EP226 CURRENT SITUATION OF RADIOFREQUENCY FOR THE TREATMENT OF CERVICAL BACK PAIN ORIGINATING IN THE FACET JOINTS IN SPAIN

[1,2]Rubén Rubio Haro*, [3,2]Alberto Gómez-León, [4,2]Marcos Salmerón-Martín, [4,2]John Carlos Pérez-Moreno, [5,2]Mercé Matute Crespo, [6,2]Mar Monerris-Tabasco, [7,2]Maite Bovaira-Forner. *[1]Pain Clinic, Medicina del Dolor, Valencia, Spain; [2]Member of the Radiofrequency Working Group in Spanish Pain Society, Madrid, Spain; [3]Pain Clinic, University Hospital Rey Juan Carlos, Madrid, Spain; [4]Pain Clinic, University Hospital Virgen de las Nieves , Granada, Spain; [5]Pain Clinic, University Hospital of Lleida, Lleida, Spain; [6]Pain Clinic, Germans Trías y Pujol Hospital, Badalona, Spain; [7]Pain Clinic, Intermutual de Levante Hospital, Valencia, Spain*

10.1136/rapm-2023-ESRA.286

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Radiofrequency (RF) is an effective treatment for patients suffering from cervical pain originating in the facet joints; since there is some variability in performing the technique, our objective is to analyse it current situation in Spain.

Methods We have performed a survey to analyse the situation of the use of RF to treat the cervical medial branch; shared trough the Spanish pain society, 91 people answered it.

Results 15/91 perform one ultrasound-guided diagnostic block, 30/91 perform one fluoroscopy-guided block, 15/91 perform either one fluoroscopy or ultrasound-guided block depending on the patient, 5/91 perform two fluoroscopy-guided blocks and 1/91 perform two ultrasound-guided blocks. 35/91 do the parallel approach and 27/91 the perpendicular approach. 57/91 guide the RF with fluoroscopy, 22/91 with ultrasound, 10/91 combining ultrasound and fluoroscopy and 1 with CT. 58/91 use conventional and 27/91 use pulsed. For cannula diameter, 17/91 use 22G, 44/91 use 20G, 16/91 use 18G and 1/91 use 16G. For active tip, 3/91 use 2mm, 50/91 use 5mm and 26/91 use 10mm. 15/91 use blunt-straight, 30/91 use sharp-straight, 13/91 use blunt-curved and 19/91 use sharp-curved. 27/91 apply the RF at 42°C, 9/91 at 45-60°C, 45/91 at 80°C, 4/91 at 85°C and 1/91 at 90°C. 1/91 apply 60 seconds of RF, 50/91 apply 90 seconds, 9/91 apply 120 seconds, 1/91 apply 150 seconds and 6/91 apply 180 seconds. 49/91 do one lesion, 13/91 two lesions and 11/91 three lesions.

Conclusions We need to stablish the best form to perform RF for treating cervical pain originating in the cervical facet joints.

EP227 SURVEY ABOUT THE VOLTAGE USED IN PULSED RADIOFREQUENCY IN SEVERAL CHRONIC PAIN CONDITIONS

[1,2]Rubén Rubio Haro*, [3,2]Alberto Gómez-León, [4,2]Marcos Salmerón-Martín, [5,2]Eva Mercado-Delgado, [6,2]Maite Bovaira-Forner, [7,2]Javier de Andrés-Ares, [8,2]Consuelo Nieto-Iglesias. *[1]Pain Clinic, Medicina del Dolor, Valencia, Spain; [2]Member of the Radiofrequency Working Group in Spanish Pain Society, Madrid, Spain; [3]Pain Clinic, University Hospital Rey Juan Carlos, Madrid, Spain; [4]Pain Clinic, University Hospital Virgen de las Nieves , Granada, Spain; [5]Pain Clinic, Zarzuela Hospital, Madrid, Spain; [6]Pain Clinic, Intermutual de Levante Hospital, Valencia, Spain; [7]Pain Clinic, University Hospital La Paz, Madrid, Spain; [8]Pain Clinic, Alcorcon University Hospital, Madrid, Spain*

10.1136/rapm-2023-ESRA.287

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Pulsed radiofrequency (RF) is performed for treating several clinical conditions causing chronic pain. There are many variables in its application that are not well established based on the available evidence, voltage being one of them. Voltage can

Methods We have performed a survey to analyse the situation of the use of pulsed RF to treat several clinical conditions causing chronic pain; shared trough the Spanish pain society, 91 people answered it.

Results In trigeminal ganglion, 23/91 use 45V, 15/91 use 65V, 3/91 use 85V and 1/91 use 100V. In stellate ganglion, 31/91 use 45V, 17/91 use 65V and 1/91 use 85V. In cervical medial branch, 27/91 use 45V, 9/91 use 65V and 1/91 use 85V. In thoracic medial branch, 18/91 use 45V, 3/91 use 65V and 2/91 use 85V. In lumbar medial branch, 18/91 use 45V, 8/91 use 65V and 3/91 use 85V. In thoracic dorsal ganglia, 36/91 use 45V and 15/91 use 65V. In lumbar dorsal ganglia, 53/91 use 45V, 19/91 use 65V and 1/91 use 85V. For peripheral nerves (using the suprascapular nerve as an example), 46/91 use 45V, 20/91 use 65V and 1/91 use 85V. For peripheral nerves, 11/91 do not apply control of temperature with pulsed RF. 61% apply the variation of the voltage in the temperature control; 34% apply the variation of the pulse width in the temperature control.

Conclusions There is lot of variability in applying different voltages in pulsed radiofrequency for several clinical conditions; we need better evidence to stablish the best voltage for any indication.

EP228 COMPLIANCE WITH HSE GUIDELINES REGARDING OPIOID PRESCRIPTION FOR TREATMENT OF ACUTE PAIN IN TERTIARY IRISH HOSPITAL. A QUALITY IMPROVEMENT PROJECT

[1]Ahmed Abbas*, [2]Mohamed Mostafa, [3]Barry McHale, [4]David Moore. *[1]Anaesthesia, Rotunda Hospital, Dublin, Ireland; [2]Anaesthesia, Beaumont Hospital, Dublin , Ireland; [3]Intern, Beaumont Hospital, Dublin, Ireland; [4]Anaesthesia Consultant , Beaumont Hospital, Dublin, Ireland*

10.1136/rapm-2023-ESRA.288

Background and Aims Opioids are effective medications that have been used extensively for in-hospital management of acute pain. Worldwide including in Ireland, number of opioid prescriptions is increasing, although many reports encourage controlled usage and warned against the potential health, economic and social hazards involved in opioid usage. To address this problem and to increase knowledge and safety regarding opioid usage, The HSE has issued guidelines for opioid prescribing for the in-hospital management of acute pain. Aim: - To improve compliance with the relevant HSE prescribing guidelines. – Ensure that opioids were prescribed appropriately as per national guidelines. – Check opioid usage is part of multimodal analgesia as per WHO analgesia ladder.

Methods - A retrospective medical record review for opioid prescriptions for acute pain was conducted 3 times over the past year. anonymous data was collected. – survey for Junior Doctors to understand opioid prescription behavior. – teaching conducted at departmental and hospital levels to increase awareness.

Results 24% of the sample received SR opioid preparation. Regarding Immediate release opioids. Only 12% had a documented stop/review date. In terms of multimodal analgesia, a good portion of the sample received regular paracetamol

(68%) however NSAIDs were generally underused, and only prescribed for 38% of patients.

Conclusions In our study, we observed a High rates of SR opioid preparation use in opioid naive patients to treat acute pain. Also, IR opioid recommended duration was not considered in most of the cases. Additionally. Multimodal analgesia usage to reduce opioid consumption could be improved.

ePoster session 7 – Station 3

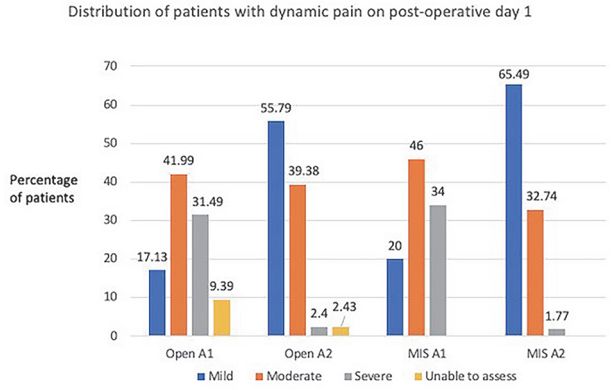
EP229 EVALUATION OF A STRUCTURED ACUTE POSTOPERATIVE PAIN SERVICE FOR IMPROVING PAIN MANAGEMENT IN A TERTIARY CARE CANCER HOSPITAL- A CLINICAL AUDIT

[1]Sumantra Sarathi Banerjee*, [1]Anshuman Sarkar, [1]Srimanta Kumar Halder, [1]Angshuman Rudrapal, [1]Suparna Mitra Barman, [1]Rudranil Nandi, [1]Shikhar More, [2]Anwesha Basnet. *[1]Onco-anaesthesia, Tata Medical Center, Kolkata, India; [2]Pain nurse, Tata Medical Center, Kolkata, India*

10.1136/rapm-2023-ESRA.289

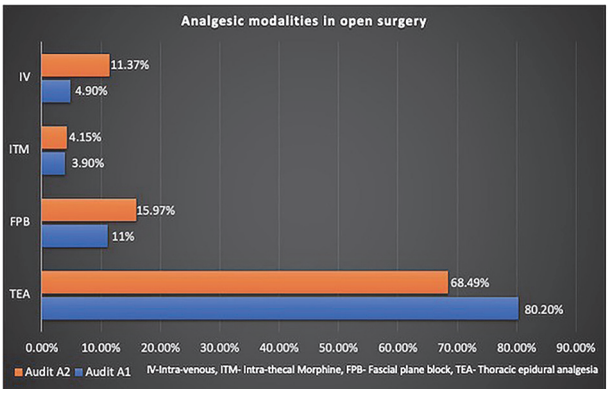
Background and Aims Incidence of acute post-operative pain varies widely in different studies and is largely undertreated. Role of a protocolised acute pain service in alleviating postoperative pain is well recognised. Absence of a dedicated acute pain team due to logistics often acts as an impediment in delivering this service. In this retrospective audit, we have compared the results of acute postoperative pain management before and after implementing acute pain service.

Methods Two consecutive audits before and after implementation of a structured acute pain service were conducted on adult patients, who had undergone major elective abdominal surgery between April,2021-August,2021 (audit A1) and 31st May,2022-31st December,2022 (audit A2). Sources of data were patients' medical record file and hospital electronic health record. Variables evaluated were patients' demography, ASA, type and duration of surgery, analgesic modalities, pain scores and complications.



Abstract EP229 Figure 1 Distribution of patients with dynamic pain on post-operative day 1

Results In our audit, 250 and 683 patients were analysed in A1 and A2 respectively. Notable reduction in severe dynamic pain score was observed in A2 as compared to A1 for both open (31.49% vs 2.4%) and minimally invasive surgeries (34% vs 77%). A decreasing trend of thoracic epidural analgesia was observed (A1- 80.2% vs A2- 68.49%). A 6.45% decrease in post-operative nausea and vomiting was also observed in A2 (A1- 22.70% vs A2- 16.25%).



Abstract EP229 Figure 2 Analgesic modalities in open surgery

Conclusions Introduction of a structured acute pain service resulted in better pain control.

Pain audit IRB letter

EP230 INTRAVENOUS IBUPROFEN VS DEXKETOPROFEN FOR POSTOPERATIVE PAIN: EFFICACY AND THE POSSIBLE ADVERSE EFFECTS

Pereda González Elvira*, Pérez Marí Violeta, Delgado Navarro Carlos, Santiago Patterson Pablo, Marqués Peiró Ferrán, De Andrés Ibáñez José. *Anestesiología, Reanimación y Terapia del dolor, Hospital General Universitario de Valencia, Valencia, Spain*

10.1136/rapm-2023-ESRA.290

Background and Aims Recent studies show that multimodal analgesia may be the best approach to acute postoperative pain control1. Nonsteroidal anti-inflammatory drugs (NSAIDs) provide effective analgesia and have shown to reduce the opioids consumption2. Despite their analgesic, anti-inflammatory and antipyretic properties, NSAIDs use is associated with gastrointestinal, cardiovascular and renal risk. Intravenous (IV) ibuprofen presents a better safety profile than other NSAIDs and fewer associated adverse effects (AEs) while maintaining adequate analgesic profile.

Methods 60 patients scheduled for hip surgery (demographic characteristics: Table 1) were enrolled in this retrospective observational study and divided in two groups based in postoperative treatment: IV dexketoprofen 50mg TID (n=30) or an IV ibuprofen 600mg TID (n=30). The main objective was to assess postoperative pain with: the visual analog scale (VAS), the quality of postoperative recovery with the Quallity-of-Recovery-15 (QoR-15) score, and on-demand morphine requirements after two days. The incidence of AEs was also studied.

Results VASs, QoR-15 and required morphine dose are summarized in table 2. A statistically significant T-student test was obtained when comparing QoR-15 scores (p=0.018). Greater increases in creatinine levels, digestive AEs and mean arterial pressure were observed in the dexketoprofen group (table 3), obtaining significant results in the T-student in the case of creatinine levels increase (p=0.011).