Themes	Acupuncture	Medical History	Mental State	Personal History	Nosocomephobia	Surgery
Acupuncture	X	1	5	1	3	2
Medical History	1	X	0	6	6	3
Mental State	5	0	X	1	4	5
Personal History	1	6	1	X	4	3
Nosocomephobia	3	6	4	4	X	2
Surgery	2	3	5	3	2	X

Note. The highest number of overlaps was 6 and the lowest was 0 or no overlap.

Abstract #35044 Figure 2 Major themes co-occurance

Abstract #35044 Table 1 A summary of major themes and related subthemes

Theme	Shared Theme*	Shared Understanding**	Subtheme(s)	Code count (%)	
				Sophia	Olivia
Acupuncture	Yes	Yes	• Medical benefit of acupuncture • Acupuncture benefits • Feeling safe • Changed attitude about hospital and surgery	41	59
Medical History	Yes	Yes	• Fear of hospital • Trauma	38.6	61.4
Mental State	Yes	Yes	• Feel comfortable	20	80
Personal History	Yes	Yes	• Fear of hospital	47.6	52.4
Nosocomephobia	Yes	Yes	• Previous PTSD treatment was ineffective • Still suffers from PTSD • PTSD symptoms • PTSD treatments • Anxiety • Fear of pain • Medication • Trauma • Fear of hospital	53.8	46.2
Surgery	Yes	No	• Feel comfortable	0	100

* When the theme is brought up by all participants

**When all participants define or comprehend the themes in the same context

Conclusions Compared to other hospital visits, surgery can be stressful. Acupuncture is a safe, non-invasive way for nosocomephobia patients to manage preoperative anxiety and undergo elective surgery.

#35900 POMAHR – PERIOPERATIVE MANAGEMENT OF PATIENT WITH HIP FRACTURE IN CENTRO HOSPITALAR UNIVERSITÁRIO LISBOA NORTE (CHULN)

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10.1136/rapm-2023-ESRA.419

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 Proximal femoral fractures (PFF) are an important public health problem in industrialized societies, affecting older, mainly female, patients who are more likely to suffer from osteoporosis. PFF are associated with increased morbidity and functional impairment with a negative impact on patient's quality of life. Nearly always, PFF requires hospitalisation, permanently disables 50% of patients and a 26% one-year mortality rate, in elderly patients, has been described. The National Institute for Health and Care Excellence (NICE) recommends that patients with a hip fracture should have surgery within 36 hours of admission to hospital. In CHULN, we elaborated a protocol that allows patients to have surgical intervention within 36-48 hours, creating a multidisciplinary patient-centered approach, optimizing their clinical status and enhancing their recovery.

Methods

POMAHR has the following principles 1-preoperative patient medical optimization according to clinical protocols 2-early pain control with regional anesthesia 3-nutritional protocols with liquid intake up to 2h before surgery and protein reinforcement 4-surgical intervention within 36-48h 5- perform chemical neurolysis to control pain in patients who lack surgical indication 6-early rehabilitation since day1

Results Patients with PFF are mainly elderly, often with several comorbidities, needing a multidisciplinary approach in addition to surgery within 48 hours. We hope to reduce perioperative complications, reducing time of hospitalisation and mortality thus enhancing recovery and previous functional status.

Conclusions The implementation of this protocol in our center, promotes a multidisciplinary approach, a prompt intervention and a continuous clinical monitoring of patients with PFF, from admission to hospital discharge. These factors are key to successful patients' treatment.

#36517 PERIOPERATIVE MANAGEMENT OF ANTITHROMBOTIC THERAPY IN HIP FRACTURE SURGERY

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10.1136/rapm-2023-ESRA.420

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 Hip fracture surgery has a huge prevalence and morbimortality. One of the main reasons of delaying surgery is the use of anticoagulants/antiplatelet therapies, being these patients old and with comorbidities. Risks of delay surgery are higher than surgical bleeding or vertebral canal haematoma; so promp surgery in first 48 hours should be facilitated.

Methods In this review we search the main guidelines about perioperative management of antithrombotic drugs and locorregional guidelines; focusing in hip fracture surgery and also its management when neuroaxial anesthesia is performed.

Results -With antiplatelet drugs therapy surgery should not be delay. In case of PY12 inhibitors neuraxial anesthesia is not recommended. -With vitamin K antagonists therapy, reversal with vitamin K/prothrombin complex concentrate (PCC) should be done for ensure INR <1,8. Neuraxial anesthesia can be performed when INR <1,5. -With new oral anticoagulants (NOAC) interruption intervals of 1-2 half-life is recommended (12-24 hours without impaired kidney function). Neuraxial anesthesia is not recommended in early surgery without a specific coagulation test. If there is a risk

Reg Anesth Pain Med: first published as 10.1136/rapm-2023-ESRA.419 on 10 October 2023. Downloaded from http://rapm.bmj.com/ on October 9, 2024 by guest. Protected by copyright.