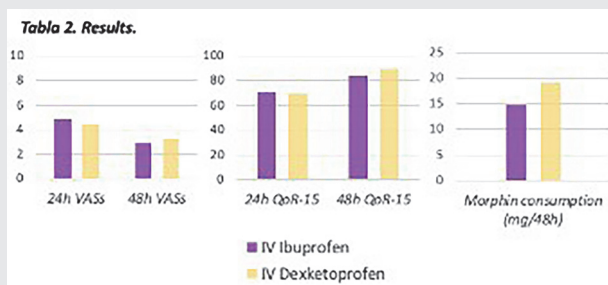


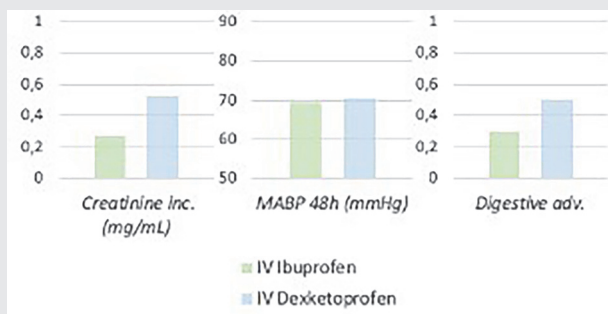
Abstract EP230 Table 1 Demographic characteristics

	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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10.1136/rapm-2023-ESRA.291

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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10.1136/rapm-2023-ESRA.292

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.