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 naïve 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.

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

Pain audit IRB letter

### Abstract EP229 Figure 2 Analgesic modalities in open surgery

**Conclusions**

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