Conclusions PQLBI should be considered in revision hip surgery. There is reduced morphine consumption with low pain scores, facilitated early weight bearing and reduced LoS from 23 days to 5.15 (mean) days.

**B327** CONTINUOUS SERRATUS PLANE CATHETERS FOR POST-OPERATIVE PAIN MANAGEMENT IN MAJOR BREAST SURGERY

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Background and Aims Pain associated with major breast surgery can be severe. Recent PROSPECT guidelines recommend regional anaesthesia (RA) for postoperative pain management but single shot blocks are limited in duration (<24 hours). We have introduced a continuous ambulatory local anaesthetic (LA) infusion through serratus plane catheters (SPC) as part of our enhanced recovery pathway for mastectomies to extend the benefits of RA.

Methods We conducted a prospective case review of 29 mastectomies (October 2021 - March 2022) who received the ambulatory infusion. All patients had a surgically inserted SPC and discharged on a continuous infusion of 0.125% levobupivacaine (4–6 ml/hr) for 48 hours.

Results All patients received preoperative RA blocks (pectoral nerve group ± paravertebral), SPC (loaded with 10 mls 0.25% bupivacaine) and surgical LA infiltration. Intraoperatively they all received multimodal analgesia and IV dexamethasone.

Median pain scores in recovery, post-op day 1 and day 2 were low (0 (IQR 0–2), 1 (IQR 1–3) and 2 (IQR 0–3) respectively - figure 1). Sleep quality was excellent with 90% having no pain overnight on day 1 and 83% on day 2 (figure 2). 12 patients were discharged on PRN weak opioids (11 Codeine, 1 Tramadol), and no patients required strong opioids on discharge. There were no readmissions due to inadequate analgesia.

Conclusions Our case series demonstrates the potential benefit of continuous SPC in extending the duration of RA, which may mitigate against rebound pain once the primary RA wears off. We recommend this technique as part of a balanced, multimodal post-operative analgesic plan for major oncological breast surgery.

**B328** IS KETAMINE MORE EFFECTIVE IN PATIENTS ON CHRONIC OPIOIDS THEN OPIOID NAIVE PATIENTS IN REDUCING CHRONIC POST-SURGICAL PAIN – A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and Aims Ketamine is an effective treatment for both acute and chronic postoperative pain. Some evidence suggests analgesics may be effective in patients with a higher baseline risk of pain.

Therefore, we aimed to identify whether ketamine is more effective at reducing the incidence of chronic postsurgical pain (3 to 6 months) in patients on chronic opioid treatment.

Methods We conducted a systematic review of online databases (MEDLINE, Embase and CENTRAL) and unpublished studies. We included 23 studies of which 3 included patients on chronic opioid treatment. Only one study noted that majority of patients were on opioids (Hayes 2004).

Results Ketamine reduced the incidence of chronic pain in patients on opioids (OR 0.55; 95% CI 0.38 to 0.80; I²=40%) but not in studies that included patients on chronic opioids (OR 1.04; 95% CI 0.52 to 2.09; I²=40%). However, this difference was not significant on subgroup analysis (p=0.12). There was no evidence of publication bias (p=0.49). The certainty of evidence was low due to problems with risk of bias and imprecision.