**Abstract EP230**

### Table 1: Demographic characteristics

<table>
<thead>
<tr>
<th></th>
<th>IV Ibuprofen (n=30)</th>
<th>IV Dexketoprofen (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean ±SD (n=30)</td>
<td>Mean ±SD (n=30)</td>
</tr>
<tr>
<td></td>
<td>70.73 ± 8.22</td>
<td>68.93 ± 9.01</td>
</tr>
<tr>
<td>Age</td>
<td>78</td>
<td>61.5</td>
</tr>
<tr>
<td>Min, Max</td>
<td>Min, Max</td>
<td>Min, Max</td>
</tr>
<tr>
<td></td>
<td>70, 95</td>
<td>62, 58</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>14</td>
</tr>
</tbody>
</table>

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### Table 2: Results

![Graph showing results](image)

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### Table 3: Adverse effects

![Graph showing adverse effects](image)

### Conclusions

IV ibuprofen shows a favorable security profile resulting in fewer AEs compared to subjects who received IV dexketoprofen 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.

### 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.

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**EP231**

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

Željka Martinović, Daniela Bardić Pavlović, Department of Medical Assessors, Ministry of Labour and Pension System, Zagreb, Croatia, Clinical Hospital Center Zagreb, School of Medicine, Zagreb, Croatia

**Background and Aims**

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**EP232**

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


**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 sparring 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 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.

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**Abstracts**

A164


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Reg Anesth Pain Med: first published as 10.1136/rapm-2023-ESRA.292 on 10 October 2023. Downloaded from http://rapm.bmj.com on October 19, 2023 by guest. Protected by copyright.
Conclusions Our experience highlights the feasibility and potential advantages of employing a precise and targeted regional anaesthetic strategy for knee arthroplasty. Our findings demonstrate that this anaesthetic modality offers excellent pain relief while preserving motor function, thus enabling the provision of knee arthroplasty as day case operation.

Ethical Approval-2

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

Background and Aims Hip fractures are often painful and its management is difficult because of the patients are usually geriatric and with multiple comorbidities. Traditional pain management in the elderly population is difficult because of physiologic changes and comorbidities. Regional anesthesia is an increasingly used option in Emergency Department, which not only reduces pain but also might reduce the adverse events of parenteral analgesics. The purpose of this study was to assess the effectiveness of suprainguinal FICB for pain control, compared with Femoral Block with proximal femoral fracture. We hypothesized that suprainguinal FICB can provide a satisfactory analgesic effect while avoiding the risk of procedure-related complications.

Methods Between January 2019 and October 2019 all adult patients (aged18 years and older) with a radiologically confirmed proximal femoral fracture presenting to the KSU Faculty of Medicine Emergency Department were included in this study. The primary study outcome was decrease in NRS pain scores, as measured at 20 min after administration of the FICB compared to baseline during initial presentation in the Emergency Department.

Results Block onset time was statistically lower at FICB group (p < 0.001). VAS scores at 20 min was 0 at two groups. VAS scores at 4 hour and 6 hour was higher in FICB group (p < 0.001). First analgesic use time was statistically lower in FICB group (p < 0.001).

Conclusions The Ultrasound guided supra-inguinal FICB and femoral nerve block leads to a significant and clinically relevant decrease in NRS pain scores in the majority of hip fracture patients in the Emergency Department.

Background and Aims Renal surgeries in children, are associated with important post-operative pain. Good post-operative analgesia is essential to allow effective coughing and early mobilisation to reduce the occurrence of post-operative complications. This study was undertaken to compare the analgesic efficacy of morphine spinal anesthesia with ultrasound-guided single-shot paravertebral block in children undergoing renal surgeries

Methods sixty children aged 4 – 14 years, of ASA status I/II, posted for elective renal surgeries. Interventions: The children were randomised into two groups (Group MSA: morphine spinal analgesia, Group PVB: paravertebral block). After induction of general anesthesia, SA or paravertebral block was performed under ultrasound guidance, with respectively morphine or 0.2% ropivacaine. Measurements: Time to first rescue analgesia, intraoperative and post-operative hemodynamics, post-operative FLACC scores, incidence of complications, parental satisfaction scores were recorded

Results Children in Group PVB had significantly longer duration of analgesia (p < 0.0004) than Group MSA. Post-operative FLACC scores (p < 0.005) and analgesic requirements (p < 0.0004) were lower in Group PVB. The mean fentanyl requirement over 24 h in group PVB was 0.56 ± 0.82 µg/kg, compared to 1.8 ± 1.2 µg/kg in group MSA. Parents in Group PVB reported greater satisfaction (p < 0.02). No complications were seen in either of the groups.

Conclusions This study showed superior analgesia and parental satisfaction with single-shot paravertebral block in comparison to spinal analgesia for renal surgeries in children. However, the block performance in children requires adequate expertise and practice.

Background and Aims Post-herpetic neuralgia (PHN) is a painful condition that presents after herpes zoster reactivation in the peripheral and central nervous system. When medical treatment fails, options are limited, and patients may suffer with chronic pain indefinitely. A man in his 80s was referred to our clinic with a three-year history of right-sided posterior scalp and periauricular pain after herpes zoster infection presenting as Ramsay Hunt Syndrome. He rated the pain between 6-10 and averaging a 9 on a scale of 10 with distribution of his symptoms with pain averaging a 0 out of 10.

Conclusions The patient returned for lead removal on post-procedural day 65. He reported 90% improvement in the presence of his symptoms with pain averaging a 0 out of 10.