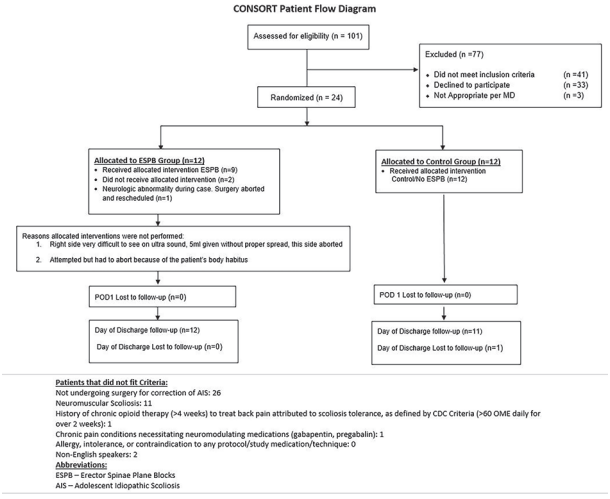
Background and Aims Posterior spine instrumentation and fusion (PSF) is a painful surgery undertaken to treat adolescent idiopathic scoliosis (AIS). Ultrasound-guided Erector Spinae Plane Block (ESPB) may present a new opportunity to apply regional analgesia to pediatric patients undergoing this surgery. To date, there exist limited applications of regional anesthesia for PSF in a comprehensive enhanced recovery pathway. We assessed the feasibility of performing ESPB in patients with AIS undergoing PSF.

Methods This randomized control trial was approved by the institutional review board of the Hospital for Special Surgery (IRB# 2019-2131). A total of 24 patients were enrolled; 12 patients were randomized to receive the bilateral ESPB with local anesthesia and 12 did not receive the bilateral ESPB. Patients in both the ESPB group and no block group received the same standard anesthetic/analgesic regimen.



Abstract EP020 Figure 1 CONSORT patient flow diagram

Abstract EP020 Table 1 Characteristics of patients successfully enrolled

Table 1. Characteristics of patients successfully enrolled

	ESPB (n=11)	No ESPB (n=12)
Age (years), mean ± SD	14.6 (2.1)	15.1 (2.3)
BMI (kg/m²), mean ± SD	20.2 (6.1)	20.1 (3.2)
Gender		
Female	6 (54.6)	7 (58.3)
Male	4 (36.4)	5 (41.7)
Other	1 (9.1)	0 (0.0)
Race		
Asian	0 (0.0)	1 (8.3)
Black/African American	3 (27.3)	0 (0.0)
White	3 (27.3)	7 (58.3)
Other	5 (45.5)	4 (33.3)
Ethnicity		
Hispanic or Latino	3 (27.3)	2 (16.7)
Not Hispanic or Latino	6 (54.5)	9 (75.0)
Unknown/Other	2 (18.2)	1 (8.3)
Patient satisfaction*	8.7 (1.7)	8.0 (2.1)
Parent satisfaction*	9.4 (1.0)	8.5 (2.1)

SD: Standard deviation
*On a scale of 0 to 10, 0 being strongly dissatisfied and 10 being strongly satisfied, how satisfied are you with pain management?

Results To reach our enrollment target of 24 participants, we approached 57 eligible patients. Out of the 12 patients randomized to the ESPB group, 9 (75.0%) successfully received the allocated intervention. Completion of the block in two patients was unsuccessful. In addition, one case was cancelled due to an unrelated intraoperative complication. Patients and their parents in the ESPB group were on average more satisfied with their pain management postoperatively than the control group.

Conclusions Within our cohort, we successfully administered ESPB to 75% of the patients in the treatment group. Further studies are needed to investigate the potential benefits of ESPB improving postoperative analgesia and decreasing patient opioid requirements in patients with AIS undergoing PSF.

EP021 MULTI-CENTER IMPLEMENTATION OF OBJECTIVE PAIN PROCEDURE ASSESSMENT TOOLS: PAIN PROCEDURE RATING SYSTEM (PAPRS)

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Background and Aims Pain fellow performance evaluations have historically emphasized categories such as medical knowledge, communication skills, and professionalism. Objective evaluation of procedural skills, while extremely important, has historically been neglected due to lack of standardization, subjectivity, and a wide variety of procedures between institutions. Due to this deficiency, an objective 'Pain Procedure Rating System' (PaPRS) was adapted from the 'Operative Performance Rating System' (OPRS) used in general surgery residencies for evaluating surgeries such as cholecystectomy. Similarly, the PaPRS provides a standardized rubric which converts individual operative performance observations into an objective performance assessment for the most fundamental pain medicine procedures.

Methods

The study was considered IRB-exempt Procedure-specific rubrics were developed for nine of the most common fluoroscopically guided procedures (e.g. epidural steroid injection, radiofrequency ablation, spinal cord stimulation, etc). Each pain procedure rating instrument used 5-point Likert scales across procedure-specific technical skill items and general performance competencies with overall performance is then calculated based on the total score of the individual instruments (example survey: http://ucdenver.co1.qualtrics.com/jfe/form/SV_a3-pO4Zk3PKnoc7A). The PaPRS was then implemented at two different major academic medical centers to demonstrate feasibility in objective assessment of trainee procedural performance.

Results The PaPRS assessment tools were successfully utilized at two academic medical centers with 23 trainees (13 pain fellows and 10 residents). Evaluators and trainees confirmed the ease of use, appreciation of objective measures, and longitudinal tracking ability of the scored assessments.

Conclusions The PaPRS is a feasible tool to objectively assess procedural competence. Future studies include a year long longitudinal study for trainees at the academic centers.

EP022 ACUTE PAIN SERVICE UTILIZATION IN AN ORTHOPEDIC SPECIALTY HOSPITAL

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