

provided by bolus catheter doses of 15 ml of 0.2% ropivacaine/8h, iv paracetamol 1g/8h, and iv ketoprofen 100 mg/12h for two consecutive days.

Results Results: The maximum reported pain intensity on the day of surgery was VAS 2, VAS 3 on the first postoperative day, and VAS 0 on the second day, after which the catheter was removed.

Conclusions Conclusion: The combination of regional anaesthesia techniques and non-opioid medications provided excellent analgesia for patient taking buprenorphine.

#36354 THE COMBINED USE OF LIPOSOMAL BUPIVACAINE FASCIAL PLANE INFILTRATION AND SHORT-ACTING SPINAL ANAESTHESIA TO ENHANCE RECOVERY IN PATIENTS UNDERGOING LAPAROSCOPIC COLORECTAL CANCER SURGERY

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Background and Aims Long-acting spinal anaesthesia with high-dose intrathecal opiates has become the standard for enhanced recovery programmes for colorectal cancer surgery. Our department previously demonstrated that short-acting spinal anaesthesia using prilocaine combined with fascial plane blocks and catheters was effective, with reduced haemodynamic instability and earlier patient mobilisation. We now describe a case series utilising a novel adaptation to this approach, with liposomal bupivacaine (Exparel) fascial plane infiltration.

Methods Fifteen patients undergoing major laparoscopic colorectal surgery were included between October 2022 and May 2023. All patients received 3.0ml of intrathecal 2% hyperbaric prilocaine combined with 100-200mcg of preservative-free morphine. In addition patients received ultrasound-guided lateral transversus abdominis plane (TAP) and rectus sheath fascial plane infiltration with a local anaesthetic admixture of 20mls of 13.3mg/ml Exparel combined with 40mls of 0.25% levobupivacaine and 20ml normal saline. All patients also received 1g paracetamol, and either parecoxib 40mg or ibuprofen 400mg intravenously (if not otherwise contraindicated).

Results Intra-operatively patients behaved with haemodynamic stability, with no patients requiring vasopressor support post-operatively. In the recovery area, all patients were able to sit up and ambulate with an average post-operative pain score of 0.25. Mean length of hospital stay was 10.3 days (7.5 after removing one major outlier) and over half of patients did not require HDU monitoring post-operatively at all.

Conclusions The combined use of Exparel fascial plane blocks with short-acting spinal reduces the opiate requirement in the peri-operative management of laparoscopic colorectal surgery. Excellent long duration analgesia and haemodynamic stability is provided with a minimal side effect profile.

Attachment: Exparel case series local research committee approval.pdf

#36223 EVALUATION OF THE REGIONAL TRACT ANALGESIA USING ROPIVACAINE FOR THE POSTOPERATIVE PAIN MANAGEMENT AFTER PERCUTANEOUS NEPHROLITHOTOMY. A PROSPECTIVE STUDY

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Background and Aims This prospective study aimed to evaluate regional tract analgesia (RTA) using ropivacaine to manage postoperative pain for patients undergoing percutaneous nephrolithotomy in prone position (PCNL).

Methods The patients were stratified into 4 groups based on the utilized analgetic regimen: The ordinary group including the intravenous use of paracetamol and tramadol, the paracetamol pump group, the tramadol pump group and the RTA group using 2% ropivacaine. The primary endpoints of this study were the time needed to achieve maximum analgesia and the comparison of the efficacy. All the patients were evaluated every 6 hours postoperatively until the completion of 24 hours. The pain assessment was conducted with the use of the Numerical Rating Scale (NRS) 0-10 score.

Abstract #36223 Table 1 The mean values and standard deviations of pain scores of each group 6,12,18 and 24 hours postoperatively

	Ordinary Analgesic regimen	Paracetamol Pump	Tramadol Pump	Tract Analgesia	P Value
6 hours	5,65±1,57	4,85±2,13	3,25±1,21	2,35±0,67	<0,0001*
12 hours	4,7±1,66	3,5±1,93	2,7±1,69	1,6±0,68	<0,0001*
18 hours	3,15±1,50	2,7±1,87	2±1,34	1,3±0,47	0,0002*
24 hours	1,75±0,85	2,05±1,00	1,55±1,05	1,1±0,31	0,0069*

Abstract #36223 Table 2 Comparison of the outcomes of Tract Analgesia with Tramadol Pump in 6,12,18 and 24 hours postoperatively (Pain score mean values ± SD)

	Tramadol Pump	Tract Analgesia	P Value
6 hours	3,25±1,21	2,35±0,67	0,1484
12 hours	2,7±1,69	1,6±0,68	0,1308
18 hours	2±1,34	1,3±0,47	0,338
24 hours	1,55±1,05	1,1±0,31	0,0998

Results A total of 80 patients who underwent PCNL were divided into 4 groups of 20 patients each. The RTA was superior to the ordinary analgesic regimen and to the paracetamol tract

in all the postoperative evaluations (6,12,18,24 hours) regarding the efficacy in pain relief. The differences between RTA and tramadol pump groups were not statistically significant. Moreover, in terms of time needed to achieve the maximum analgesia, the difference between the ordinary regimen and RTA groups was statistically significant ($15,6\pm 4,92$ hours vs $21,6\pm 4,08$ hours, $p=0,013$)

Abstract #36223 Table 3 Time to achieve the lowest pain score (Hours mean values \pm SD)

Tract Analgesia	Ordinary Analgesic regimen	P Value
15,6 \pm 4,92	21,6 \pm 4,08	0,0013*
Tract Analgesia	Paracetamol Pump	
15,6 \pm 4,92	18,6 \pm 5,80	0,2127
Tract Analgesia	Tramadol Pump	
15,6 \pm 4,92	16,5 \pm 5,46	0,99

Conclusions The use of regional tract analgesia seems to be a more efficient and faster method compared to the ordinary analgesic regimen and paracetamol pump. It was also proved that it is not inferior to the tramadol pump avoiding the adverse effects of tramadol.

#35882 AN INNOVATIVE APPROACH TO EDUCATION ON PERIOPERATIVE OPIOID STEWARDSHIP

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Background and Aims Surgery is a risk factor for persistent postoperative opioid use and pre-operative opioid use is associated with an increased risk of perioperative complications. Perioperative opioid stewardship (judicious use of opioids to treat surgical pain) is increasingly regarded as a solution to this problem. However, healthcare professionals lack a structured curriculum to develop the skills needed for competent opioid management. To address this, we developed a learning platform for a global, multidisciplinary audience.

Methods We describe the process and challenges in developing an innovative educational tool for perioperative opioid stewardship. The Massive Open Online Course (MOOC) concept has grown exponentially in availability and popularity since 2012. Delivered completely online, free to access and open to all, MOOCs defy traditional classroom limits, enabling education to be delivered at scale. A collaborative approach with an international, multidisciplinary faculty was required to maximise accessibility to this educational resource.

Results A three-week online, open-access, interactive course has been developed in partnership with University College London (UCL) Hospitals, UCL and FutureLearn. Focusing on opioid pharmacology, perioperative use of opioids and opioid stewardship, it brings together an international, multidisciplinary faculty with the input of patient experts. Over three weeks, participants will spend 3-4 hours per week learning via a mixture of written and audiovisual modalities: peer-reviewed articles, video interviews with clinicians and patients, interactive case discussions and quizzes. The MOOC is due to launch in the fourth quarter of 2023.

Conclusions A MOOC is an innovative approach to improve the understanding and implementation of perioperative opioid stewardship and transform practice.

#36404 DELAYED SUBARACHNOID MIGRATION OF AN EPIDURAL CATHETER – A POTENTIALLY HAZARDOUS COMPLICATION

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Background and Aims Epidural analgesia is widely used, providing effective pain control, facilitating mobilization and recovery of gut function. Although often safe, we present the case of a rare, potentially hazardous complication of this technique.

Methods We report the case of a 75 year-old male who underwent right hemicolectomy under combined anesthesia. Epidural space was identified at T9-T10 level using air loss of resistance (LOR) technique and was subsequently tested using 2% lidocaine after negative catheter aspiration. Catheter placement and testing were unremarkable. During surgery, several 0.2% ropivacaine boluses were administered. Afterwards the patient reported controlled pain, without paresthesia or motor block. A perfusion of 0.15% ropivacaine and sufentanil was started and he was later transferred to the ward.

Results Six hours after transfer, there was a new onset of lower limb paralysis, without hemodynamic instability. Epidural perfusion was discontinued and soon after the

#35917 ANAESTHETIC AND ANALGESIC MANAGEMENT FOR TOTAL SCAPULECTOMY: IS CONTINUOUS REGIONAL ANAESTHESIA A GOOD CHOICE?

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Background and Aims Total scapulectomy involves severe postoperative pain and requires continuous regional anaesthesia for