures are at high risk for opioid related adverse events. Acetaminophen (APAP) and specifically intravenous acetaminophen (IVAPAP) have been proposed as part of many opioid-sparing multimodal analgesic pathways. The aims of this study are to describe the current use of IVAPAP and APAP in hip fracture patients and elucidate the effectiveness of IVAPAP and APAP on opioid utilization and opioid-related adverse effects.

Methods This retrospective cohort study used the Premier Healthcare database and included patients undergoing hip fracture repair surgery from 2011 to 2019. Primary exposure was use of APAP or IVAPAP. The primary outcome was opioid utilization over the hospital stay; secondary outcomes included opioid-related adverse effects, length and costs of hospital stay. Mixed-effects models measured the association of IVAPAP/APAP and outcomes. We report effect estimates and 95% confidence intervals (CI).

Results Among 649,960 hip fracture repair surgeries 16.4% (106,315) received 1 dose of IVAPAP. Upon adjusting for all relevant covariates, the use of >1 dose of IVAPAP on the first postoperative day (POD1) was associated with a 6% reduction in opioid use (95% CI -8%, -4%) compared to patients who did not receive IVAPAP. Patients who received > 1 dose oral APAP on POD1 one had a 14% reduction in total opioid use (95% CI -15%, -13%). (Table 1).