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 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.
Conclusions Our data highlights the prevalence and severity of pain on the AICU with a clear link to commonly performed procedures, especially moving and rolling. This suggests that pre-procedural analgesia may be an effective method for improving pain control on the AICU.

B331 THE EFFECT OF LESSER PALATINE NERVE BLOCK ON IMMEDIATE POST-TONSILLECTOMY PAIN IN PEDIATRIC POPULATION

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Background and Aims Tonsillectomy is a common surgical intervention performed in the pediatric population, and post-operative pain is the main cause of morbidity following surgery [1,2]. Due to its innervation, lesser palatine nerve block (LPNB) may alleviate post-tonsillectomy pain. In this study, we evaluated the effect of the LPNB on postoperative analgesia in children undergoing adenotonsillectomy.

Methods Following informed consent, consecutive pediatric patients presented for adenotonsillectomy were randomly assigned to one of two groups: the intervention group receiving a bilateral LPNB (1–3 ml Ropivacaine 0.375%), and a control group. Both groups received the same iv analgesic (fentanyl, paracetamol and tramadol) and post-operative (pethidine) protocol. Variables analyzed included postoperative pain scores (NRS) in the immediate postoperative period, time to rescue analgesia, total pethidine needs and PACU stay. Data analyzed using IBM-SPSS Statistics; Spearman correlation, Kruskal-Wallis, Chi-square or Fisher tests where appropriate (p<0,01).

Results A total of 42 patients were included in the analysis. No statistical difference was found between groups concerning demographic data, intra-operative analgesic doses, maximum NRS pain evaluations, rescue analgesia or PACU stay (Table 1). A significant correlation was found between maximum NRS pain scores and rescue analgesia in the PACU, as would be expected (Figure 1).

Conclusions In the studied population and considering the multimodal analgesia protocol used, the LPNB, does not seem improve postoperative pain control, or to reduce PACU rescue analgesia. Further studies would be necessary, with a larger sample size, to discern differences between groups [3].

B332 A REVIEW OF ANALGESIC AND ANAESTHETIC STRATEGIES USED IN TOTAL SCAPULECTOMIES AT THE ROYAL ORTHOPAEDIC HOSPITAL, BIRMINGHAM

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Background and Aims Total scapulectomy is a rarely performed orthopaedic oncological operation but as a specialist bone sarcoma unit we perform on an average, two such operations a year. There is a paucity of literature on optimal regional analgesic strategies to optimise post-operative pain management.

We set out to review the notes of patients who had undergone a total scapulectomy over the last twenty years evaluating the trends in analgesic techniques and post-operative pain.

Methods Our oncology database identified forty total scapulectomy patients between 2001 and 2021 and of the available notes the anaesthetic charts, medication charts and post-operative pain scores were reviewed.

Results Sixteen sets of notes were available, the majority had either been destroyed due to the time since the operation or are in inaccessible storage. Two patients were under sixteen years old and were excluded. The patient group was heterogeneous and anaesthetic techniques used were varied. The earliest cases either used a morphine infusion or local anaesthetic infiltration.

More recently a combination of interscalene (ISB) and erector spinae blocks (ESP) have been preferred along with multimodal analgesia.

The best post-operative pain scores were found where local infiltration was combined with regional nerve block and catheter infusion than either alone.

Conclusions It is difficult to draw significant conclusions due to the small sample size but a combination of multi-modal analgesia along with local anaesthetic infiltration, regional nerve blocks and post-operative infusions appears optimal. The scapula has complex innervation from C3 to T5 and combination of ISB and ESP requires further prospective evaluation.