Abstract B316 Table 1

	Patient No1	Patient No2	Patient No3	Patient No4
Age	69	54	81	62
Gender	Female	Male	Male	Female
BMI	33	24.6	29	35
ASA	3	2	3	3
Procedure	PPPD	PPPD	WHIPPLE	WHIPPLE
Operative time	6 hours	6 hours	5 hours	4hours
Mobilising	POD2	POD0	POD1	POD0
Sleeping	POD0	POD0	POD0	POD0
Return of bowel function	POD4	POD2	POD4	POD3
Transfusion	NO	NO	NO	NO
IV/IM/PO opioids	NONE	NONE	NONE	NONE
Postoperative delirium	NO	NO	NO	NO
NRS>4 at any time postop	NO	NO	NO	NO
Index Complications Clavien-Dindo	Grade II	Grade II	Grade II	Grade II
DGE	Grade B	Grade A	Grade B	NONE
POPF	NO	NO	NO	Grade B
Ileus	NO	NO	NO	NO
Chest infection	NO	NO	NO	NO
Re-operation	NO	NO	NO	NO
Length of stay	14 days	9 days	13 days	11 days

Table 1. Patients, perioperative characteristics and outcomes.
ASA: American society of Anaesthesiology score, PPPD: Pylorus Preserving Pancreatoduodenectomy, POD: Postoperative Day, IV: Intravenous, IM: Intramuscular, PO: Per os, NRS: Numerical Rating Scale, DGE: Delayed Gastric Emptying, POPF: Postoperative Pancreatic Fistula

Results None of the patients received parenteral or oral opioids either intraoperatevely 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

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10.1136/rapm-2022-ESRA.391

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

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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)**.

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Table 1. Adjusted associations between Intravenous APAP (upper) and Oral APAP (lower) use and outcomes.

Intravenous APAP vs. no APAP	POD0				POD1				POD > 1			
	1 DOSE		>1 DOSE		1 DOSE		>1 DOSE		1 DOSE		>1 DOSE	
	ESTIMATE	P	ESTIMATE	P	ESTIMATE	P	ESTIMATE	P	ESTIMATE	P	ESTIMATE	P
Total Opioid	1.02 (1.01, 1.03)	<.001	0.97 (0.96, 0.99)	<.001	0.98 (0.96, 1.01)	0.1	0.94 (0.92, 0.96)	<.001	1.14 (1.10, 1.17)	<.001	1.15 (1.12, 1.19)	<.001
Length of Stay	0.97 (0.96, 0.98)	<.001	0.97 (0.95, 0.98)	<.001	0.93 (0.91, 0.95)	<.001	0.88 (0.87, 0.9)	<.001	1.29 (1.25, 1.33)	<.001	1.45 (1.41, 1.49)	<.001
Adjusted Cost	1 (0.99, 1.01)	0.899	1 (0.98, 1.02)	0.754	0.98 (0.95, 1)	0.002	0.94 (0.92, 0.97)	<.001	1.25 (1.2, 1.3)	<.001	1.36 (1.33, 1.43)	<.001
Gastrointestinal	1.02 (0.91, 1.15)	0.524	0.92 (0.75, 1.14)	0.192	0.82 (0.63, 1.06)	0.007	0.68 (0.54, 0.86)	<.001	1.85 (1.38, 2.49)	<.001	3.43 (2.77, 4.25)	<.001
Respiratory	0.95 (0.87, 1.03)	0.034	0.85 (0.73, 0.99)	<.001	1 (0.84, 1.2)	0.947	0.89 (0.75, 1.06)	0.019	1.37 (1.09, 1.73)	<.001	1.63 (1.35, 1.96)	<.001
Naloxone	1 (0.9, 1.11)	0.964	0.91 (0.76, 1.08)	0.056	1.03 (0.8 83, 1.28)	0.589	0.92 (0.75, 1.13)	0.153	1.8 (1.38, 2.33)	<.001	2.62 (2.14, 3.21)	<.001
Oral APAP vs. no APAP	**POD0**				**POD1**				**POD >1**			
	1 DOSE		>1 DOSE		1 DOSE		>1 DOSE		1 DOSE		>1 DOSE	
	ESTIMATE	P	ESTIMATE	P	ESTIMATE	P	ESTIMATE	P	ESTIMATE	P	ESTIMATE	P
Total Opioid	0.95 (0.94, 0.96)	<.001	0.91 (0.90, 0.92)	<.001	0.90 (0.89, 0.91)	<.001	0.86 (0.85, 0.87)	<.001	1.00 (0.99, 1.01)	0.569	1.04 (1.03, 1.05)	<.001
Length of Stay	0.97 (0.96, 0.98)	<.001	0.95 (0.94, 0.96)	<.001	0.91 (0.90, 0.91)	<.001	0.78 (0.77, 0.79)	<.001	1.18 (1.17, 1.19)	<.001	1.52 (1.51, 1.53)	<.001
Adjusted Cost	0.98 (0.97, 0.99)	0.899	0.96 (0.95, 0.98)	0.754	0.95 (0.94, 0.96)	<.001	0.86 (0.85, 0.87)	<.001	1.11 (1.10, 1.13)	<.001	1.31 (1.29, 1.32)	<.001
Gastrointestinal	0.93 (0.83, 1.04)	0.031	0.96 (0.84, 1.14)	0.671	0.83 (0.74, 0.92)	<.001	0.58 (0.51, 0.66)	<.001	1.39 (1.24, 1.54)	<.001	2.19 (2.00, 2.39)	<.001
Respiratory	1.01 (0.94, 1.09)	0.59	0.93 (0.84, 1.03)	0.019	0.88 (0.82, 0.95)	<.001	0.67 (0.62, 0.73)	<.001	1.28 (1.19, 1.38)	<.001	1.72 (1.61, 1.83)	<.001
Naloxone	0.89 (0.81, 0.99)	<.001	0.72 (0.62, 0.83)	<.001	0.90 (0.82, 0.99)	<.001	0.69 (0.62, 0.77)	<.001	1.36 (1.26, 1.53)	<.001	2.21 (2.04, 2.39)	<.001

[1] For continuous outcome, the estimate is presented as % of change, and 95% CIs.
[2] For binary outcome, the estimate is presented as Odds Ratios and 95% CIs.
[3] Gastrointestinal refers to gastrointestinal opioid related adverse events (i.e. nausea, ileus). Respiratory refers respiratory opioid related adverse events, and naloxone refers to naloxone use while inpatient.
[4] We performed multilevel multivariable logistic regression model with a random intercept term that varied at the level of each hospital to account for correlation of patients within hospitals as they are likely to receive similar care. Models were adjusted for all available variables which included age, gender, race, insurance type, hospital location, hospital size, median number of cases per year, type of fracture, type of anesthesia, use of NSAIDs, Gabapentin, Cox-2 inhibitors and ketamine, Charlson comorbidity index, and preoperative diagnosis of substance abuse, chronic pain, major depression and anxiety.

Conclusions Both IV and oral APAP show modest reductions in opioid use; these results do not support the use of IV over oral APAP as oral APAP showed more of an opioid sparing effect.

B319 CONTINOUS LOCAL INFILTRATION ANALGESIA IS EQUAL TO FEMORAL + SCIATIC NERVE BLOCK FOR TOTAL KNEE ARTHROPLASTY

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Background and Aims Total knee arthroplasty is often associated with moderate to severe postoperative pain.

Sufficient pain control is crucial for fast mobilisation and reduces side effects as well as length of hospital stay.

In this context, a variety of multimodal pain control regimes show good pain relief, including several nerve blocks, iPACK and local infiltration analgesia (LIA).

We compared the analgesic potency of the LIA with the combination of continous femoral nerve block + sciatic single shot nerve block under general anaesthesia.

Prior to the study we obtained the approval of the local ethics committee.

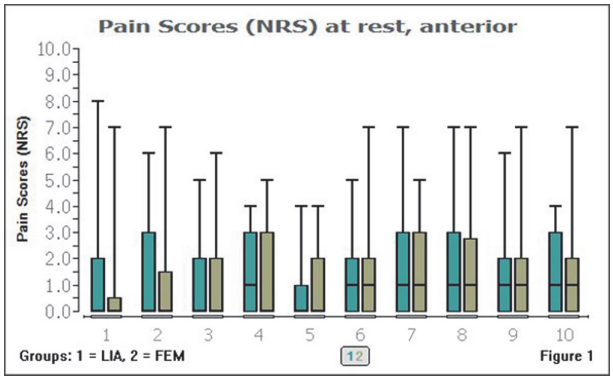
Methods We enrolled 104 ASA I - III Patients in the study divided into two groups.

The LIA-group received an intra- and periarticular infiltration containing a mix of ropivacaine, adrenaline and ketorolac, followed by an infusion of the same mixture for 48 hours via an intraarticular catheter.

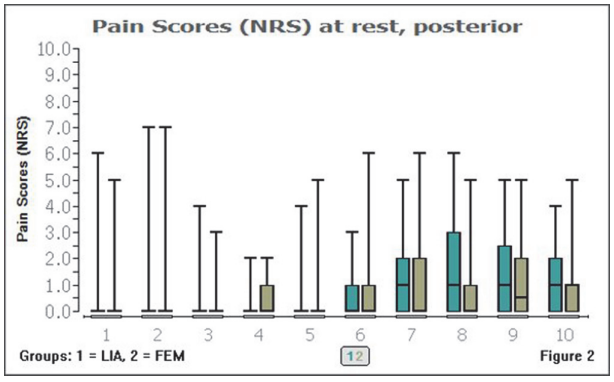
The patients in the FEM-group received a combination of continous femoral nerve block with catheter and a single shot sciatic nerve block without catheter.

We analyzed postoperative pain scores during the first two postoperative days, opioid consumption, ability of ambulation and the occurrence of infections in both groups.

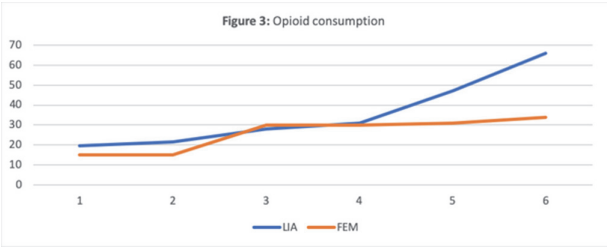
Results We could not detect any significant differences in pain scores, opioid consumption, time to first rescue analgesia and knee range of motion. No severe side effects like secondary bleeding or infections were reported.



Abstract B319 Figure 1



Abstract B319 Figure 2



Abstract B319 Figure 3

Conclusions Both techniques are well established, provide equal pain relief for TKA and support early postoperative mobilisation.

B320 A RANDOMIZED CONTROLLED STUDY TO EVALUATE EFFICACY OF ADJUVANTS DEXAMETHASONE, BUPENORPHINE ,DEXMEDETOMIDINE ADDED ROPIVACAINE 0.2% IN ADDUCTOR CANAL BLOCK FOR POSTOPERATIVE PAIN AFTERTOTAL KNEE REPLACEMENT

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Background and Aims The aim of the study was to evaluate the efficacy and safety of adjuvants like dexamethasone. Buprenorphine and dexmedetomidine added ropivacaine 0.2% in adductor canal block for early postoperative pain management in patients undergoing total knee replacement.

Methods In our study 96 patients of ASA Iand II aged 45–75 years scheduled for unilateral TKR were recruited into the study. They were randomized into 3 groups.

Patients were given drugs as follows:

Group A : dexamethasone 8mg added to 20 ml 0.2% Ropivacaine.

Group B: Buprenorphine 0.3mg added to 20 ml 0.2% Ropivacaine