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.

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.

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We conducted a systematic review of online databases (MEDLINE, Embase and CENTRAL) and unpublished studies.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 not 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.
Conclusions No studies have been conducted in exclusively chronic opioid patients and therefore this warrants further trials into this important area of pain research.

B329 EFFICACY OF SCALP NERVE BLOCKS WITH ROPIVACAINE ON POSTOPERATIVE PAIN IN PATIENTS UNDERGOING CRANIOTOMIES: OUR EXPERIENCE
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Background and Aims Postoperative pain is common after craniotomies and is often left untreated, to avoid masking any developing new neurosurgical pathology. The main cause of postoperative pain relates to the skin incision and the reflection of muscles intra-operatively, rather than brain manipulation. The scalp nerve block (SNB) anaesthetises both the deep and superficial layers of the scalp. From our experience since 2010, scalp blocks have been found to reduce postoperative pain and opioid consumption in the first 48 post-operative hours.

Methods We analysed data from patients undergoing craniotomies under general anaesthesia with bilateral scalp blocks with ropivacaine 0.5%. Induction and maintenance of general anaesthesia was performed via target-controlled infusion of Propofol and remifentanil and neuromuscular blockage was provided with rocuronium. Standard monitoring was applied. The SNB was performed before skin incision, and at least 10 minutes before application of the Mayfield skull clamp, by administering 20 mls of ropivacaine 0.5%. In addition to the block, routine post-operative analgesia was achieved with paracetamol (2g) and Fentanyl (100mcg).

Results 1600 patients were identified over a period of 11 years. Postoperative pain was assessed using NPRS. In the first hour following surgery, only 5% of the patients were found with moderate pain, and none had severe. Severe pain was reported by only 15% of the patients within the first 12 hours, and significant pain was reported by 60% of patients within the first 48 hours.

Conclusions Bilateral SNBs are shown to provide a good post-craniotomy analgesia, and efficiently reduce the requirement for rescue analgesia in the first 4 hours post procedure.

B330 EVALUATING PATIENT-REPORTED EXPERIENCES OF PAIN ON THE ADULT INTENSIVE CARE UNIT
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Background and Aims Pain is commonly experienced by patients on the adult intensive care unit (AICU). Due to communication barriers, it is often challenging to assess the characteristics and severity of pain during a patient’s AICU admission. To address this, we retrospectively evaluated patient self-reported experiences of pain during their AICU admission.

Methods Thirty-four patients were included in the survey after discharge from the AICU in December 2019. This included a range of medical, surgical and traumatic presentations. Thirty-two out of 34 patients completed a written questionnaire evaluating their experience of pain during their recent AICU admission. Patients were asked to grade pain on a verbal rating scale from none, mild, moderate and severe. A composite body map was generated, summarising the frequency of pain reports at different anatomical locations (Figure 1).

Results Of the 32 patients included in the study, 78% did not take regular analgesia prior to their hospital admission. During their AICU admission, 68% reported that their worst pain had been severe, and 55% reported that their pain had been moderate-severe in intensity on an average day. The most frequently cited painful experiences were rolling (30%), catheterisation (13%), and ventilation (13%). Interestingly, patients reported more pain on their right-sided limbs, possibly related to moving and rolling practices.