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		62,559		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	581	1.71	597	1.79	550	1.74	406	1.40	134	1.53	375	1.29	0.032
Other Cardiac	4250	12.59	4264	12.77	4083	12.69	3629	12.39	887	11.98	3104	10.67	0.043
Delirium	1612	4.77	1775	5.22	1862	5.71	1598	5.36	438	5.63	1580	5.43	0.149
Sepsis	840	2.48	813	2.49	790	2.47	694	2.40	150	2.43	713	2.45	0.176
Hematoma	278	0.81	338	1.02	290	0.90	261	0.86	62	0.88	261	0.90	0.991
Pulmonary embolism	306	0.91	282	0.85	272	0.84	214	0.73	53	0.83	241	0.83	0.269
Respiratory failure	3176	9.40	3162	9.63	2941	9.27	2692	9.21	632	9.31	2482	8.53	0.071
Respiratory insufficiency	1555	4.57	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	3.55	955	3.25	224	3.03	791	2.72	<.001
Pulmonary	3246	9.54	3128	9.45	2758	8.56	2312	7.89	528	7.63	1972	6.78	<.001
Acute renal failure	4869	14.40	4398	13.21	4288	13.36	3939	13.34	1036	13.88	3803	13.07	0.318
Other genitourinary	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

Pain Study (CAPOPS), between September 2019 and August 2021. Patients aged 18 years or above were required to complete a self-reported pain outcome questionnaire on the first postoperative day (POD1). Perioperative pain management and pain-related outcomes, including the severity of pain, adverse events caused by pain or pain management, and perception of care and satisfaction with pain management were analyzed.

Results A total of 26193 adult patients were enrolled. There were 48·7% of patients who had moderate-to-severe pain on the first day after surgery, and pain severity was associated with poor recovery and patient satisfaction. The systemic opioid use was 68% on the first day after surgery, and 89% of them were used with intravenous patient-controlled analgesia, while the rate of postoperative nerve blocks was low.

Conclusions Currently, almost half of patients still suffer from moderate-to-severe pain after surgery in China. The relatively high rate of systemic opioid use and low rate of nerve blocks used after surgery suggests that more effort is needed to improve the management of acute postoperative pain in China.

ePoster session 4 – Station 6

EP139 EVALUATION OF THE EFFECT OF ADDING FENTANYL TO VALSALVA MANEUVER IN REDUCING PAIN CAUSED BY PROPOFOL ADMINISTRATION

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Background and Aims It is a widely used anesthetic drug for induction and short-term anesthesia, one of the side effects of this drug is pain during injection. This pain is caused by the connection of the phenol ring to the nerve endings in the endothelium of the veins, which causes discomfort for patients. This issue has led to the selection of different materials and methods to reduce pain during propofol injection. The aim of this study was to evaluate the effect of adding fentanyl to Valsalva maneuver in reducing pain caused by propofol injection.

Abstract EP139 Table 1

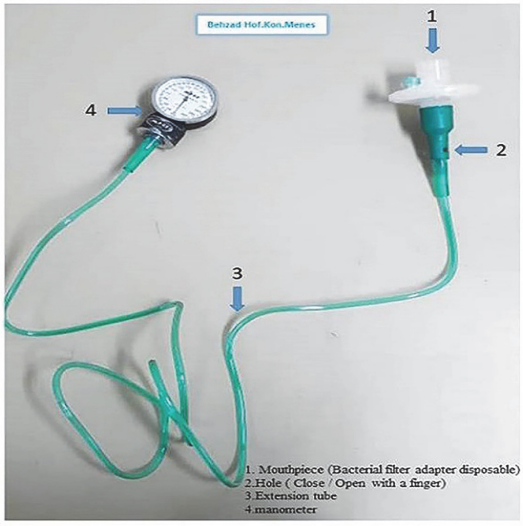
Table 1. Relationship between Pain Intensity in two groups

Variable	Intensity of Pain (VAS)	Valsalva (N = 30)	Fentanyl (N = 30)	P-value*
Pain	Mild	(33.3)20	(43.3)26	<0.001
	Moderate	(38.3)23	(3.3)2	
	Sever	(26.7)16	0	

*Chi-square test

Methods Our study was a three-way randomized blind clinical trial in which 120 patients who were candidates for propofol anesthesia were divided into two groups. Patients in the first group were injected with 100 g of fentanyl and patients in the second group were injected with normal saline. Two minutes later, propofol was injected in a dose of 0.2 mg/kg for both groups. The amount of pain during their injection is measured using the VAS criterion. The collected data were analyzed using SPSS software version 23 and one-way analysis of variance, repeated measures analysis of variance, Kruskal-Wallis independent t-test, Friedman and Wilcoxon.

Results HR, MAP, systolic and diastolic Blood Pressure were higher in group that receive normal saline and close valve Valsalva than fentanyl and open valve Valsalva manometer(p-value> 0.001).



Abstract EP139 Figure 1 The handmade device used in the present study for the Valsalva maneuver

Conclusions All variables were higher in the tome of injection. Fentanyl is more effective in reducing pain caused by propofol injection compared to Valsalva maneuver. However, Valsalva maneuver is not ineffective.

EP139 ANESTHETIC MANAGEMENT OF PARTURIENTS WITH ACHONDROPLASIA: A REVIEW OF THE LITERATURE

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Background and Aims Achondroplasia accounts for approximately 70% of all forms of dwarfism. Cesarean delivery is often required in parturients with achondroplasia due to cephalopelvic disproportion. Given the challenges for both regional and general anesthetic techniques, there is no consensus on the optimal anesthetic management for cesarean delivery in these patients. The aim of this study was to explore the literature for prior case reports and series to determine the optimum anesthetic management for cesarean delivery in achondroplastic patients.

Methods We conducted a review of the literature using Embase, Medline, and Scopus database searches for case series and case reports on achondroplasia and pregnancy through May 2023. Extracted data included demographic information, anesthetic management, and reported complications. Institutional IRB exemption was obtained.

Results Literature review resulted in 49 manuscripts with a total of 62 anesthetics. Anesthetic management consisted of general anesthesia (n=15) (table 1), single injection spinal (n=23), epidural catheter (n=13), combined spinal-epidural