

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

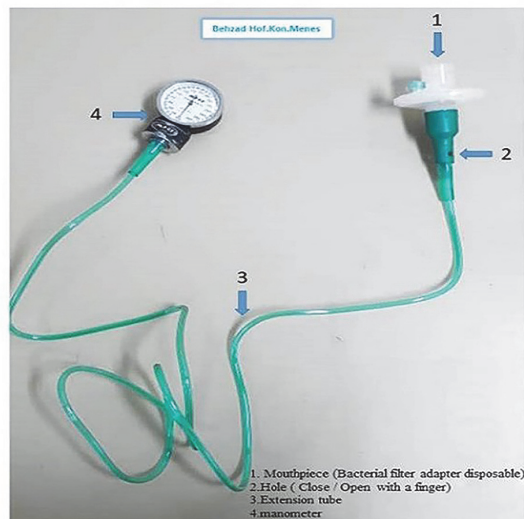
Table 1. Relationship between Pain Intensity in two groups				
Variable	Intensity of Pain (VAS)	Valsalva (N = 30)	Fentanyl (N = 30)	P-value*
Pain	Mild	(33.3)20	(43.3)26	<0.001
	Moderate	(38.3)23	(3.3)2	
	Sever	(26.7)16	0	

\*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

