

**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

**Background and Aims** Chronic pain presents a significant healthcare burden and can become quite debilitating. The current standards of care for chronic pain include lifestyle management, procedures, and analgesics for acute exacerbations. However, using analgesic approaches has led to significant adverse effects and healthcare burdens. This review aims to investigate the current literature regarding emerging pharmacological approaches to chronic pain.

**Methods** This investigation eliminated non-pharmacologic therapies and established chronic pain regimens, focusing on three primary drug classes: cannabis, psychedelics, and dissociative hypnotics. Emphasis was placed on ketamine (hypnotic) and psilocybin (psychedelic), with other drugs also considered. Cannabis was treated as a unique drug class due to its distinct mechanism of action and abundant literature.

**Results** The review revealed promise in all three drug classes, with marijuana being the most researched yet needing further study on adverse effects. Ketamine showed potential but had abuse concerns; other hypnotics require more evidence of efficacy. Finally, psychedelics, the least understood treatment for chronic pain, demonstrated promise in small studies but need further research on dose-dependent adverse effects, mainly acute psychosis.

**Conclusions** Despite limited literature and class-specific concerns, emerging pharmacological pain management approaches can improve patients' quality of life. Issues include abuse potential, acute adverse effects, and legality. Significant progress is needed before these drug classes become standard in chronic pain treatment, but they can potentially reduce the overuse of highly addictive analgesics.

## Miscellaneous

### #33971 FLEXIBILITY PILOT IN ACADEMIC PAIN

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**Application for ESRA Abstract Prizes:** I don't wish to apply for the ESRA Prizes

**Background and Aims** Over 50% of physicians in the U.S. experience burnout. Burnout is one of the leading causes of reducing workload or leaving medicine altogether. Flexibility can mean flexible work places and/or flexible work times. Flexibility has been shown to help reduce burnout. A recent article revealed that up to 1/3 of newly graduated physicians ranks flexibility as more important than salary. Thus, it is important not only for physician retention, but also recruitment. We designed and implemented an 8 week pilot in an outpatient pain management practice to evaluate the feasibility of a flexible template. Staff were surveyed before and after the pilot.

**Methods** An 8 week pilot was designed to alter work templates. Physicians could treat patients one hour earlier or one

hour later than the typical start times. They could also see patients over the lunch hour. For some, this resulted in being finished with their work day 2-3 hours earlier than normal. Each physician was allowed to modify their template on the non-teaching procedure calendar only. Surveys were distributed to nursing staff, scheduling staff, and physicians before and after the 8-week pilot.

**Results** 1. There was no decline in productivity 2. There was no decline in patient experience/quality 3. There was a large increase in physician satisfaction. 4. Physicians reported improvement in self care and wellness

**Conclusions** Flexible templates are rarely used in the United States in academic settings. We showed that an interventional pain practice could successfully apply a flexible schedule without affecting productivity or quality of care.

### #35777 WHAT CAN ANESTHESIOLOGISTS DO TO MITIGATE CLIMATE CHANGE?

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**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

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

**Background and Aims** We humans do not have a planet B to spare, but anesthesiologists can adopt a plan to reduce carbon footprint. One example are regional techniques that reduce the use of plastic (breathing circuits, masks, endotracheal tubes), anesthetic gases, one of which is desflurane with a 20- year warming potential, generating a greenhouse effect.

**Methods** The following are 3 successful surgeries (shoulder replacements) performed under regional anesthesia and sedation, proposing a plan that is friendlier to our planet (plan A). Patients were operated on in the beach chair position under sedation, with an ultrasound-guided superior trunk and superficial cervical plexus block, (15mL of a 0.5% lidocaine plus 0.375% levobupivacaine solution was administered). Bispectral Index Scale and vital signs monitoring, verbal communication, were performed.

**Results** Patients' characteristics: Peter: 83-year-old male, 82 kg, 176 cm, hypertensive, pacemaker user due to atrial fibrillation. Denisse: 74-year-old female, 70 kg, 165 cm, hypertensive and diabetic. Jacqueline: 91-year-old female, 65 kg, 165 cm, hypertensive, generalized arthrosis. After surgery, a discharge assessment showed they were able to go home, without analgesic requirements.

**Conclusions** Anesthesiologists can be leaders within the medical community when it comes to eco-friendly measures, which in these cases were: • Plan A: choosing wisely (regional vs. general) • Plan B: reducing gas flows, syringes, medications, circuits, gloves, extension sets, connectors. In summary, among those selected patients who require anesthesia for upper arm, brachial plexus block plus sedation maybe considered as the sole option. In addition to clinical outcomes, there is an environmental responsibility in the context of health care.