

measures such as preemptive multimodal analgesia before block recession and continuous RA techniques.

#36229 PAIN MANAGEMENT COMMITTEE: CONTRIBUTIONS, COMPROMISES, AND LESSONS LEARNED – REAL WORLD EVIDENCE FROM A TUNISIAN ACADEMIC HOSPITAL

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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.

#36464 PREOPERATIVE GABAPENTIN IN PATIENTS UNDERGOING A TOTAL HIP OR A TOTAL KNEE ARTHROPLASTY: A CASE-CONTROL STUDY

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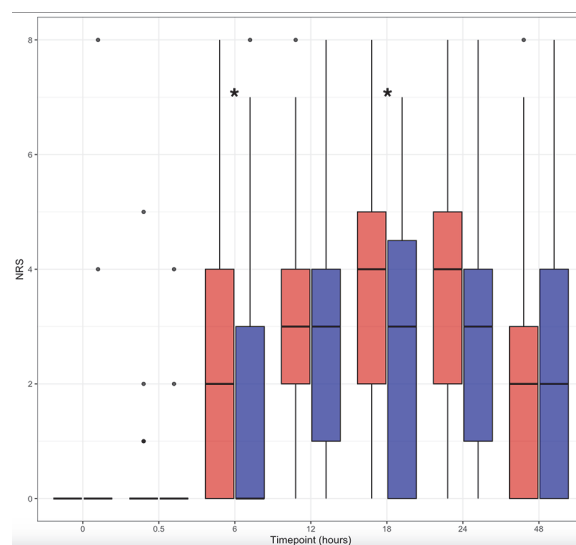
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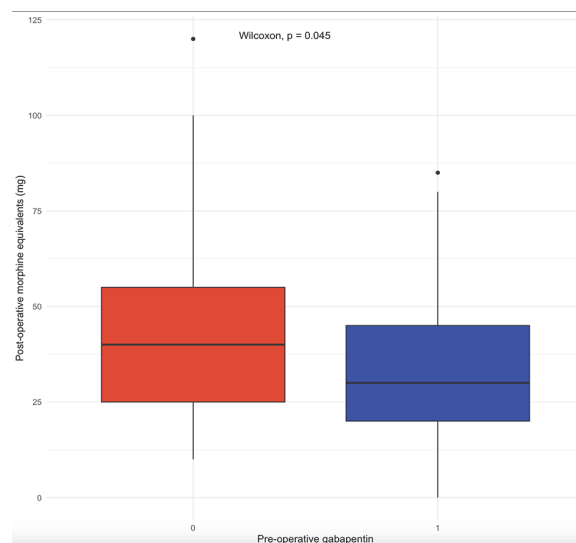
Background and Aims Post-operative pain management in patients undergoing total hip and total knee arthroplasties

(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 metanalysis 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.



Abstract #36464 Figure 1 Time trends of NRS after the surgery in patients not receiving (red plots) and receiving (blue plots) a preoperative low dose of gabapentin



Abstract #36464 Figure 2 Post-operative opioid consumption in patients not receiving (red plot) and receiving (blue plot) a preoperative low dose of gabapentin