

Conclusions As an alternative to ISB, UTB might allow safety, especially in patients with respiratory compromised patients while providing excellent analgesic effects.

EP138 TRENDS IN COMORBIDITIES AND COMPLICATIONS AMONG PATIENTS UNDERGOING HIP FRACTURE REPAIR 2016–2021

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Background and Aims Hip fractures are a serious health concern and a major contributor to healthcare resource utilization. We aimed to investigate nationwide trends in the United States in demographics and outcomes in patients after hip fracture repair surgery.

Methods After Institutional Review Board approval (IRB#2012-050), we identified patients who underwent hip fracture repair surgery (internal fixation, hemiarthroplasty, or total hip arthroplasty) in the Premier Healthcare Database from 2016 to 2021. Patient demographics, comorbidities, complications, and anesthetic and surgical details were analyzed. Cochran–Armitage trend tests and simple linear regression were used to determine trends.

Abstract EP138 Table 1 Complications trend over study period

	2016		2017		2018		2019		2020		2021		p value
	N	#/1000 inpatient days	N	#/1000 inpatient days	N	#/1000 inpatient days	N	#/1000 inpatient days	N	#/1000 inpatient days	N	#/1000 inpatient days	
	60,047		62,539	60,925	61,626	54,429	47,500						
Mortality	958	2.78	978	2.75	909	2.64	872	2.51	892	2.83	742	2.55	0.391
Acute MI	381	1.71	597	1.79	550	1.74	406	1.40	334	1.53	375	1.29	0.032
Other Cardiac	4250	12.59	4264	12.77	4083	12.69	3629	12.39	387	11.98	3104	10.67	0.043
Dilatium	1612	4.77	1775	5.22	1862	5.71	1598	5.36	438	5.63	1580	5.43	0.149
Septis	840	2.48	813	2.49	790	2.47	694	2.40	350	2.43	713	2.45	0.176
Pneumonia	278	0.81	338	1.02	280	0.90	260	0.86	462	0.88	261	0.90	0.991
Pulmonary embolism	366	0.91	382	0.83	232	0.84	214	0.73	53	0.83	241	0.83	0.269
Respiratory failure	3176	9.48	3182	9.63	2941	9.27	2692	9.31	632	9.31	2482	8.57	0.071
Respiratory insufficiency	1557	4.37	1496	4.40	1424	4.36	1208	3.97	296	4.14	1157	3.98	0.014
Pneumonia	1395	4.17	1261	3.82	1119	3.33	955	3.25	224	3.00	791	2.72	<.001
Pulmonary	2346	9.54	3128	9.45	2758	8.56	2312	7.89	258	7.63	1932	6.78	<.001
Acute renal failure	4869	14.40	4398	13.21	4288	13.36	3939	13.34	1036	13.88	3893	13.07	0.318
Other gastroenteric	226	0.66	239	0.67	127	0.37	121	0.35	114	0.36	74	0.25	0.014
VTE	316	0.94	298	0.90	276	0.90	266	0.89	54	0.86	258	0.89	0.054
Inpatient fall	4154	12.16	3737	11.02	3098	9.61	2765	9.12	691	8.56	2075	7.13	<.001
Wound infection	168	0.49	164	0.49	151	0.47	130	0.44	29	0.42	129	0.44	0.026
Cerebral	603	1.77	589	1.79	462	1.44	397	1.31	94	1.24	336	1.15	0.003

Results We identified 347,086 hip fracture surgical repair cases. The proportion of femoral neck relative to multi-location, pertrochanteric, and subtrochanteric fractures, increased. General anesthesia as the sole anesthetic trended downward (68.9% to 56.8%; P =.01). The use of peripheral nerve block stayed stable (5.6% to 5.7%). The incidence in preexisting comorbid conditions either increased or did not significantly change for all Elixhauser comorbidities, with the exception of valvular disease, which decreased. Regarding major complications (measured in counts per 1000 inpatient days), decreased rates were seen for acute myocardial infarction (from 1.71 to 1.29; p=0.032), other cardiac complications (from 12.59 to 10.67; p=0.043), pneumonia (from 4.17 to 2.72; p<.001), and pulmonary complications (from 9.54 to 6.78; p=0.032). Mortality did not change. (table 1)

Conclusions From 2016 to 2021, the overall comorbidity burden increased among patients undergoing hip fracture repair surgery. Throughout this same period, incidence of postoperative complications either remained constant or declined. Moreover, use of general anesthesia decreased over time.

ePoster session 5 – Station 1

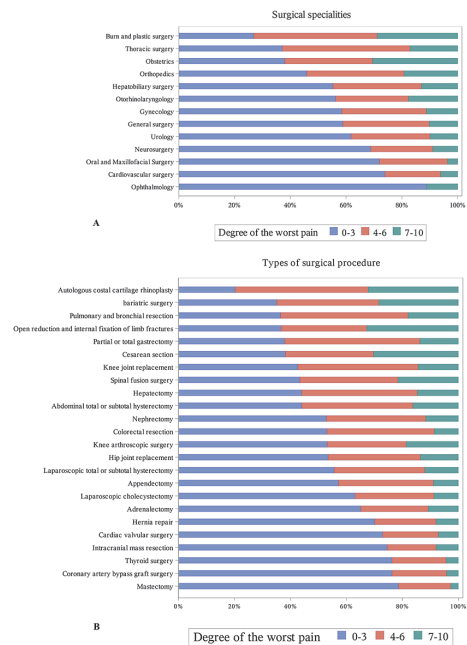
EP138 POSTOPERATIVE PAIN-RELATED OUTCOMES AND PERIOPERATIVE PAIN MANAGEMENT IN CHINA

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Postoperative pain poses a significant challenge to the healthcare system and patient satisfaction and is associated with chronic pain and long-term narcotic use. However, systemic assessment of the quality of postoperative pain management in China remains unavailable.



Abstract EP138 Figure 1 The prevalence of mild, moderate, and severe acute postoperative pain in different surgical specialties (panel A) and in different surgical procedures (panel B). Panel A shows that obstetrics and burn and plastic surgery has the highest proportion of cases with severe pain (28-90% and 30-52%, respectively), while thoracic surgery and burn and plastic surgery have the highest proportion of cases with moderate pain (45-82% and 44-19%, respectively). Panel B shows that open reduction and internal fixation of limb fractures, cesarean section, and bariatric surgery have the highest prevalence of severe pain (32-74%, 30-33%, and 28-40%, respectively), partial or total gastrectomy, autologous costal cartilage rhinoplasty, and pulmonary and bronchial resection have the highest prevalence of moderate pain (48-23%, 47-51%, and 45-54%, respectively)

Methods In this cross-sectional study, we analyzed data collected from a nationwide registry, China Acute Postoperative