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⁻¹ ropivacaine 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±5.8 mg 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

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

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 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.

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