

(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

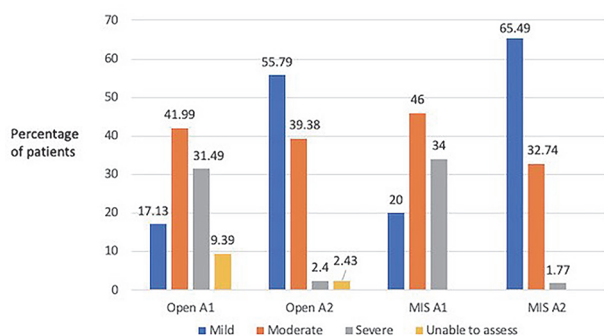
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Background and Aims Incidence of acute post-operative pain varies widely in different studies and is largely undertreated. Role of a protocolised acute pain service in alleviating postoperative pain is well recognised. Absence of a dedicated acute 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.

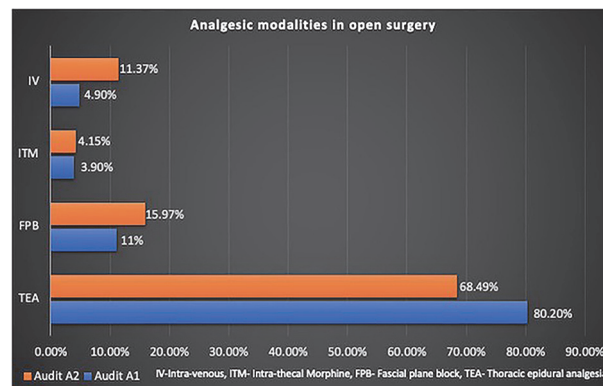
Distribution of patients with dynamic pain on post-operative day 1



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

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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 post-operative 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 Quality-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).