

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

C Pereira, MJ Quelhas*, AI Castro, S Pé D'Arca. *Unidade Local de Saúde de Matosinhos – Hospital Pedro Hispano, Porto, Portugal*

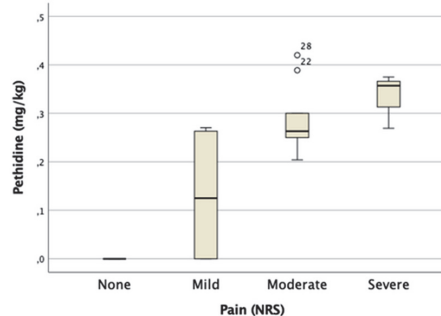
10.1136/rapm-2022-ESRA.407

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 intraoperative (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).

Figure 1. Relation between maximum NRS pain scores and rescue analgesia in the PACU



Abstract B332 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].

B333 A REVIEW OF ANALGESIC AND ANAESTHETIC STRATEGIES USED IN TOTAL SCAPULECTOMIES AT THE ROYAL ORTHOPAEDIC HOSPITAL, BIRMINGHAM

¹V Padmanabhan*, ²B Smith. ¹Worcestershire Acute Hospitals NHS Trust, Worcester, UK; ²The Royal Orthopaedic Hospital NHS Foundation Trust, Birmingham, UK

10.1136/rapm-2022-ESRA.408

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.¹

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.²

Abstract B332 Table 1

Table 1. Baseline Demographic Data and Perioperative characteristics by randomization Group		
	Control Group (n=20)	Intervention Group (n=22)
Age (yr)	4,75 ± 2,268	5,05 ± 2,299
Male	9 (45)	13 (59)
ASA Status		
I	6 (30)	4 (18)
II	14 (70)	18 (82)
Weight (kg)	24,0 ± 13,243	25,3 ± 12,172
Duration of surgery (min)	31,65 ± 8,695	35,59 ± 10,658
Duration of PACU stay (min)	154,85 ± 53,973	195,77 ± 120,119
Rescue analgesia (total)	7 (35)	12 (55)
Time for rescue analgesia (min)	17,0 ± 15,1	56,75 ± 57,657
PACU pethidine (mg/kg)	0,114 ± 0,145	0,168 ± 0,152
PACU maximum pain score (NRS)		
None	11 (55)	7 (32)
Mild pain	1 (5)	5 (23)
Moderate pain	6 (30)	9 (41)
Severe pain	2 (10)	1 (5)
Time until oral feeding (min)	325,17 ± 116,823	326,65 ± 70,487

* Values are expressed as mean ± SD or No. (%).

** All variables were complete (n = 42) except the time until oral feeding (n = 32).
ASA, American Society of Anesthesiologists; PACU, postanesthesia care unit.