

**Methods** The procedure is carried out at the San Salvatore hospital in L'Aquila. The patient undergoing colorectal surgery receives general anesthesia with preoperative bilateral ultrasound-guided mid-point transverse process to pleura block using 20ml of 0.25% levobupivacaine + dexamethasone 4mg bilaterally. Intraoperatively, intravenous low dose Remifentanyl (0.6 ng/ml in TCI mode), paracetamol 1gr and Ketorolac 30 mg are administered as part of multimodal analgesia. To complete the post-operative analgesia, Morphine 5 mg and Ondansetron 8 mg are given after waking up. During the post-operative hospitalization, therapy with Contramal 50mg x 3/day is set up for the first 5 days. Data on intraoperative and postoperative analgesic effects and the effect on recanalization after surgery are recorded.

**Results** During surgery, the patient maintains hemodynamic stability (PA= 110/60, FC=60 bpm); after waking up NRS=0, in the following 5 days NRS< 3; recanalization on the ninth postoperative day.

**Conclusions** This case report suggests that, as part of multimodal analgesia, bilateral ultrasound-guided MPT-B after induction may reduce postoperative pain and opioid consumption in patients undergoing laparotomic colorectal surgery.

### #36400 LOW DOSE OF INTRATECAL MORPHINE IN PATIENTS UNDERGOING OPEN LIVER RESECTION

<sup>1</sup>Cristina Sousa\*, <sup>2</sup>Susana Maia, <sup>2</sup>Beatriz Xavier, <sup>2</sup>Alexandra Carneiro, <sup>2</sup>Rita Rocha, <sup>2</sup>Gustavo Norte, <sup>2</sup>Eva Antunes, <sup>2</sup>Catarina Sampaio. <sup>1</sup>Vila Real, Portugal; <sup>2</sup>Anesthesiology Department, Centro Hospitalar de Trás-os-Montes e Alto Douro, Vila Real, Portugal

10.1136/rapm-2023-ESRA.612

**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** Thoracic epidural analgesia (TEA) has traditionally been used for pain management after open liver resection (OLR). Despite its proven analgesic efficacy, TEA may not have the optimal safety profile. Limitations include the risk of epidural hematoma and unplanned delays in post-operative removal of the epidural catheter due to coagulopathy. Intrathecal morphine (ITM) in a multimodal analgesic scheme is an alternative to decrease postoperative pain intensity and opioid requirements. However, there is still no consensus regarding the most appropriate dose that provides effective analgesia while avoiding the risk of side effects. The aim of this work is to assess the analgesic efficacy and the presence of side effects of a low dose of ITM (150 mcg) in patients undergoing OLR. The patients informed consent for publication was obtained.

**Methods** We retrospectively evaluated 3 patients who underwent OLR and that received 150 mcg of ITM as part of a multimodal analgesic scheme.

**Results** Patients were evaluated by an anesthesiologist 24 hours after surgery and reported no pain at rest and slight to no pain at movement, with no need for rescue analgesia. No side effects were documented, namely respiratory depression, nausea, vomiting, urinary retention, or pruritus.

**Conclusions** Low dose of ITM could be an effective strategy to include in a multimodal analgesic scheme to control pain after OLT, with a low risk of respiratory depression. It could avoid the placement of an epidural catheter and the risks associated in case of postoperative coagulopathy.

### #35716 ARE PAIN AND ANXIETY SCORES IN TRAUMA PATIENTS SUITABLE FOR ASSESSING PERIOPERATIVE PAIN?

<sup>1</sup>Saskia Schmidt, <sup>2</sup>Inge Gerstorfer\*. <sup>1</sup>Tzw Meidling Anästhesie, Vienna, Austria; <sup>2</sup>Tzw Meidling Anästhesie, Wien, Austria

10.1136/rapm-2023-ESRA.613

**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

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

**Background and Aims** Suitable scores can determine the anxiety and pain perception of inpatients over the perioperative period. Studies have shown that the Numeric Rating Scale and the State-Trait Anxiety Inventory are validated scores for measuring pain and anxiety. The aim was to find out whether the perioperative pain in trauma patients can be determined using pain and anxiety scores. It was also interesting to what extent preoperative anxiety influenced perioperative pain.

**Methods** Between December 2021 and May 2022, 40 patients were asked for a questionnaire at three points in time (pre-, intra- and postoperative) in which they stated their current pain and anxiety levels. Statistical multivariate analysis of variance with repeated measures was performed using data base Statistical Package for the Social Sciences (SPSS).



Sigmund Freud PrivatUniversität Wien



### Are pain and anxiety scores in trauma patients suitable for assessing perioperative pain?

AUVA Trauma Center Vienna  
Department of Anesthesia and Intensive Care Medicine  
Prim. Univ. Prof. Dr. Roman Ullrich, OÄ Dr. Inge Gerstorfer  
Master's degree in human medicine, Saskia Schmidt

**Introduction and Question:** Anxiety and pain can increase during the perioperative period due to inadequate communication with the medical staff or already negative experiences in the hospital and thus worsen the patient's outcome. Targeted surveys of the current anxiety and pain perception with established measuring instruments such as NRS and STAI help to minimize the risk by subsequently taking preventive therapy measures at an early stage. (1 - 3) The aim of the study was to find evidence of a connection between pain and anxiety and whether anxiety and pain scores in the perioperative setting are suitable for patients undergoing elective surgery in the traumatological field.

#### Material and Methods:

- Monocentric, non-interventional prospective observational study
- Survey with questionnaires at three points in time (pre-, intra- and postoperative)
- Observation period from December 2021 to May 2022
- 40 study participants
- Inclusion criteria:  $\geq 18$  and  $\leq 80$  years of age, ability to answer a questionnaire
- Exclusion criteria: inability to return or presence of an adult representative
- Multivariate analysis of variance with repeated measures of the parameters NRS, STAI X1 and X2

#### Results:

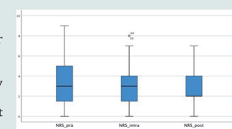
- No significant association of STAI X1 with NRS at the 3 time points
- Significant correlation of the NRS preoperatively with intraoperatively and postoperatively
- Significant NRS preoperatively with STAI X2 and intraoperative NRS with STAI X2 postoperatively
- Recognizable pain reduction over the perioperative period
- STAI scores consistently in the medium anxiety range

#### Conclusion:

- Association of anxiety and pain is marginal and variable over the perioperative period
- Moderate anxiety perioperatively
- Pain intensity decreased over time, especially postoperatively (NRS  $\leq 4$ )
- STAI and NRS useful tools to identify anxiety and pain at specific points in time

#### Literature:

1. Deger E, Strahl K, Willis S, Engelmann U, Dagele O, Gerbershagen HJ. Impact of preoperative pain on postoperative pain chronification. *Schmerz* (Berlin, Germany). November 2011; 130(2):166-73.
2. V. Doan L, Ritz J. Preoperative Assessment and Management of Patients with Pain and Anxiety Disorders. *Springer*; 2020; 10:28-34.
3. Štamenković, Dinka M., Rancić Nemanja K., Lataš Milan B., Ninković Vojislava, Rondošević Goran M., Wu Jennifer D., Cattaneo Davide. Preoperative anxiety and implications on postoperative recovery: what can we do to change our history. *Minerva Anestesiologica*. November 2018; 84(11):1307-17.



Abstract #35716 Figure 1 Poster Presentation ESRA

**Results** The results showed that the two parameters fear and pain influence each other during the hospital stay. This also