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Background and Aims Postoperative analgesia after TAH remains a challenge. In our hospital, we commonly use one of two protocols: parenteral analgesia with intravenous DIB or regional analgesia with epidural DIB supplemented with parenteral analgesia. The study compares the analgesia achieved in the first 48 hours and describes complications.

Methods We collected data from January-2022 to March-2023 using The Acute Pain Management Team database, with patient consent. 60 cases of oncological or non-oncological TAH were randomly selected, in a 1:1 proportion (parenteral vs epidural analgesia). The parenteral group received a 2mL/h DIB for 48h with metamizole and tramadol and the epidural group received a 5ml/h DIB for 27h with 0.1% ropivacaine. Both groups received intravenous acetaminophen 1g-qid and ketorolac 30mg-tid; morphine was used as rescue analgesic. Pain scores, rescue medication and complications at 24 and 48h were collected.

Results There are no demographic differences between both groups (table 1). Surgical diagnosis varied (p=0.001), as well as a tendency towards longer hospitalization in the epidural group (p=0.009). Post-operative visual analogue scores at rest and in movement were comparable in the first 48h, as well as total morphine consumption (p=0.354), nausea and vomiting (p=0.195).

Abstract #36462 Table 1 Characteristics of study population

	Epidural group (n=30)	Parenteral group (n=30)	*P*-value
Age (years)	51.0 (17.0)	48.5 (7.0)	0.147
Weight (kg)	70.0 (19.0)	68.0 (17.0)	0.728
Height (cm)	160.0 (8.5)	162.5 (8.0)	0.672
BMI (kg/m2)	27.3 (4.9)	26.4 (7.5)	0.600
ASA I/II/III, *n*	3/23/4	3/24/3	0.781
Surgical diagnosis: oncological/non-oncological	13/17	2/28	0.001
Duration of the surgery (min)	109.5 (78.8)	115 (47.3)	0.363
Length of hospital stay (days)	3.0 (1.0)	3.0 (0.0)	0.009

Abstract #36462 Table 2 Pain scores and rescue medication; IR – interquartile range; m – minimum, M – maximum

	Epidural group (n=30)	Parenteral group (n=30)	*P*-value
Pain score rest at 24h	0.0 (IR 2.0, m0, M8)	0.0 (IR 0.0, m0, M7)	0.065
Pain score movement at 24h	3.0 (IR 3.0, m0, M8)	3.0 (IR 2.0, m0, M9)	0.838
Pain score rest at 48h	0.0 (IR 1.0, m0, M5)	0.0 (IR 0.0, m0, M3)	0.211
Pain score movement at 48h	2.0 (IR 3.0, m0, M6)	2.0 (IR 2.0, m0, M5)	0.421
Total morphine consume 48h (mg)	0.0 (IR 0.0, m0, M36)	0.0 (IR 0.0, m0, M6)	0.354

Abstract #36462 Table 3 Complications after 48h

	Epidural group (n=30)	Parenteral group (n=30)	*P*-value
Nausea and vomiting	1	5	0.195
Hypotension	1	0	-
Headache	1	0	-
DIB-associated paresthesia	3	-	-

Conclusions We conclude that intravenous DIB and epidural DIB are comparable in the management of postoperative pain of TAH. Morphine consumption and side effects were comparable, but significant paresthesia was seen in the epidural group. The authors recognize the small sample bias, but highlight the importance of good pain management with a less invasive technique. However, epidural technique should be considered for high-risk cases.

#36227 PAIN ASSESSMENT AND MANAGEMENT: UNDERSTANDING THE BARRIERS. A SURVEY OF CAREGIVERS AND PATIENTS AT BIZERTE ACADEMIC HOSPITAL, TUNISIA

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

10.1136/rapm-2023-ESRA.619

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Background and Aims Pain management plays a crucial role in patient care and should be a fundamental priority in therapeutic interventions. This survey aimed to assess the perspectives of caregivers and patients regarding pain management by evaluating professional practices, obstacles to analgesia, and patient satisfaction.

Methods A descriptive cross-sectional study was conducted among healthcare caregivers and patients. Three comparative questionnaires were used to collect data.

Results A total of 109 professionals (32 doctors and 77 nurses) and 36 patients participated in the study. The majority of nurses (79%) and physicians (85%) reported systematic pain assessment, with 32% and 50% respectively using a standardized tool. Doctors demonstrated regular checking of prescription compliance (68%) and treatment adaptation (89%). Caregivers actively sought possible side effects (90%). Barriers to analgesia were identified by 64% of doctors and 42% of nurses, including challenges related to tailored pain medications, limited time, and insufficient training. Inadequate knowledge and apprehensive attitudes towards opioid side effects were noted as limiting factors. Patient responses revealed that 75% reported being assessed and managed for pain, but 60% believed that their reassessment was inadequate. Only 33% expressed complete satisfaction.

Conclusions Our findings indicate inadequate pain management practices, highlighting the need of a dedicated pain control committee as an active catalyst and coordinator of pain treatment. This committee aims to integrate pain management as a routine hospital care practice, employing a structured and collaborative approach. The key objectives include increasing awareness, developing educational programs, and providing clinical training.

Ultrasound guided RA (UGRA)

#36317 OVERCOMING THE CHALLENGES OF REGIONAL ANAESTHESIA IN TANZANIA

Kudakwashe Mawondo*. *Anaesthetics Department, William Harvey Hospital, Ashford, Ashford, UK*

10.1136/rapm-2023-ESRA.620

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