combined with 3mg betamethasone sodium phosphate using an ultrasound technique to identify the piriformis muscle. We studied numeric pain score and hip function immediately, 2weeks and 3 months post procedure.

**Results** The pain score was 5.91±2.13 before the procedure.2.24±0.72 immediately after and 2.73±0.55 two weeks later and 2.88±0.86 three months later.

There was improvement 80–90% in hip function in all patients immediately after the procedure which lasted to 3 months. There were no adverse events due to the injection. Two patients had minor leg weakness which lasted for 5 hours.

**Conclusions** US –guided technique for piriformis muscle injection is a safe and efficient technique according to our study.

## B368 QUADRATUS LUMBORUM BLOCK TYPE 2 IN CHRONIC HIP PAIN: PRELIMINARY RESULTS

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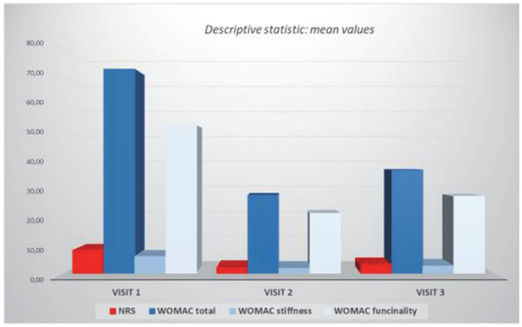
**Background and Aims** Coxarthrosis is a frequent pathology in pain medicine with a major effect in quality life of the affected patients. The main objective of this study was to assess the impact of the quadratus lumborum block type 2 (QL2) in pain and quality of life.

**Methods** After Ethical Committee's approval (PI 120–1770 on March 30, 2020) and register (Trial registration number: NCT04438265) we started this prospective, observational cohort study. . We present the results of 30 patients affected of chronic hip pain treated with quadratus lumborum block type 2 as an analgesic technique. Pain (numeric rating scale, NRS) and quality life (WOMAC scale) were assessed after three weeks and three months.

**Results** In the sample 5 patients were lost. There were no differences in demographic data. At third month, descriptive statistic showed a global pain improvement ( mean NRS 8, 3/3, 1) and quality life (mean WOMAC 72, 9/37) (p value 0, 01). An NRS and WOMAC value improvement of 50% was achieved in 13 patients (55%). We found no differences in the improvement related to sex but found a difference in chronic pain etiology. Patients with avascular necrosis did not improve in the parameter stiffness (p=0.039). The observed improvement in NRS and WOMAC (global, stiffness and function) were significant between baseline and the follow ups (p<0.001) but not between two follow ups. One complication was reported associated to the block.




**Abstract B368 Figure 1**

**Conclusions** Our results show that QLB2 could represent a minimally invasive option in hip chronic pain refractory to other treatments.

## B369 TRENDS IN RESUMPTION OF BUPRENORPHINE FOLLOWING ELECTIVE ORTHOPEDIC SURGERY: A NATIONAL DATABASE ANALYSIS

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**Background and Aims** Medication assisted treatment (MAT) with long acting opioid agonists is the gold standard treatment for patients with opioid use disorder. [1] The incidence of patients on buprenorphineundergoing orthopedic surgeries has not been described. We use a national dataset to report trends in buprenorphine utilization prior to orthopedic surgeries and resumption of buprenorphine following orthopedic surgery.

**Methods** This study was approved by the institutional review board of the Hospital for Special surgery (IRB#2017–0169). Using the Truven MarketScan database we identified adult patients undergoing elective orthopedic surgeries and who had filled a prescription for buprenorphine within180 days prior to surgery. Patients who filled a prescription for buprenorphine within 180 days following surgery were defined as having restarted MAT. Trends were evaluated using Cochran-Armitage Trend Tests.

**Results** Among 262,579 patients included between the years 2015 and 2019, 0.45% filled a prescription for buprenorphine prior to surgery. The proportion of patients restarted on buprenorphine increased from 46.9% to 63.6% between 2015 and 2019 (**Figure 1**; p<.001). In the patients who received buprenorphine following surgery, 248 (37.7%) had a chronic prescription for short-term opioids compared with 298 (55.1%) of the patients who were not restarted on buprenorphine following surgery (**Table 1**. p<.001).

**Abstract B369 Table 1**

**Table 1. Patient and procedure characteristics stratified by medication assisted treatment restart**

| | Did not restart MAT | Restarted MAT | P value [a,b] |
|---|---|---|---|
| **N (%)** | **541 (45.1)** | **658 (54.9)** | |
| **Age, median [IQR]** | 55 [48, 60] | 55 [49, 60] | 0.649 |
| **Female, n (%)** | 352 (65.1) | 354 (53.8) | <.001 |
| **Deyo Index, n (%)** | | | 0.839 |
| 0 | 186 (34.4) | 245 (37.2) | |
| 1 | 166 (30.7) | 185 (28.1) | |
| 2 | 70 (12.9) | 99 (15.0) | |
| 3+ | 119 (22.0) | 129 (19.6) | |
| **Procedure, n (%)** | | | |
| TKA | 249 (46.0) | 356 (54.1) | <.001 |
| THA | 172 (31.8) | 204 (31.0) | |
| PLF | 32 (5.9) | 13 (2.0) | |
| ACDF | 89 (16.5) | 86 (13.1) | |
| **Region, n (%)** | | | <.001 |
| Northeast | 68 (12.6) | 101 (15.3) | |
| North Central | 119 (22.0) | 128 (19.5) | |
| South | 293 (54.2) | 300 (45.6) | |
| West | 58 (10.7) | 127 (19.3) | |
| Unknown | 3 (0.6) | 2 (0.3) | |
| **On short acting opioid prior to surgery, n (%)** | 397 (73.4) | 416 (63.2) | <.001 |
| **On anti-anxiety medication prior to surgery, n (%)** | 186 (34.4) | 201 (30.5) | 0.158 |
| **On anti-depressant medication prior to surgery, n (%)** | 262 (48.4) | 315 (47.9) | 0.849 |
| **On chronic opioid use after surgery, n (%)** | 298 (55.1) | 248 (37.7) | <.001 |
| **Total oral morphine equivalence after surgery, median [IQR]** | 3563 [825, 8599] | 2231 [600, 5655] | <.001 |
| **Total # of opioid refill after surgery, median [IQR]** | 6 [2, 9] | 4 [1, 7] | <.001 |

a: p-value compares did not restart MAT and restarted MAT groups.
b: chi-squared test was used to compare categorical outcomes, and Mann-Whitney test was used to compare continuous outcomes. a: p-value compares female and male, and chi-squared test was used to compare proportions
*MAT: Medication assisted treatment