**Methods** In a controlled-blinded study, patients more than 18 years old scheduled for primary THA under general anesthesia were randomized in two groups: PENG Block group (PG) with 2 mg.kg-1Ropivacaine in 40 ml of saline. Placebo group (SG) who received only saline. Postoperative analgesia with: paracetamol 1g/6H,piroxicam 20 mg and Morphine PCA. The main endpoint was total morphine consumption for 24 hours. Secondary endpoints were: Fentanyl consumption, Pain scores (NRS) at rest and on movement and sitting position.

**Results**

**Sixty patients were included** The two groups were comparables. Fentanyl dose was equal in both groups: 345±106 µg in SG vs. 357±65 µg in PG. Morphine consumption was similar in both groups:8.5±5.8mg in SG vs. 9.6 ± 8.2 mg in PG. Time to first request was 1.0±0.6 h for patients in SG vs. 2.0±2.0 h in PG. Pain scores were also not different. Pain free sitting position noted in 50% of patientin two groups.

**Conclusions** PENG block may improve the quality of recovery and reduce opioid requirements. However, our study did not show a significant impact of PENG block on intra and post-operative pain control in total hip arthroplasty.

## ePoster session 5 – Station 2

### EP151 DEVELOPMENT OF AN AUTOMATED CHRONIC PAIN REGISTRY CAPTURING OUTPATIENT TREATMENTS AND PATIENT- REPORTED OUTCOMES

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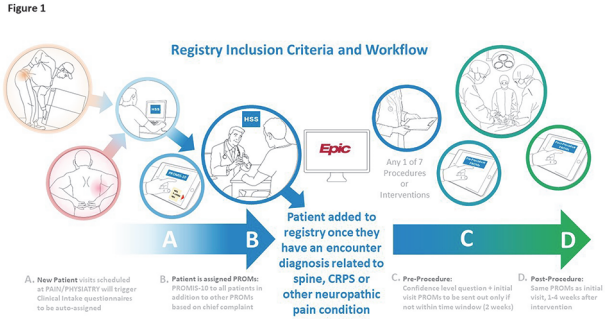
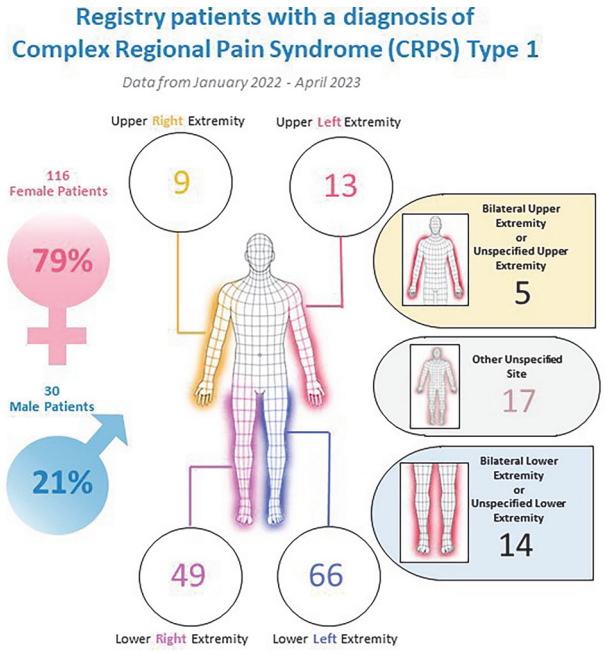
**Background and Aims** A variety of treatments are utilized in outpatient settings to manage chronic pain. Evidence for long-term treatment effectiveness is lacking, particularly for rare conditions such as complex regional pain syndrome (CRPS). There is limited patient- and encounter-level data from outpatient pain clinics to guide practice and spur innovation. The goal of this project was to create an automated, standard of care analytical registry embedded within a single institution's electronic health record system that can be used as a clinical and research tool.

**Methods** After IRB approval, logic functions were programmed within the electronic health record (Epic) to automatically identify new patients who meet inclusion criteria of having a spine-related or neuropathic pain condition. For every registry patient, the database is being programmed to save key metrics and outcomes including demographics, history of present illness, interventional procedures performed and patient-reported outcomes over 2 years (figure 1).

**Results** As of the registry go-live (January 20, 2022) through April 30, 2023, the census includes 11,804 active patients, of which 1.2% (n=146) suffer from CPRS type 1 (figure 2). Collectively, patients were treated by 26 providers in the pain management and physiatry departments at over eight locations in the New York tri-state area.




**Abstract EP151 Figure 1** Registry inclusion criteria and workflow




**Abstract EP151 Figure 2** Registry patients with a diagnosis of Complex Regional Pain Syndrome (CRPS) Type 1

**Conclusions** This registry represents a proof-of-concept, automated data repository collecting key metrics and longitudinal outcomes from patients being treated for chronic, subacute and acute pain across affiliated outpatient clinics. It will serve as a data-driven tool to facilitate dialogue between providers and patients, promote quality assurance, and enable research and innovation in pain management.

Gungor_2021-0076_Outpatient_Pain_Registry_CR_approved_2022-2023