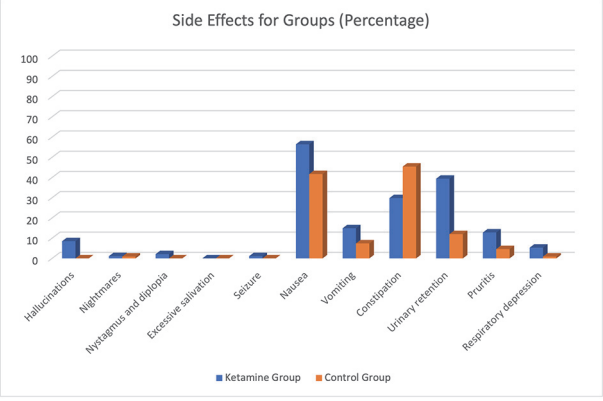
EP161 FEASIBILITY OF POSTOPERATIVE KETAMINE INFUSION IN GENERAL HOSPITAL WARDS WITHOUT INTENSE MONITORING IN CHRONIC PAIN PATIENTS: A RETROSPECTIVE COHORT STUDY

Tural Alekberli*, Shiva Khandadashpoor, Ashok Kumar, Zeev Friedman, Naveed Siddiqui. *Department of Anesthesia and Pain Management, University of Toronto, Mount Sinai Hospital, Toronto, Canada*

10.1136/rapm-2023-ESRA.222

Background and Aims Chronic pain is prevalent and poses challenges in perioperative management. Opioid-dependent patients often require higher opioid doses and experience uncontrolled postoperative pain. Ketamine, a non-competitive NMDA-receptor-antagonist, has shown promise in reducing postoperative opioid-consumption and pain intensity. This study aims to evaluate ketamine-infusion safety and side-effects in postoperative wards and its impact on monitoring protocols, as well as its potential to reduce opioid-use in chronic opioid-dependent patients.



Abstract EP161 Figure 1 Side Effects for Groups

Abstract EP161 Table 1 Patient characteristics, opioid use, adverse effects, and hospital stay comparison between two groups

	Ketamine Group	Control Group	p-value
Patient characteristics			
n	94	108	
Age	54.0 [42.0, 59.75]	57.0 [49.0, 64.0]	**0.004**
Male sex	45 (47.9)	46 (42.6)	0.542
Opioid Use			
24-hour preoperative opioid use	105.0 [30.0, 400.0]	113.5 [60.0, 210.0]	0.850
Intraoperative opioid use	115.0 [85.0, 167.0]	91.25 [44.5, 125.25]	**<0.001**
First 24-hour postoperative opioid use	249.75 [105.75, 569.0]	236.95 [121.5, 472.0]	0.816
Second 24-hour postoperative opioid use	211.0 [82.0, 531.0]	160.0 [69.5, 285.65]	**0.033**
Adverse effects & Hospital stay			
Hallucinations	8 (8.5)	0 (0)	**0.006**
Nightmares	1 (1.1)	1 (0.9)	1.000
Nystagmus and diplopia	2 (2.1)	0 (0)	0.417
Excessive salivation	0 (0)	0 (0)	NA
Seizure	1 (1.1)	0 (0)	0.944
Nausea	53 (56.4)	45 (41.7)	**0.052**
Vomiting	14 (14.9)	8 (7.4)	0.140
Constipation	28 (29.8)	49 (45.4)	**0.033**
Urinary retention	37 (39.4)	13 (12.0)	**<0.001**
Pruritis	12 (12.8)	5 (4.6)	0.068
Respiratory depression	5 (5.3)	1 (0.9)	0.156
Length of hospital stay (hours)	174.55 [107.2, 325.25]	116.66 [69.91, 193.21]	**<0.001**

Data is reported as number (percentage) or median [interquartile range].

Methods In this retrospective chart-review we compared: patients who received intraoperative and postoperative ketamine-infusion(Ketamine-Group) and patients who did not (Control-Group). Outcomes included severity of ketamine-related adverse-effects, opioid-related side-effects measured via validated 11 item scale, and length of hospital stay.

Results This study included 202patients, ketamine-group(94-patients) and control-group(108-patients). No ketamine-related severe side-effects were observed in any group. Mild to moderate ketamine-related side-effects were reported in both groups, with mild-hallucinations being more frequent in the ketamine-group($p=0.006$). Mild Nausea($P=0.052$) and urinary-retention($p<0.001$) was observed more frequently in ketamine-group. Constipation was observed more frequently in control-group($p=0.033$). Ketamine-group had significantly higher median intraoperative opioid- use($p<0.001$), and second 24-hour postoperative opioid-use($p=0.033$). Median length of hospital stay in the ketamine-group was 174.55-hours compared to 116.66-hours in control-group($p<0.001$) (table-1, figure-1).

Conclusions This study demonstrated the feasibility of ketamine-infusion for postoperative opioid consumption in patients with chronic pain without 1:1 monitoring in the ICU or step-down units. The use of ketamine was not associated with any major adverse effects requiring intense resource utilization. There was no direct association between ketamine-related side-effect and increased length of hospital stay. However, the long-term effects of ketamine-infusion on postoperative pain remain to be evaluated.

EP162 THORACOSCOPIC INTERCOSTAL NERVE BLOCK WITH COCKTAIL ANALGESICS FOR PAIN CONTROL AFTER VIDEO-ASSISTED THORACOSCOPIC SURGERY: A PROSPECTIVE COHORT STUDY

Yingxian Dong*, Jue Li. *Lung cancer center, West China Hospital, Chengdu, Sichuan, China*

10.1136/rapm-2023-ESRA.223

Background and Aims The purpose of this study was to evaluate whether using a cocktail of intercostal nerve blocks during thoracoscopic surgery results in better clinical outcomes than using patient-controlled analgesia.

Methods Patients who underwent video-assisted thoracoscopic surgery (VATS) from the same medical group in West China Hospital of Sichuan University during 2021, June to 2022, June were enrolled. The groups were divided into two subgroups based on their analgesic program, which were thoracoscopic intercostal nerve block group (TINB group) and patient-controlled intravenous analgesia group (PCIA group). After propensity score matching (PSM), We assessed the patients' pain at different time points after surgery using the visual analogue scale (VAS) and recorded any analgesic related adverse events (ARAEs).

Results The difference of resting VAS (RVAS) and active VAS (AVAS) at different stage during hospitalization was only related to the change of period, and the two groups showed no significant differences in RVAS or AVAS during hospitalization. However, the rates of dizziness (4.92% vs 26.23%, $p < 0.05$), nausea and vomiting (0 vs 22.95%, $p < 0.05$), fatigue (4.75% vs 34.43%, $p < 0.05$), and insomnia (0 vs 59.02%, $p < 0.05$) in TINB group were significantly lower than that in PICA group. Besides, AVAS and RVAS at 7, 14, and 30 days after discharge in TINB group were both significantly lower than that in PICA group ($p < 0.05$, $p < 0.05$).