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±4,92 hours vs 21,6±4,08 hours, p=0,013)

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

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

Dermot McGuckin*, Fausto Morell Ducos, Jamie Smart, Brigitta Brandner. *Pain Management Centre, National Hospital for Neurology and Neurosurgery, London, UK*

10.1136/rapm-2023-ESRA.592

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 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

[1]Gisela Reis*, [1]Fábio Rato, [2]Luísa Elisiário. *[1]Anesthesiology, Centro Hospitalar Universitário de Santa Maria, Lisbon, Portugal; [2]Anesthesiology, Hospital José Joaquim Fernandes – ULSBA, Beja, Portugal*

10.1136/rapm-2023-ESRA.593

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 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 administred. 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?

Andrea Rivera Vallejo*, Mireia Rodríguez Prieto, Gerard Moreno Gimenez, Miguel Martin Ortega, Anna Hostalot Sánchez, Alex Arjona Navarro, Sergi Sabaté Tenas. *Anesthesiology, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain*

10.1136/rapm-2023-ESRA.594

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