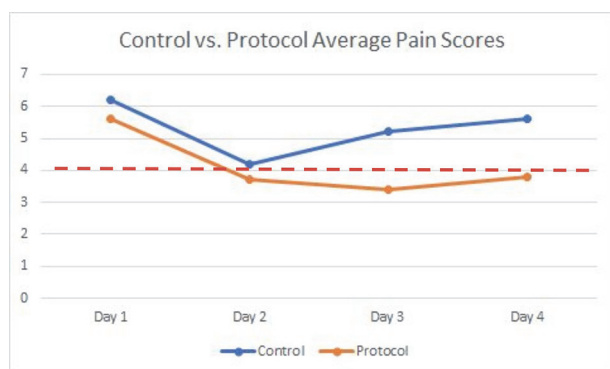
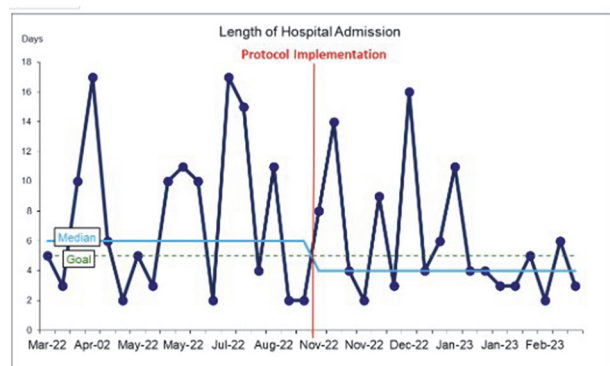


and a protocol group (18 patients) with the acute pain protocol implemented.

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

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 Anaesthesiologist (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 anaesthesia, 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 potential in ambulatory surgery.

Methods We gathered perioperative information concerning every adult patient that was subjected to a BB in Egas Moniz Hospital's Ambulatory Surgery Unit between the January first 2022 and March 30th 2023. The data was analyzed using Microsoft Excel®.

Results A total of 11 patients underwent surgery under BB. The duration of the surgical procedure was less than 60 min in 8 of the surgeries and lasted between 60-90 min in the remaining 3. No complications were registered, namely LAST or pain associated with tourniquet. Discharge time after surgery was on average 147 minutes after surgery. Only 5 patients had pain 24h after surgery, and all were able to control the pain with oral analgesics. No patient had pain 48h after surgery.

Conclusions Intravenous regional anesthesia has a high potential to be used in an outpatient setting, as it allows adequate anesthesia for short-term surgeries and is rapidly reversed, allowing the limb to be mobilized before discharge.

Attachment Estudo BLOQUEIOS DE BIER EM AMBULATORIO » Parecer da CES do CHLO.pdf

#36084 SATISFACTION WITH EPIDURAL ANALGESIA IN LABOUR: ANALYSIS OF QUESTIONNAIRE

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10.1136/rapm-2023-ESRA.414

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 don't wish to apply for the ESRA Prizes

Background and Aims Epidural analgesia is one of the most common methods of relieving pain in labour. The objective of this study was to examine the effectiveness of epidural analgesia, maternal satisfaction, and the relationship between the effectiveness of epidural analgesia and various factors.

Methods The data were analysed prospectively, collected during 2022. A total of 60 parturients of single hospital centre in Croatia participated in the study. Data were collected through a questionnaire before the parturient was discharged from the hospital.

Results The mean assessment of pain on a 1-10 numeric rating scale before epidural analgesia was 7,7 and 3,4 after administration of epidural analgesia. The median assessment of pain before epidural analgesia was 8 (7 – 8), and the median assessment of pain after epidural analgesia was 3 (2 – 5). The average satisfaction with epidural analgesia on a 1-10 scale is 8,11, the median satisfaction is 10 (7 – 10). 35 (58,3%) parturients rated satisfaction with 10.

Conclusions Statistically significant association between the effectiveness of epidural analgesia and parity, dilution of administered levobupivacaine, fentanyl administration, and level of education was not found. Childbirth pain is significantly alleviated by the application of epidural analgesia and the satisfaction of parturients is very high.

#35904 MITOCHONDRIAL DYSFUNCTION AS TRIGGERING IN COMPLEX REGIONAL PAIN SYNDROME

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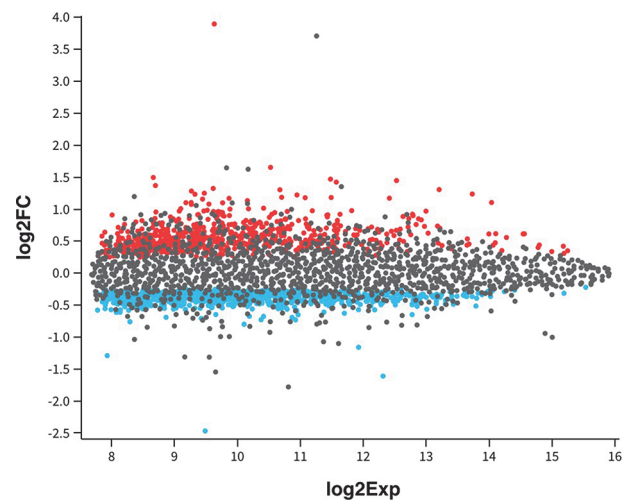
10.1136/rapm-2023-ESRA.415

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 Complex regional pain syndrome (CRPS) is characterized by being disproportionate to the triggering event; the associated characteristics are autonomic dysfunction, swelling of the zone of affection, and even changes in the skin, such as dystrophy and rigidity. The pathophysiology is still unknown; it has been mentioned as a multifactorial disorder, with an exaggerated immune response to the triggering event, abnormal vasomotor function, and even maladaptive neuroplasticity. This study aimed to evaluate the differently expressed genes (DEG) between 4 patients with complex regional pain syndrome vs. healthy controls and analyze the pathways intervening.

Methods Material/Methods: The gene expression dataset GSE47603 was downloaded from the GEO database, and DEG obtained. The highest up-regulated genes were examined in the STRING platform for the protein-protein interaction (PPI) network.

Results Results: 60 primary genes up-regulated were identified according to the Log2-fold change statistics. The network for the 60 genes was sub-selected in clusters in STRING, obtaining a network of 20 nodes, 24 edges, and a PPI enrichment p-value of 3.73e-11. The principal intervening pathways were mitochondrial ATP synthesis, the electron transport chain, and lysosome vesicle biogenesis.



Abstract #35904 Figure 1 Meandiff plot of genes expressed in CRPS Vs controls