

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

Zeineb Sghaier*. *Medical Oncology, Hu Habib Bougatfa, Bizerte, Tunisia*

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)

Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

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

¹Antonio Fioccola*, ²Ana Marta Pinto. ¹Anesthesia, AOU Careggi, Firenze, Italy; ²Anesthesia, Centro Hospitalar Entre Douro e Vouga, Porto, Portugal

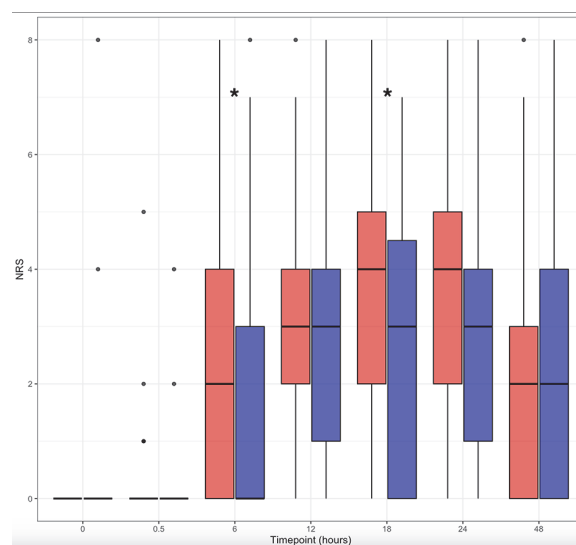
10.1136/rapm-2023-ESRA.609

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

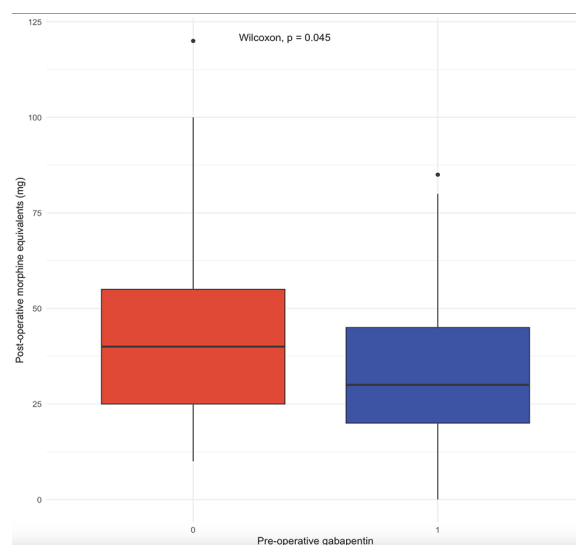
Background and Aims Post-operative pain management in patients undergoing total hip and total knee arthroplasties

(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 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

Results 55 patients received a pre-operative dose of gabapentin. The numerical rating score (NRS) was 2.5 and 1 point lower in the gabapentin group, respectively at 6 hours and 18 hours after the surgery, when compared to the patients that did not receive gabapentin, with a meaningful difference. The other observed timepoints did not show a significant result. The post-operative length of stay (LOS) in the post-anaesthesia unit and the overall LOS were similar in the two groups.

Conclusions In our analysis, the use of a low dose of preoperative gabapentin was safe and effective in reducing the postoperative pain scores in the first day post-surgery. However, its effect run out 24 hours after the surgery.

found due to sample limitation. Adverse effects have not been analyzed due to incomplete data.

Attachment [Aprov_P23_055.pdf](#)

#36413 PARAVERTEBRAL BLOCK VERSUS THORACIC EPIDURAL ANALGESIA IN VIDEO-ASSISTED THORACOSCOPY SURGERY FOR LUNG CANCER. OBSERVATIONAL RETROSPECTIVE COHORT STUDY

Marta Rodriguez Cornet*, Gerard Mestres Gonzalez, Alba Benito Gomez, Mónica Pérez-Poquet, Marc Bausili Ribera. *Anesthesiology, Hospital Universitari Mútua Terrassa, Terrassa, Spain*

10.1136/rapm-2023-ESRA.610

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 Despite of similar postoperative pain control and less adverse effects, thoracic paravertebral block (TPVB) for thoracotomy and video assisted thoracic surgery (VATS) isn't as widespread as thoracic epidural anesthesia (TEA). To standardize clinical practice in our institution, we conducted a retrospective observational study to compare postoperative pain control after VATS.

Methods We performed a retrospective cohort analysis of patients who were undergoing VATS oncological lung surgery with regional anesthesia (TEA or TPVB) during 2021. Significant pain was considered if a value ≥ 3 was recorded with the verbal numeric scale (VNS) at 12, 24 and 48 hours (h) after surgery. The need for rescue analgesia at those times was also registered. A Chi Square test was used to compare both groups.

Results 44 patients were included in the study, 22 in each group (continuous TEA vs. single shot TPVB at two thoracic levels). Patients at both groups had similar VNS pain values and need for analgesia rescue at 12, 24 and 48h with no statistically significant differences between them (VNS 12h ($p=0.275$), 24h ($p=0.3834$), 48h ($p=0.275$)).

Abstract #36413 Table 1 Statistical analysis

(% patients with VNS ≥ 3)	12h	24h	48h
TEA (22px)	4,54	31,81	4,54
TPVB (22px)	13,63	45,45	13,63
	$p=0.275$	$p=0.3834$	$p=0.275$

Conclusions Our findings are in line with recent literature, showing that TEA and TPVB may be equivalent effective regional analgesia techniques in VATS in terms of postoperative pain control. Nevertheless, differences may have not been

#34046 BILATERAL ULTRASOUND-GUIDED MID-POINT TRANSVERSE PROCESS TO PLEURA BLOCK IN LAPAROTOMIC COLORECTAL SURGERY: A CASE REPORT

Federica Fiorentini*, Marco Vespasiano, Franco Marinangeli, Francesca Patta, Mariapaola Bernardi. *Anestesia, rianimazione, terapia intensiva e del dolore, P.O. SAN SALVATORE L'AQUILA, L'Aquila, Italy*

10.1136/rapm-2023-ESRA.611

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 apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Colorectal surgery is the main treatment for acute abdominal obstruction, although postoperative pain management is generally inadequate in most patients. It may require large amounts of opioids. This study aims to evaluate the efficacy of bilateral ultrasound-guided mid-point transverse process to pleura block (MPT-B) in laparotomic surgery, specifically for sigmoid resection.



Abstract #34046 Figure 1 Waking up after laparotomic colorectal surgery