

Abstract B328 Figure 1

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 remifentanyl 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

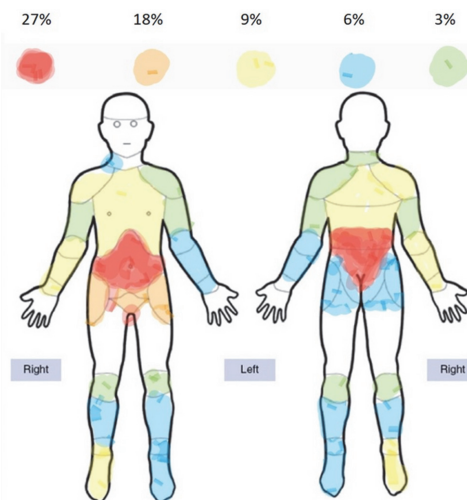
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Background and Aims Pain is commonly experienced by patients on the adult intensive care unit (AICU). Due to communication barriers, it is often challenging to assess the characteristics and severity of pain during a patient's AICU admission. To address 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.



Abstract B330 Figure 1