

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

<sup>1</sup>Peter Daum\*, <sup>2</sup>Rupert Lees, <sup>3</sup>Venkat Duraiswamy. <sup>1</sup>Anaesthetics Department, Surrey and Sussex Healthcare NHS Trust, Reigate, UK; <sup>2</sup>Anaesthetics Department, Surrey and Sussex Healthcare NHS Trust, London, UK; <sup>3</sup>Anaesthetics Department, Surrey and Sussex Healthcare NHS Trust, Redhill, UK

10.1136/rapm-2023-ESRA.228

**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  $\geq 4$ : 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

<sup>1</sup>Nelson Gomes\*, <sup>1</sup>Paulo Correia, <sup>2</sup>Elsa Sousa, <sup>2</sup>Jean Alves, <sup>1</sup>Ana Castro, <sup>2</sup>Ricardo Pinho. <sup>1</sup>Anesthesiology, Centro Hospitalar de Entre o Douro e Vouga, Santa Maria da Feira, Portugal; <sup>2</sup>Intensive Care, Centro Hospitalar de Entre o Douro e Vouga, Santa Maria da Feira, Portugal

10.1136/rapm-2023-ESRA.229

**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.

**Abstract EP168 Table 1 Demographic data**

<b>N</b>	<b>29</b>
<b>Age (SD)</b>	37.9 (7.9)
<b>Female (%)</b>	17 (58.6%)
<b>Professional experience in ICU</b>	< 5 years – 10 (34.5%) 5 – 10 years – 9 (31%) > 10 years – 10 (34.5%)

**Abstract EP168 Table 2 Questionnaire and answers**

In your opinion, which patient benefits the most from epidural analgesia?	Surgical 16 (55.2%)	Medical 0 (0%)	Both 13 (44.8%)
In your opinion, is it harder to assess pain when patient has epidural analgesia?	Yes 4 (13.8%)	No 25 (86.2%)	Did not answer
In your professional experience, epidural analgesia reduced the number of days with patients in sedation	28 (96.0%)	1 (3.4%)	
In your professional experience, epidural analgesia made ventilator weaning easier	27 (93.1%)	2 (6.9%)	
In your professional experience, epidural analgesia made easier to mobilize the patient	27 (93.1%)	2 (6.9%)	
In your professional experience, epidural analgesia made nurse care difficult	1 (3.4%)	28 (96.6%)	
In your professional experience, epidural analgesia made physical rehabilitation become earlier	28 (96.0%)	0 (0%)	1 (3.4%)
In your professional experience, epidural analgesia worsened nausea, vomiting and gastric stasis	0 (0%)	29 (100%)	
In your professional experience, epidural analgesia contributed to a better patient sleep	26 (89.7%)	2 (6.9%)	1 (3.4%)
In your professional experience, drug infusion (all) was better than perfusion pump in epidural analgesia	19 (65.5%)	9 (31%)	1 (3.4%)
In your opinion, acute pain team helps ICU nurses	29 (100%)	0 (0%)	
Do you consider that the epidural technique was effective in the treatment of acute pain?	29 (100%)	0 (0%)	

**Abstract EP168 Table 3 Cross-tab – professional experience in ICU and most benefit patient. AR – adjusted residual**

Most benefit	Surgical	Professional experience in ICU			Total
		< 5 years	5 – 10 years	> 10 years	
Medical	6 (AR 0.4)	7 (AR 1.6)	3	16	
Both	0	0	0	0	
	4	2	7 (AR 2.0)	13	

**Conclusions** From nurse’s perspective, a multidisciplinary approach has a clear benefit for critical care patients, with no interference with their daily routine. It was interesting to verify that the greater the professional experience, the bigger recognition of epidural analgesia benefits in different patients. The authors recognize the small sample bias, but highlight the importance of epidural analgesia in ICU from nurse’s perspective, essential in patient management, rarely addressed in literature.

**ePoster session 5 – Station 5**

**EP169 ANESTHETIC CHOICE AND OUTCOMES IN TOTAL HIP AND KNEE ARTHROPLASTY PATIENTS 2006–2021**

<sup>1</sup>Alex Illescas\*, <sup>1</sup>Haoyan Zhong, <sup>2</sup>Jashvant Poeran, <sup>3</sup>Crispiana Cozowicz, <sup>1,4</sup>Jiabin Liu, <sup>1,4,5</sup>Stavros G Memtsoudis. <sup>1</sup>Department of Anesthesiology, Critical Care and Pain Management, Hospital for Special Surgery, New York, USA; <sup>2</sup>Institute for Healthcare Delivery Science, Department of Population Health Science and Policy/Department of Orthopedics/Department of Medicine, Icahn School of Medicine at Mount Sinai, Icahn School of Medicine at Mount Sinai, New York, USA; <sup>3</sup>Department of Anesthesiology, Perioperative Medicine and Intensive Care Medicine, Paracelsus Medical University, Salzburg, Austria; <sup>4</sup>Department of Anesthesiology, Weill Cornell Medicine, New York, USA; <sup>5</sup>Department of Health Policy and Research, Weill Cornell Medical College, New York, USA

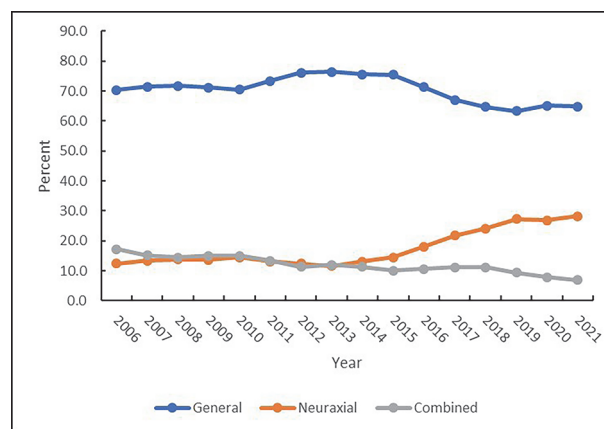
10.1136/rapm-2023-ESRA.230

**Background and Aims** Neuraxial anesthesia use with improved postoperative outcomes has been widely debated and its utilization has likely changed over time. Data from total hip and knee arthroplasty (THA/TKA) patients were used to assess anesthesia choice and compare choice of anesthesia with several complications and resource utilization outcomes from 2006–2021.

**Methods** After Institutional Review Board approval (IRB #2012-050), using the Premier Healthcare Database we

identified patients undergoing a THA/TKA from 2006–2021. Demographics, complications, resource utilization and anesthetic choice (general, neuraxial, and combined general-neuraxial) were analyzed. We used logistic regression models to compare complication and resource utilization outcomes between neuraxial vs. general anesthesia, and neuraxial vs. combined anesthesia groups. Patients with missing anesthesia were excluded from analysis.

**Results** We identified 906,364 THA patients and 1,603,324 TKA patients. General anesthesia was used in 71.0% of procedures, neuraxial anesthesia in 17.2%, and combined anesthesia in 11.8%. General anesthesia use [range: 63.3% to 76.4%] decreased from 70.4% in 2006 to 64.8% in 2021, neuraxial use increased from 12.4% to 28.2%, and combined use decreased from 17.2% to 7.0% (figure 1). After adjustment, we found decreased odds for all outcomes among patients who received neuraxial anesthesia in comparison with patients under general anesthesia (table 1).



**Abstract EP169 Figure 1** Annual anesthesia choice percentages among total hip and knee arthroplasty patients from 2006 to 2021

**Abstract EP169 Table 1** Results from multivariable logistic regression models for total hip and knee arthroplasty patients assessing anesthesia use and complications/resource utilization

Complications	Neuraxial vs General		Combined vs General	
	Odds Ratio (95% CI)	P-value	Odds Ratio (95% CI)	P-value
Pulmonary embolism	0.85 (0.79–0.92)	<.0001	0.90 (0.83–0.98)	0.011
Cerebrovascular event	0.79 (0.70–0.88)	<.0001	1.02 (0.91–1.15)	0.696
Pulmonary compromise	0.81 (0.77–0.85)	<.0001	0.93 (0.88–0.98)	0.007
Cardiac (non-MI)	0.81 (0.78–0.84)	<.0001	1.17 (1.14–1.21)	<.0001
Pneumonia	0.71 (0.67–0.74)	<.0001	0.98 (0.93–1.03)	0.463
All infections	0.90 (0.88–0.92)	<.0001	0.97 (0.94–0.99)	0.013
Acute renal failure	0.69 (0.67–0.71)	<.0001	0.81 (0.78–0.83)	<.0001
Gastrointestinal complications	0.69 (0.65–0.74)	<.0001	1.00 (0.95–1.06)	0.944
Acute MI	0.80 (0.73–0.88)	<.0001	1.16 (1.06–1.28)	0.001
<b>Resource Utilization</b>				
Mechanical Ventilation	0.88 (0.84–0.91)	<.0001	1.03 (0.99–1.08)	0.126
Intensive Care Unit Admission	0.70 (0.68–0.72)	<.0001	0.73 (0.70–0.75)	<.0001

Adjusted for age, gender, race, admission type, insurance, region, urban/rural, number of beds, teaching status, and peripheral nerve block use

**Conclusions** Neuraxial anesthesia use for THA/TKA increased from 2006–2021, whereas the use of general anesthesia and combined anesthesia decreased. Neuraxial use is associated with decreased odds for all complications and resource utilization outcomes. Further research is needed to determine the association between neuraxial use and improved outcomes in comparison to general anesthesia.