

analgesic technique for pancreatoduodenectomy, decreasing opioid consumption and improving pain control.

B347 **PATIENT FACTORS ASSOCIATED WITH OPIOID CONSUMPTION IN THE 30 DAYS FOLLOWING MAJOR SURGERY**

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Background and Aims New chronic opioid use may represent common complication after elective surgery. As many as 71% of opioid pills prescribed after surgery go unused and may become a source for misuse, abuse, and diversion. The aim of this study was to determine preoperative patient characteristics independently associated with home opioid use during the first postoperative 30 days.

Methods 250 patients not taking opioids before major abdominal/thoracic surgery were included in this single-center prospective observational cohort study. Validated questionnaires to assess pain, catastrophizing, depression, anxiety, functional status, fatigue and sleep disturbance were applied preoperatively. Primary outcome was total opioid use in oral morphine equivalents (OMEs) assessed by self-report through phone calls at 2 weeks and 1 month after surgery. OMEs were standardized across all surgery types. Multivariate linear regression models were used to predict total OMEs consumed in the first 30 postoperative days.

Results The median total OMEs prescribed was 600 mg (IR 450 mg), while median opioid consumption was 187.5 mg (IR 475 mg) 32 patients (13.0%) did not take any opioids after discharge; 34 (13.4%) continued opioid use for 4 weeks. Older age, college graduate status and increased functional status were significantly associated with decreased opioid consumption (age: B coefficient -0.02 $p < 0.001$; college graduate status: B coefficient -0.16 $p = 0.044$; functional status: B coefficient -0.03 $p = 0.008$). Higher anxiety scores were significantly associated with increased opioid consumption (B coefficient 0.05, $p = 0.002$).

Conclusions There was a marked discrepancy between prescribed and consumed opioids. Age, college graduates, more active, and less anxious patients consumed significantly fewer opioids during the first month after surgery. Physicians should consider adjusting postoperative prescribing amounts accordingly.

B348 **THE EFFECT OF PRE-EMPTIVE IBUPROFEN ON POST-OPERATIVE PAIN IN ADOLESCENTS HAVING DAY-CASE ORAL SURGERY TO FACILITATE ORTHODONTIC TREATMENT: A BLINDED, RANDOMISED CONTROLLED TRIAL**

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Background and Aims To investigate the effect of giving ibuprofen to adolescents having oral surgery carried out under day-case general anaesthetic on their post-operative pain.

Methods Randomised, blinded, placebo-controlled design. 54 subjects aged 14–17 years randomly assigned to receive per os either ibuprofen or placebo (saline) before the start of

surgery. Pain assessed by a research nurse using a visual analogue scale, firstly pre-surgery and then at 30, 60 and 120 min post-surgery. The time of post-surgery rescue analgesia requirements also noted.

Results Mean pain scores were significantly less in the ibuprofen group compared with the placebo group at 30 min post-surgery ($P < 0.01$) and at 60 min post-surgery ($P < 0.01$). There was no significant difference in mean pain scores at 120 min at which time the mean pain score in the placebo group had reduced to approach that of ibuprofen group. More subjects in the placebo group (23) required rescue analgesia compared with the ibuprofen group (10). The mean time to rescue analgesia was significantly longer in the ibuprofen group compared with the placebo group ($P = 0.04$).

Conclusions Giving per os ibuprofen significantly reduced post-operative pain in the early stages following oral surgery procedures carried out under general anaesthesia in adolescent subjects. It also reduced the need for post-surgery analgesia and significantly increased the time from surgery to any such required analgesia. Further research into the effects of pre-emptive analgesia on the surgical pain pathway is required.

B348 **EFFECT OF CHRONIC PREOPERATIVE BETA-BLOCKER USE ON PERIOPERATIVE OPIOID REQUIREMENTS IN PATIENTS UNDERGOING LAPAROSCOPIC COLECTOMY**

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Background and Aims Intravenous opioids represent the mainstay of pain management for patients undergoing laparoscopic colectomy, even if they are associated with adverse side effects. Intraoperative β -blockers (IBB) may reduce opioid needs in surgical patients. 1–4 but no data exist on the effect of the preoperative use of β -blockers (PBB) on opioid consumption. The aim of the study was to determine if PBB users have different opioid requirements and if PONV is less prevalent.

Methods The records of 45 patients undergoing laparoscopic colectomy were reviewed. Variables collected included pre-, intra-, and postoperative opioid use, PONV incidence, and pre-existing β -blocker (BB) prescription. Patients were stratified by BB use and the Wilcoxon Rank-Sum Test was used to assess differences in opioid requirements and PONV incidences.

Results Pre-, intra-, and postoperatively, no statistically significant differences in opioid consumption were found among the two groups ($p = 0.778$, 0.400, and 0.248). PONV incidence was also not significantly different ($p = 0.726$).

Conclusions Although IBB use reduce perioperative opioid consumption and PONV, this effect was not seen in patients already taking BB. One reason why those previously prescribed BB do not show the same results as IBB patients may be due to upregulation and increased sensitivity of β -adrenoreceptors due to chronic BB use. Furthermore, the majority of patients who were prescribed BB had a history of myocardial ischemia which can cause increased catecholamines levels and upregulation of β -adrenoreceptors. While all this may explain the inconsistency between chronic BB and acute IBB use, the role of acute preoperative BB use in opioid-reduction is an unstudied topic that warrants further investigation.