

(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

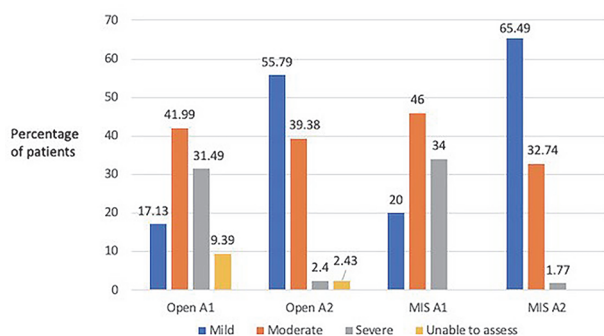
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Background and Aims Incidence of acute post-operative pain varies widely in different studies and is largely undertreated. Role of a protocolised acute pain service in alleviating postoperative pain is well recognised. Absence of a dedicated acute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

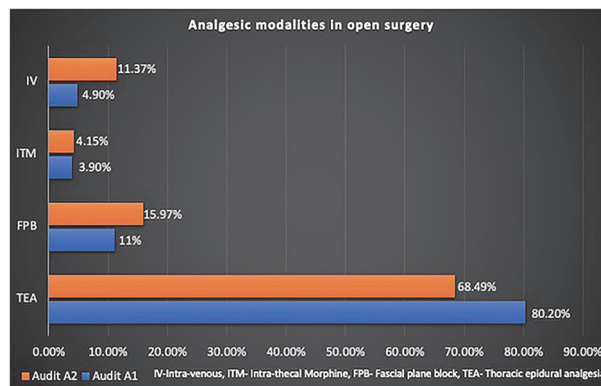
Distribution of patients with dynamic pain on post-operative day 1



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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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.

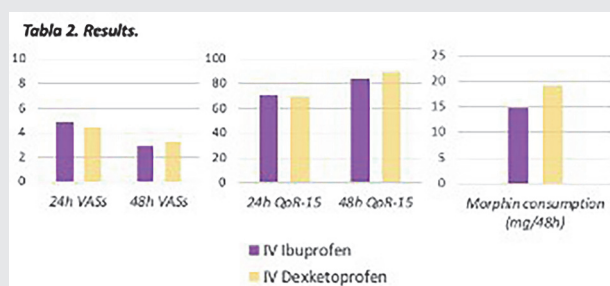
Methods 60 patients scheduled for hip surgery (demographic characteristics: Table 1) were enrolled in this retrospective observational study and divided in two groups based in post-operative treatment: IV dexketoprofen 50mg TID (n=30) or an IV ibuprofen 600mg TID (n=30). The main objective was to assess 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).

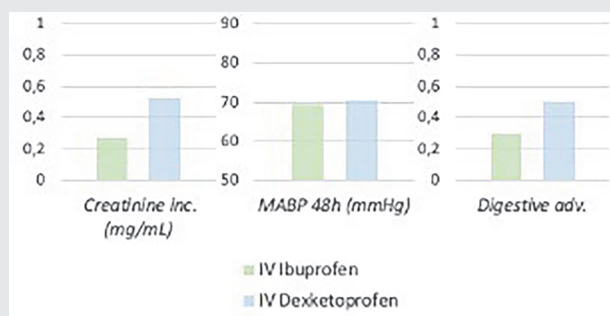
Abstract EP230 Table 1 Demographic characteristics

	IV Ibuprofen (n=30)	IV Dexamethasone (n=30)
Age		
Mean [SD]	60.73 (s. 7.55)	60.93 (s. 9.01)
Median	62	61.5
Min, Max	70, 96	62, 98
Sex		
Male	19	16
Female	11	14

Abstract EP230 Table 2 Results



Abstract EP230 Table 3 Adverse effects



Conclusions IV ibuprofen shows a favorable security profile resulting in fewer AEs³ compared to subjects who received IV dexamethasone with equivalent acute postoperative pain control. This drug may be safely given as a component of a multimodal management strategy, especially in those patients at risk of kidney function impairment.

EP231 CHRONIC LOW BACK PAIN AS THE CAUSE OF DISABILITY RETIREMENT – SEVEN-YEAR FOLLOW-UP OF SURGICAL VERSUS NONSURGICAL TREATMENT APPROACH

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Background and Aims The aim of this study was to analyze the impact of chronic low back pain as the cause of disability retirement in Croatia, comparing surgical and nonsurgical treatment approach.

Methods Data was collected from disability pension register of Department of Medical Assessors in Ministry of Labor and the Pension System for the period 2016-2022. Assessment was done individually depending on the specific limitation caused by disease, and patient's current job. There are two different types of disability pensions: complete loss of working capacity for any form of employment and partial loss, meaning there is still residual working capacity.

Results During 7 years period (2016-2022), 42% of patients with musculoskeletal diseases assessed as having complete or partial loss of working ability, were patients with chronic low back pain: 63% were surgically treated. Complete loss of working ability was determined in 36% of surgically treated patients, while 64% were assessed as having partial loss, median age was 53, and 55% were male. Concerning nonsurgical treatment approach, complete loss of working ability was determined in 27% of patients, while 73% were assessed as having partial loss, median age was 55, and 34% were female. There was no difference in education level: 42% low education, 56% secondary education, and 2% with university diploma.

Conclusions Higher percentage of patients with chronic low back pain who were assessed to have complete or partial loss of working ability were treated surgically. These findings could have certain impact on treatment approach to patients with low back pain.

EP232 REGIONAL ANAESTHESIA FOR KNEE ARTHROPLASTY, OUR EXPERIENCE FROM CHASE FARM HOSPITAL

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Background and Aims Innervation of the knee is intricate, originating from branches of the sciatic nerve, femoral and obturator nerves. Achieving effective post-operative analgesia whilst ensuring motor sparing is crucial in facilitating early mobilisation and optimising patient outcomes. Here we describe our current clinical approach for patients undergoing knee arthroplasty and the outcomes of these patients.

Methods All patients received spinal anaesthesia followed by blocks of the: distal femoral triangle, nerve of vastus intermedius (NVI), interspace between the popliteal artery and capsule of the knee (iPACK), and four genicular nerves. All blocks described here were performed or supervised by the same anaesthetic consultant. We worked closely with the orthopaedic surgical and physiotherapy teams to ensure a smooth day case pathway, emphasising the importance of early mobilisation. We collected data for consecutive patients undergoing this approach to knee arthroplasty during an 8 month period. **Results** There were 50 patients in total. 39 total knee replacements (TKR), 8 unicompartmental knee replacements (UKR) and 3 revision TKR. Eight patients (4 TKR, 4 UKR) were discharged on the day of surgery. All patients mobilised within 24 hours. The mean time to requiring post-operative morphine was 17 hours. All 7 blocks could be performed in less than 10 minutes by an anaesthetic trainee.