

EP196 CHRONIC/COMPLEX PAIN SERVICE UTILIZATION IN AN ORTHOPEDIC SPECIALTY HOSPITAL

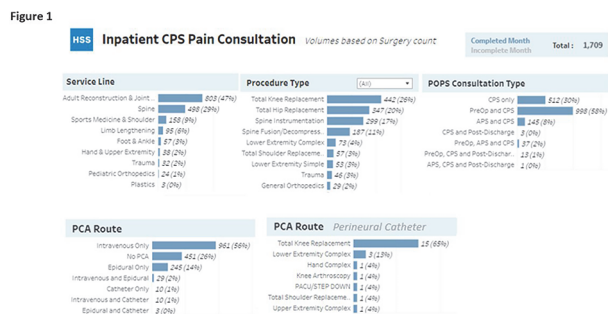
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Background and Aims The Perioperative Pain Service (POPS) at Hospital for Special Surgery (HSS) is a multidisciplinary team that manages acute and complex pain in orthopedic surgical patients. Under POPS, the chronic/complex pain service (CPS) team has a structured approach to preoperatively identify patients with chronic opioid use, substance use disorder or other complex pain issues, and tailors perioperative pain management plans to optimize outcomes. The aim of this study was to identify overall CPS utilization and case characteristics in a single, high-volume orthopedic specialty hospital.

Methods After IRB approval for a prospective, standard of care POPS registry, surgical cases requiring a CPS consult during hospitalization for orthopedic surgical procedures between January 2022 and May 2023 were identified and service metrics extracted.

Results figure 1). Overall, 1,048 (61%) had an in-person, preoperative pain consultation. Patient-controlled analgesia was administered in 73% of cases; perineural catheters were placed in 23 cases (2%), of which 15 (65%) were after a total knee replacement. Post-discharge POPS consults were required in 1% of CPS cases.



Abstract EP196 Figure 1 CPS utilization and case characteristics

Conclusions CPS manages patients' post-surgical pain through a multi-pronged approach. While most patients were appropriately identified preoperatively and referred to CPS by the surgical team, there is room for improvement. The low percentage of post-discharge POPS follow-ups reflects appropriate discharge planning with the patients' surgical, pain and primary care providers.

Rim .2021-1899_POPS_registry_CR1_approved_12.21.2022

EP197 IMPACT OF OBESITY ON CLINICALLY SIGNIFICANT RESPIRATORY EVENTS FOLLOWING CESAREAN DELIVERY: IS A 24-HOUR HIGH ACUITY SETTING NECESSARY FOR PATIENTS WITH BMI >50 KG/M2

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Background and Aims Pregnant people with obesity class 3 are thought to be at higher risk of adverse respiratory-events. There is little information in the literature on the incidence and severity of obesity-related postpartum respiratory depression. Our institution's current standard of practice is to consider maintaining patients with BMI>50 who have received long-acting neuraxial opioids following cesarean delivery(CD) in the Labour and Delivery Unit for respiratory monitoring. This represents a significant workload for the system. This study aimed to determine the incidence of respiratory complications in this subset of patients.

Methods We reviewed medical records of patients with BMI>40 who underwent CD and received long-acting neuraxial opioids between January 2015- December 2022. Patients were divided into three groups according to their BMI: 40-49, 50-59, and >60. Clinically significant respiratory-events (see the definition in table 1) within the first 24 hours post-CD were compared.

Results Demographics, patient characteristics, comorbidities, and respiratory events are presented in table 1. No severe respiratory events were observed in any of the groups from 497 patients (figure 1). Three moderate respiratory-events were observed, one in each group. Thirteen, 9 and 5 mild respiratory-events were observed in BMI 40-49, 50-59, and >60groups, respectively.

Abstract EP197 Table 1 Patient characteristics and incidence of postoperative respiratory events

	BMI 40-49 N=358	BMI 50-59 N=115	BMI >60 N=24
Age (years), mean (SD)	33.8 (5.4)	34.2 (4.8)	33 (5.1)
Weight (kg), mean (SD)	114.4 (13)	147.2 (15.1)	179.3 (33.7)
Height (cm), mean (SD)	162.9 (7.9)	164.9 (7.6)	164.6 (8.1)
BMI m/kg ² , mean (SD)	43.0 (2.7)	54.0 (2.8)	66.0 (8.0)
Medical Comorbidities			
HTN n (%)	92 (25.7)	30 (26.1)	12 (50.0)
Diabetes n (%)	112 (31.3)	34 (29.6)	6 (25.0)
OSA n (%)	104 (29.1)	45 (39.1)	16 (66.7)
Asthma n (%)	52 (14.5)	23 (20.0)	2 (8.3)
Postoperative Respiratory Events			
Overnight L&D Stay n (%)	2 (0.6%)	16 (13.9%)	15 (62.5%)
*Severe Respiratory Event n (%)	0	0	0
**Moderate Respiratory Event n (%)	1* (0.3%)	1 (0.9%)	1 (4.1%)
***Mild Respiratory Event n (%)	13 (3.6%)	9 (7.8%)	5 (20.8%)
No Respiratory Event n (%)	344 (96.1%)	105 (91.3%)	18 (75.1%)
Definition of the respiratory events			
* (1) SpO ₂ < 85% lasting < 30 sec,			
(2) opioid antagonist administration;			
(3) anesthesiologist involvement due to respiratory event;			
(4) respiratory support with CPAP/BPAP, bag-mask ventilation, laryngeal mask insertion, or tracheal intubation;			
(5) Code Blue;			
(6) Intensive 1:1 nurse care requirement.			
** SpO ₂ < 90% lasting < 30 sec or need for respiratory support with nasal cannula or oxygen mask			
*** SpO ₂ < 95% lasting < 30 sec seconds or need for respiratory support with nasal cannula or oxygen mask			
^ One patient had SPO2 between 85-90%, needed opioid antagonist injection			