Background and Aims Chronic pain continues to be a leading cause of disability and disease burden globally. Currently, the FDA has approved spinal cord stimulation (SCS) for a variety of chronic pain syndromes, but there is insufficient long-term data regarding the effectiveness of SCS. Knowing that explantations of SCS threaten the cost-effectiveness and overall efficacy of SCS therapy, our goals were to explore the variables involved in device removal and evaluate the long-term outcome of SCS by measuring the explantation rate.
Methods We retrospectively evaluated a cohort of patients who underwent an SCS system implantation at our hospital between January 2011 and December 2020. The Kaplan-Meier product-limit method was used to generate a Kaplan-Meier curve for the time to device explantation. The Log-rank and Tarone-Ware tests were used to compare time do device explantation between groups.
Results Forty-eight patients underwent SCS implantation.

The mean (±SD) follow-up time was 5.5 years (±2.6 years). The estimated mean time to device explantation was 8.4 years (95% confidence interval [CI] = 7.6–9.3). The principal cause for explant was lack/loss of efficacy (44%).
Conclusions Understanding the most common reasons for explantation could improve patient and device selection, which enhances the long-term therapeutic benefit. Nevertheless, further research is needed in order to found predictors of treatment success.

*Local Ethical committee approval has been granted. It was stated that «no ethical approval of the study was necessary since data were properly anonymized and informed consents were obtained at the time of original data collection.»

B372 EFFECT OF PRESURGICAL PAIN CONSULTATION ON LENGTH OF STAY AND INTRAOPERATIVE OPIOID USE FOLLOWING INPATIENT SPINE AND TOTAL JOINT ARTHROPLASTY PROCEDURES

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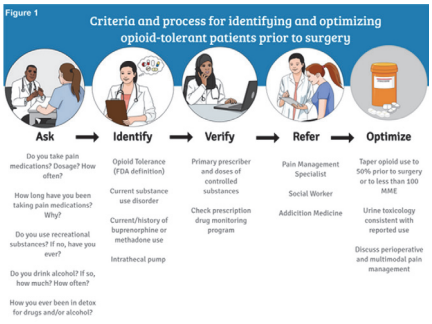
Background and Aims Chronic pain patients are more likely to use opioids and have worse surgical outcomes.[1–4]Optimization of these patients prior to surgery may have numerous beneficial effects on recovery (**Figure 1**).[5] This study aimed to determine if optimization of opioid users through a pre-surgical pain management consultation was associated with a decreased length of stay and intraoperative opioid requirements in patients who underwent inpatient orthopedic procedures in a large, urban, specialty hospital.



Abstract B372 Figure 1

Methods After Institutional Review Board approval (IRB#2019–0206), a retrospective chart review of institutional data from 2016–2021 was performed to identify patients who required a complex/chronic pain consultation during hospitalization. From this cohort, pre-operative opioid users (defined as an active opioid prescription prior to admission) were identified and stratified based on completion of a pain pre-surgical screening consultation. Outcomes of interest included length of stay and intraoperative opioid administration. Linear regression models, adjusting for sex, BMI, ASA status, and primary anesthesia type were run to determine the association between pain pre-surgical screening and outcomes of interest.
Results After adjusting for covariates, pre-surgical screening consultation was not associated with a significant reduction in length of stay in TKA, THA or spinal procedures, but was associated with significantly higher intraoperative methadone use in TKA patients (1.92 OME [95% CI = 0.21, 3.63], p = 0.028).
Conclusions Though we did not find associations between pre-surgical screening consultations and length of stay and certain intraoperative opioid administrations, future analyses may report potential associations between pre-surgical screening consultations and cumulative opioid use and patient-reported outcomes.

B373 CHRONIC NEUROPATHIC PAIN MANAGEMENT: RESULTS FROM ONE CENTER PARTICIPATING IN THE NEUROPATHIC PAIN REGISTRY OF THE HELLENIC SOCIETY OF PAIN MANAGEMENT AND PALLIATIVE CARE

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Background and Aims The aim of the present study was to describe the treatment of patients suffering from neuropathic pain (NP), as registered in a private hospital.
Methods Patients from the Registry of the Hellenic Society of Pain Management and Palliative Care, who visited the Athens Medical Centre were eligible for analysis if they presented with NP. Data analyzed related to the patient's initial visit and included: baseline characteristics, type of neuropathic pain, pain duration, pain intensity, and medical treatment. All analyses were descriptive.
Results In total, 168 patients were identified (2017–2019), with a mean age of 65.2 years. Overall, 97 (58%) patients experienced peripheral neuropathic pain (mainly Failed Back Surgery Syndrome [51%], and post-surgical pain [18%]), followed by 69 (41%) patients with cancer-related neuropathic pain (mostly CIPN [57%]), 11 (7%) patients with fibromyalgia, and 5 (3%) patients with central neuropathic pain. Time from pain initiation to visiting the center was 1,5 (4.9) years. Most patients received anticonvulsants (82%) and opiate analgesics (81%); antidepressants (13%), and local anesthetics (12%). Finally, 14% of patients received interventional techniques.
Conclusions Given the extended burden associated with chronic pain, further research should be performed to better understand the long-term outcomes of managing patients with NP in Greece.