Caesarean 24 hours with validated assessments of Breastfeeding self- efficacy (BSES-SF), Hospital Anxiety and Depression Scale (HADS), Edinburgh postpartum depression scale (EPDS), pain catastrophizing scale (PCS), and EQ-5D-3L at day 7.

Methods Post-Caesarean questionnaires were administered to parturients after elective caesarean delivery at KK Hospital in Singapore at (i) 24 hours (ObsQoR-10, HADS, EQ-5D-3L, EPDS, PCS); (ii) 48 hours (ObsQoR-10, EQ-5D-3L); (iii) 7 days after Caesarean delivery (ObsQoR-10, BSES-SF, EQ-5D-3L, EPDS).

Results 158 patients completed the questionnaires between Sep 2022 and Apr 2023. ObsQoR-10 demonstrated significant internal consistency (Cronbach's- alpha=0.89) but only limited test-retest reliability (Pearson's r=0.26). The ObsQoR-10 score had moderate correlation with EQ-5D-3L global health visual analogue scale (VAS) at post-Caesarean 24 hours (Pearson's r=0.31) but only weak correlation at 48 hours and 7 days (Pearson's r=0.28, 0.18 respectively). It had moderate-to-high degree of correlation with PCS subscales on rumination (Pearson's r=0.51), magnification (Pearson's r=0.43), helplessness (Pearson's r=0.47) at 24 hours. ObsQoR-10 exhibited moderate correlation with measures of anxiety (Pearson's r=0.43) and depression (Pearson's r=0.49) especially at 24 hours as measured by HADS and EPDS (Pearson's r=0.41) but the degree of correlation decreases at day 7 (Pearson's r=0.31).

Conclusions These results suggest ObsQoR-10 could be used in assessing the QoR in domains of pain catastrophizing-rumination, depression, pain, and quality of life in the Asian population especially within the first 24 hours after delivery.

EP167 NECK OF FEMUR FRACTURES AND REGIONAL ANAESTHESIA: AN AUDIT OF CURRENT MANAGEMENT VERSUS BEST PRACTICE GUIDELINES

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Background and Aims Regional anaesthesia makes a substantial contribution to the care of patients undergoing surgical fixation of neck of femur (NOF) fractures, a group at significantly increased risk of perioperative complications due to their frailty and comorbidities. We reviewed current management at our district general hospital, comparing it to the latest Association of Anaesthetists' guidelines (2020).

Methods Pre-, intra- and post-operative data points were collected prospectively on patients undergoing NOF fixation over a 10-week period.

Results 101 patients were included. The study group was found to be elderly (mean age 81y), comorbid (ASA III: 59.6%, ASA IV: 22.0%) and frail (Clinical Frailty Scale ≥4: 80.2%). Peripheral nerve blocks (PNB) were performed in 78.2% of cases and showed wide variation in technique (see table 1). 21.8% of patients did not receive a PNB, 90.9% of whom received a spinal anaesthetic. Regarding spinal anaesthesia, hyperbaric 0.5% bupivacaine was used in 84.6% of cases and isobaric 0.5% bupivacaine in 15.4%, whilst local anaesthetic volume ranged from 1.8 – 2.6 ml. Neuraxial opiates were used in 61.5%.

Abstract EP167 Table 1 Peripheral nerve blocks performed and local anaesthetic used

Peripheral nerve block	Frequency	Local anaesthetic (LA)	LA volume
No block	22 (21.78%)	N/A	N/A
Fascia iliaca (unspecified)	25 (24.75%)	Levobupivacaine 0.25 – 0.375%	20 – 60 ml
Suprainguinal fascia iliaca	24 (23.76%)	Levobupivacaine 0.167 – 0.25%	30 – 60 ml
Infrainguinal fascia iliaca	8 (7.92%)	Levobupivacaine 0.25%	20 – 40 ml
Femoral nerve	5 (4.95%)	Levobupivacaine 0.25 – 0.375%	20 ml
Femoral nerve + lateral cutaneous nerve of the thigh	11 (10.89%)	Levobupivacaine 0.25 – 0.375%	20 – 28 ml
Femoral nerve + fascia iliaca	6 (5.94%)	Levobupivacaine 0.25 – 0.375%	40 ml

Conclusions The Association of Anaesthetists recommend all patients receive a PNB. This target was not met, primarily in those receiving neuraxial anaesthesia. In some PNBs, local anaesthetic volume may have been subtherapeutic. Opiate use in neuraxial blocks is no longer recommended and a maximum dose <2 ml 0.5% bupivacaine advised to minimise adverse effects. These discrepancies between current practice and latest evidence were presented and our local guidelines are now under review. Further education and training in regional anaesthesia will be undertaken.

EP168 EPIDURAL ANALGESIA IN INTENSIVE CARE UNIT (ICU) – NURSE'S PERSPECTIVE

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Background and Aims Multimodal approach to pain in critical patients, using different drugs combined with regional analgesia can improve clinical outcomes. This study aims to assess nurse´s perspective regarding this approach, namely pain management outcome and practical aspects regarding epidural analgesia manipulation.

Methods The authors designed an anonymous survey, applied to nurses of a mix case ICU (12-beds), from a tertiary Portuguese Hospital. Questions focused on clinical details, pain management and daily routines.

Results The survey was answered by 85.3% of the team (29/34), epidemiological results can be consulted in table 1. From nurse´s perspective, multimodal analgesia with epidural globally benefits patient outcome (100%), reduces sedation days (96.6%) and allows early ventilator weaning (93.1%) and rehabilitation (96.6%), contributes to a better sleep quality (89.7%) and doesn´t negatively impact the digestive tract (100%). Epidural analgesia doesn´t appear to interfere with nurse´s daily care (96.6%), neither makes pain assessment more difficult (86.2%). Differing opinions were seen regarding drug infusion ballon (65.5% better than perfusion pump) and which patient benefits the most (55.2% surgical and 44.8% surgical and medical), the latter with an apparent connection to professional experience.