

#33829 ASSOCIATION BETWEEN THE TIME OF SURGERY AND THE INCIDENCE OF POSTOPERATIVE NAUSEA – VOMITING: PROPENSITY SCORE MATCHED ANALYSIS

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Background and Aims A study by Wright et al found that the probability of postoperative nausea and vomiting (PONV) increased for cases starting at 2pm compared with 7am. There has been no other study published exploring the association between time of surgery and PONV. To address this gap in knowledge, we conducted a study to determine the effect of surgical time of day on PONV.

Methods With ethics approval, data of all patients undergoing elective non-cardiac non-neurosurgery, having a high-risk of PONV and which had a 24-hour assessment of PONV between October 2017 to December 2020 were extracted. Surgical-sessions were classified as either Morning-surgery (defined as start-time and end-time before noon) or Afternoon-surgery (defined as surgery start-time at 12noon). Those patients which had surgical-sessions extending across morning-sessions to afternoon-sessions were excluded. A propensity-score-matching (PSM) based on 1:1 matching was performed to potential biases. For the entire study population before matching, we used Pearson's chi-square test or Fisher's exact-test for categorical-variables; and Student's t-test or Mann-Whitney U-test for normally or non-normally distributed continuous-variables, respectively. For the matched study-population, we used conditional logistic-regression to test for differences. A p-value of <0.05 was considered statistically significant.

Results Of the 3808 surgical-sessions, 1439 surgical-sessions were excluded from analysis because they extended between morning and afternoon-surgery. After 1:1 PSM, 1043 matched-pairs were obtained (table 1). The incidence of PONV, prior to matching remained statistically insignificant even after PSM (table 2).

Conclusions We found that the time of surgery did not affect both the overall incidence and severity of PONV.

Attachment tables.docx

#35918 A RANDOMIZED CONTROL TRIAL TO EVALUATE THE EFFECTS OF KETOFOL VERSUS PROPOFOL ON CEREBRAL OXYGENATION IN PATIENTS UNDERGOING TRANS-PHENOIDAL PITUITARY SURGERY UNDER TOTAL INTRAVENOUS ANESTHESIA

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Background and Aims Propofol causes hypotension and respiratory depression while Ketamine preserves airway reflexes and respiration, prevents hypotension. Ketofol (combination of Propofol and Ketamine) has shown to have cumulative effects on analgesia, and hypnosis, requiring lower dose of drug and less adverse effects, maintains hemodynamics. Effect of various intravenous anaesthetic agents on cerebral oxygenation has not been evaluated. We compared the effects of Ketofol&Propofol on cerebral oxygenation in patients undergoing pituitary surgery.

Methods Study, conducted on 50 patients, undergoing pituitary surgery. Patients divided into Ketofol&Propofol groups, 25 patients each. Intra-operative cerebral oxygenation (rSO₂), hemodynamic parameters, SpO₂, Total analgesic, time to emergence and time to first post-operative analgesia, recorded.

Results In both groups, baseline values of rSO₂ were within normal limits. rSO₂ values were significantly higher in Ketofol-group than Propofol-group all-time, on both sides. rSO₂ during surgery were higher in Ketofol-group and lower in Propofol-group on both sides. rSO₂ values at specific stages of surgery/anaesthesia were higher than baseline in Ketofol-group and lower in Propofol-group on both side. Intraoperative hemodynamic parameters was similar in the two groups, but significant increase in HR and MAP in Propofol group was observed during various stimuli (anaesthesia/surgical) compared to Ketofol. Episodes of hypotension were significantly higher in Propofol compared to Ketofol group. Intraoperative requirement of opioid, propofol was significantly reduced in Ketofol-group. Time to first analgesic was longer in Ketofol than Propofol-group, emergence from anaesthesia was significantly longer in Propofol group.

Conclusions In patients with pituitary surgery, Ketofol provides better cerebral oxygenation, hemodynamic stability, rapid emergence, prolong analgesia, compared to Propofol.

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#35209 INCIDENCE OF NOSOCOMIAL INFECTIONS IN ICU OF A TERTIARY CARE HOSPITAL AND ANTIBIOGRAM

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Background and Aims Antimicrobial resistance (AMR) has become a global issue. Not only decreasing the treatment options but serious threat to low-income countries associated with both misuse and overuse of antibiotics. This study has determined the antibiogram profile of patients admitted in SURGICAL ICU (SICU) at Doctors Hospital and Medical Centre, Lahore.

Methods This study was retrospective cross-sectional in nature. Total 502 patients were admitted in ICU during our study period. Blood, tracheal and urine culture reports of 364 patients were recorded for the purpose of study. All cultures were processed in accordance with standard microbiological protocols defined by CLSI. CLED used for urine cultures,