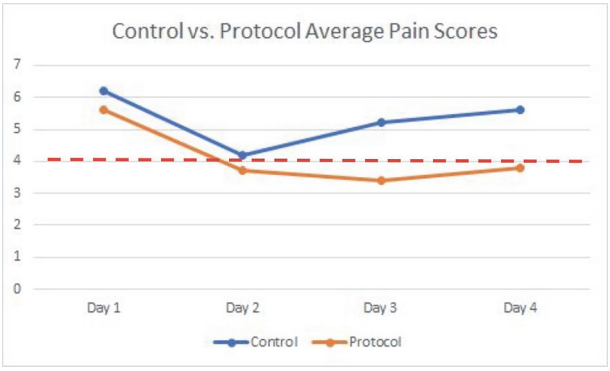
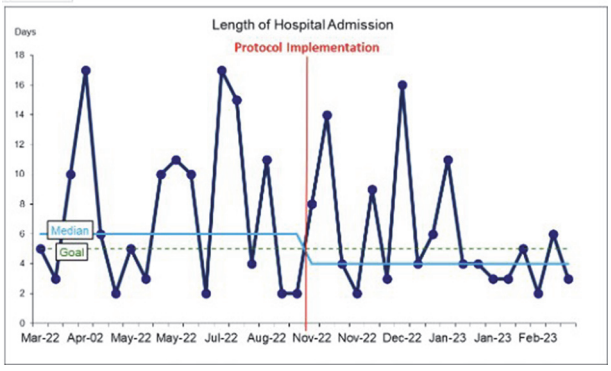
and a protocol group (18 patients) with the acute pain protocol implemented.

Results The protocol group's average hourly pain score for day 1 (5.6/10), day 2 (3.7/10), day 3 (3.4/10) and day 4 (3.8/10) were lower compared to the control group for day 1 (6.2/10), day 2 (4.2/10), day 3 (5.2/10) and day 4 (5.6/10). Average hourly pain scores for days 1-4 were lower by 24% (difference averaged over 4 days) in protocol group vs control group. The protocol group's average days of admission was lower (5.9) than the control group (7.5) with a 21% difference.



Abstract #35788 Figure 1 Average hourly pain score



Abstract #35788 Figure 2 Average length (days) of hospital admission

Conclusions We achieved our aim with faster pain control and shorter hospital stays. Next steps include creating a protocol for emergency physicians for earlier pain control. Overall, protocol-based pain management facilitated faster pain control, leading to more effective medical management – an approach that can be applied to hospital-wide admissions involving pain.

#35861 A QUALITATIVE STUDY OF PATIENTS' ATTITUDES TO AWAKE ORTHOPAEDIC SURGERY UNDER REGIONAL ANAESTHESIA

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10.1136/rapm-2023-ESRA.412

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

Background and Aims Though awake surgery may minimise risk and reduce inpatient stays, uptake of awake surgery remains low. This qualitative study aimed to provide the baseline for future intervention development by identifying and characterising the qualitative barriers and drivers of awake surgery.

Methods Post-operative semi-structured interviews using a 14-item interview were conducted with 19 people (12 females, seven males) undergoing day case orthopaedic surgery. Mean interview length was 34.8 minutes (SD 11.4 minutes). Interviews were transcribed verbatim and analysed using Thematic Analysis. Triangulation of themes generated high inter-rater agreement (96%).

Results Two superordinate themes were identified: (1) Generation of anaesthetic preferences; and (2) Optimising pre-operative anaesthetic discussion. Strong preconceptions about the efficacy and appropriateness of general anaesthesia (GA) combined with pre-surgical online research to inform patient decision-making processes, were biased against regional anaesthesia (RA). Optimising the timing and content of pre-surgical anaesthetic consultations was felt to build rapport, elevate locus of control and increase satisfaction with care. Rushed, pressured conversations acted as barriers to RA uptake, risking patient disengagement and jeopardising informed consent. Developing rapport with the anaesthetist in advance of the day of surgery facilitated awake surgery willingness

Conclusions The anaesthetic decision is highly personal and online research generated preconceptions, advantaging GA above RA. To facilitate informed decision-making, attention-diversion methods and engaged, patient-focused interpersonal clinical interactions acted as facilitators of awake surgery. This research demonstrated a novel area for patient-centred care enhancement: the need to optimise the timing, content and interpersonal dynamics involved in patient-anaesthetist interactions about RA.

#36262 BIER BLOCKS IN AMBULATORY SURGERY: A WELLCOMED COMEBACK OR OLD NEWS?

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10.1136/rapm-2023-ESRA.413

Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

Background and Aims Intravenous regional anesthesia, commonly known as Bier Block (BB), consists of administering a local anesthetic into the venous system of an exsanguinated limb that is isolated from the systemic circulation by a tourniquet. It is a simple technique that does not require the use of an ultrasound device, provides a blockade that is quickly installed and reversed and a surgical field with minimal blood loss. For this reasons it has a lot o potencial in ambulatory surgery.