discusses the evidence presented in recent medical literature regarding the efficacy of regional anesthesia.

**Results** Even though regional anesthesia meets the premises required to prevent the development of CPP, there is insufficient data to measure the strength of its impact in preventing long-term pain.

The challenge lies in the heterogeneity of the sampled population, the variety of surgical techniques and the use of perioperative drugs and adjuvants during nerve block procedures.

**Conclusions** Regional anesthesia is one of the fastest growing areas within the field of anesthesia due to its many advantages over the use of opioids.

While further research needs to be conducted, there is evidence that regional anesthesia employed together with other preventative methods has high potential for reducing the incidence of CPP.

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**Abstracts**

**B323**

**USE OF ORAL HERBAL ANTI-INFLAMMATORY THERAPY FOR THE REDUCTION OF POSTOPERATIVE PAIN IN PATIENTS AFTER TOTAL KNEE REPLACEMENT**

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**Background and Aims** We evaluated the contribution of herbal anti-inflammatory therapy in the postoperative treatment of pain in patients after total knee replacement (TKR). NSAIDs are the first line treatment in the management of acute inflammatory conditions. Unfortunately, these have some side effects, mainly gastrointestinal, cardiovascular and renal.

Herbal anti-inflammatory therapy is a combination mostly of BOSWELLIA and BROMELAIN. These have a unique mechanism of action that provides clinically proven antioxidant and anti-inflammatory benefits. Effective treatment of postoperative pain without drug side effects serves the patient’s comfort, promotes joint mobility and protects against serious complications.

**Methods** 40 male patients who underwent TKR, aged 60–80 years. All received spinal anesthesia with ropivacaine 20mg. The 20 received herbal preparation (HP) one week before the surgery, morning and evening and the next 20 days postoperatively. The other 20 did not receive HP. All received the same post-operative pain treatment protocol. Resting pain (VAS) was assessed at 4, 12 and 48 hours, as were the following parameters:

- HEADACHE
- MOTION SICKNESS
- VOMITING
- CONSTIPATION
- DRY MOUTH

**Results** VAS SCORE at 4, 12, 48 hours, the frequency of use of the PCA system and the total amount of tramadol were statistically lower in the HM group. Other parameters were also significantly less affected in the HM group.

**Conclusions** Preoperative and postoperative administration of herbal anti-inflammatory therapy significantly contributes to the reduction of post-operative pain in patients after TKR, reducing the consumption of opioids and their side effects. Herbal anti-inflammatory drugs have high bioavailability, maximum effectiveness and most importantly gastric tolerance.