Background and Aims Using the regional anesthesia with GA in some surgeries has many benefits including but not limited to reducing the use of intra-operative and postoperative narcotics.

Methods 53 years old female patient presented to our anesthesia clinic for abdominoplasty and Liposuctions of the back and the abdomen. She has no comorbidity and the Caudal anesthesia with GA was discussed with her and she agreed and consent was signed. Blood investigations were done including coagulation profile. First we started with GA with propofol and Remifentanil after turning the patient prone, Caudal anesthesia was given. Postoperative protocol for analgesics was as follows: Paracetamol 1 gm intravenous every 8 hours if pain score is 4 or less and 50 mg Pethidine intramuscular if pain score is 5 or more.

Results Operation was done successfully and patient shifted to PACU pain-free with No post-operative side effect of narcotics. Her first request of narcotics was after 18 hours and only Paracetamol Every 8 hours.

Conclusions Caudal Block prolonged the analgesia postoperative with minimal or no side effects from narcotics.

### Abstract #35786 REBOUND PAIN AFTER REGIONAL ANAESTHESIA

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Application for ESRA Abstract Prizes: I apply as an Anaesthesiologist (Aged 35 years old or less).

### Background and Aims

Rebound pain after regional anaesthesia (RA) is often an under-recognised yet debilitating condition occurring after resolution of the nerve block. Rebound pain disrupts functional recovery, postoperative discharge and patient satisfaction. This retrospective audit aimed to investigate the incidence and factors associated with rebound pain in patients undergoing surgery.

### Methods

Data was retrospectively collected from patients who underwent surgery in Khoo Teck Puat Hospital, Singapore, over a period of 1 year, and had received single-shot peripheral nerve block or spinal anaesthesia. Patient demographics, surgery types, Visual Analogue Scale scores, upon resolution of RA, were collated.

### Results

A total of 1177 patients were studied. Incidence of severe rebound pain was low, 0.8% at rest and 4.5% on movement. Incidence of moderate rebound pain was 6.4% at rest and 19.1% on movement. Age ≤ 55, Indian ethnicity, surgical type and surgical site were associated with increased rebound pain at rest (p<0.05). Female gender, Indian ethnicity and surgical site were associated with increased rebound pain on movement (p<0.05). Moderate-severe rebound pain at rest and movement were common in tibia surgeries (66%) and shoulder surgeries (53 – 73%) and below-knee amputations (20 – 60%).

### Conclusions

Younger patients (<55 years old), Indian race, and operations such as shoulder, tibia and below-knee amputations have higher rebound pain scores. Understanding the risk factors can help to identify patients who will benefit from...
measures such as preemptive multimodal analgesia before block recession and continuous RA techniques.

**PAIN MANAGEMENT COMMITTEE: CONTRIBUTIONS, COMPROMISES, AND LESSONS LEARNED – REAL WORLD EVIDENCE FROM A TUNISIAN ACADEMIC HOSPITAL**

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10.1136/rapm-2023-ESRA.608

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

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**Background and Aims** Effective pain management is a key priority at our institution and is coordinated by the Pain Control Committee (PCC), which is a regulatory and multidisciplinary board established in 2018. In this study, we aimed to evaluate the PCC’s activities and impact in improving pain management.

**Methods** An observational study was conducted by reviewing data from annual reports and patient records.

**Results** Since its implementation, the PCC has trained nearly 300 participants (primarily paramedics), through seminars and workshops. Additionally, 25 documents outlining pain assessment and management, including 2 standard operating procedures, 13 protocols, 2 informative documents, and 8 algorithms, were written, validated, and transmitted across all relevant departments. The clinical training of a pain expert nurse and a physiotherapist failed due to organizational reasons. The most common challenges faced by the PCC included a lack of traceability, time, and willingness of senior practitioners and pain referents to actively adhere to the committee’s teamwork actions. The main limiting factors were the lack of therapists with advanced training in acute and/or chronic pain management, such as anesthesiologists and psychologists, as well as financial issues.

**Conclusions** Real-world evidence revealed many insufficiencies and challenges in the implementation of the structured plans of pain management committee. Sustained efforts and a never-ending commitment to pain management are necessary to maintain the virtuous circle of continuous improvement. The Deming Cycle (Plan-Do-Check-Act) can help improve organizational efficiency in this regard.

**PREOPERATIVE GABAPENTIN IN PATIENTS UNDERGOING A TOTAL HIP OR A TOTAL KNEE ARTHROPLASTY: A CASE-CONTROL STUDY**

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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** Post-operative pain management in patients undergoing total hip and total knee arthroplasties (THA, TKA) can be challenging. Gabapentinoids, drugs normally used for patients with chronic neuropathic pain, are often used in the perioperative setting as an adjunct therapy to ameliorate patient’s analgesia and decrease opioid consumption. Several metaanalysis have been conducted to investigate the effect of gabapentinoids’ preoperative administration, showing negative results in most cases. Conversely, a meta-analysis from Han et al showed a reduced post-operative opioid consumption in patients treated with pre-operative gabapentin.

**Methods** We conducted a case-control observational study on 135 patients undergoing a total hip or a total knee arthroplasty. Our primary outcome was to assess if there was any statistically significant difference in pain scores at several time-points. In our center, the gabapentin was administered as a single, low dose preoperative oral dose.