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

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 day 1.

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.

Abstract #35044
Major themes co-occurrence

<table>
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<tr>
<th>Themes</th>
<th>Acupuncture</th>
<th>Medical History</th>
<th>Mental State</th>
<th>Personal History</th>
<th>Nosocomophobia</th>
<th>Surgery</th>
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Note. The highest number of overlaps was 5 and the lowest was 0 or no overlap.

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

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<tr>
<th>Theme</th>
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<th>Shared Understanding**</th>
<th>Reference(s)</th>
<th>Code words (%)</th>
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<tr>
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</tr>
</tbody>
</table>

*This theme is brought up at all preoperative meetings.
**This characteristic refers to cognitive themes in the same region.

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

Abstract #36517
PERIOPERATIVE MANAGEMENT OF ANTITHROMBOTIC THERAPY IN HIP FRACTURE SURGERY

Amparo Izquierdo Aicart*, Maria Sempere, Alba Montoya, Rafael Badenes, Anesthesiology, Hospital Clinic Universitari de València, Valencia, Spain

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 prompt surgery in first 48 hours should be facilitated.

Methods
In this review we search the main guidelines about perioperative management of antithrombotic drugs and local-regional 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
performing general anesthesia we should consider use of reversal agents or specific tests.

Conclusions Early hip fracture surgery is safe in patients taking anticoagulant/antiplatelet drugs. Special attention should we pay in perioperative timing when neuraxial anesthesia is performed.

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 Pain management for Vertical Rectus Abdominis Musculocutaneous (VRAM) Flap can be challenging due to a large surgical incision. We present a case of a 65-year-old female admitted for correction of recidivate complex uterovaginal prolapse and VRAM Flap. We aim to demonstrate the benefits of combined anesthesia for this type of surgery.

Methods An epidural catheter was placed at L3/L4 level with an initial bolus of 10ml of 0.75% ropivacaine administered without relevant hemodynamic instability. After induction of total intravenous anesthesia (propofol and remifentanil), 2mg of epidural morphine was administered to spread the analgesia. Another bolus of 7 ml of 0.2% ropivacaine was administered to spread the analgesia. An epidural catheter was placed at L3/L4 level with an initial bolus of 10ml of 0.75% ropivacaine administered without relevant hemodynamic instability.

Conclusions Patient-controlled epidural infusion limited postoperative opioids necessities and their associated side effects while providing controlled analgesia in VRAM flap surgeries.

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

Background and Aims Delirium is common in the terminal patient. It increases discomfort for the patient and relatives. The agents used to treat delirium are various antipsychotics, which are not always effective. Dexmedetomidine intranasal application was effective.

Methods A case report of a palliative patient who developed a severe delirium well treated by the dexmedetomidine.

Results A 42-year-old cancer patient was developed a severe delirium. Delirium did not subside with the antipsychotics. Dexmedetomidine intranasal application 1 mcg/kg. The patient became completely calm and his previous neuroleptic and sedation therapy could be withdrawn. In the following days, he reacted sensibly and responded to instructions, his day-night rhythm was restored.

Conclusions Palliative care is becoming an important area of medicine in where also anaesthesiologists participate. With our knowledge and experience, we can contribute a lot to better treatment of pain, as well as other conditions such as delirium and the need for patient sedation. In order to treat patients well, it is important to be familiar with medications and techniques, so it is important to apply our knowledge from operating theatres and ICUs to palliative care. Dexmedetomidine is a potentially useful drug for the targeted treatment of pain and delirium in the tertiary palliative care setting. When used for sedation and delirium treatment, dexmedetomidine fits with the patient’s, family’s and physician’s goals of care when patient alertness and participation in conversations with loved ones and health care personnel are important at the end of life.

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