

**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.

**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.

**EPO21 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](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.

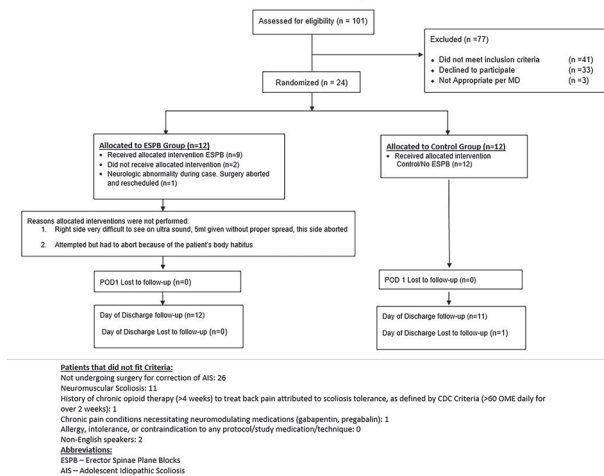
**Conclusions** The PaPRS is a feasible tool to objectively assess procedural competence. Future studies include a year long longitudinal study for trainees at the academic centers.

**EPO22 ACUTE PAIN SERVICE UTILIZATION IN AN ORTHOPEDIC SPECIALTY HOSPITAL**

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CONSORT Patient Flow Diagram



Abstract EPO20 Figure 1 CONSORT patient flow diagram

Abstract EPO20 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/m <sup>2</sup> ), 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.

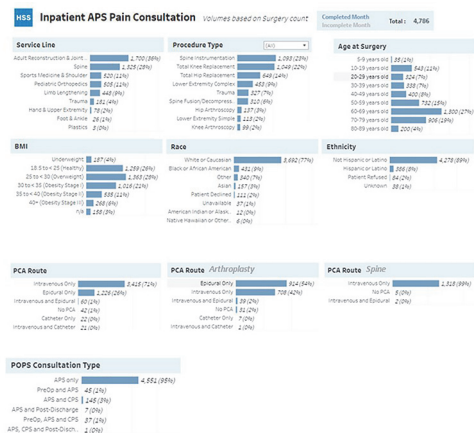
**Background and Aims** The Perioperative Pain Service (POPS) at Hospital for Special Surgery (HSS) is a multidisciplinary team that manages acute and complex pain in orthopedic surgical patients. The team is dichotomized into an acute pain service (APS) and chronic/complex pain service (CPS). APS is consulted during hospitalization for patient-controlled analgesia (PCA) when a patient experiences uncontrolled postsurgical pain without any previously known risk factors, or when surgeons pre-emptively request this pain management strategy. The aim of this study was to identify APS utilization and case characteristics in a single, high-volume orthopedic specialty hospital.

**Methods** After IRB approval for a prospective, standard of care POPS registry, cases requiring an APS consult during hospitalization for orthopedic surgical procedures between January 2022 and May 2023 were identified, and metrics extracted.

**Results** figure 1). PCA was administered to 98% of cases, 71% of which were intravenous

(IV) opioid only and 26% were epidural PCAs. Most spine (99%) and arthroplasty (54%) cases received IV opioid only PCA. Perineural catheters were utilized in 43 (<1%) of cases, 30 (69%) of which were for upper extremity surgeries. Overall, 3% of APS cases required inpatient CPS involvement.

Figure 1



Abstract EP022 Figure 1 APS patient and case characteristics

**Conclusions** APS was the most frequently used pain consult, and most patients successfully received a PCA. A small subset of APS cases required CPS involvement, suggesting that some pain management issues required escalation.

EP023

**REDUCING THE RISK OF WRONG SIDE REGIONAL ANAESTHESIA: LAUNCHING PREP, STOP BLOCK WITHIN A DISTRICT GENERAL HOSPITAL**

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**Background and Aims** In 2021, following extensive review the Safe Anaesthesia Liaison Group updated the Stop Before You Block (SBYB) process into three explicit steps:

(1) Preparation, (2) a Stop moment followed immediately by (3) performance of the Block. Two years on, this initiative

had yet to gain traction within our department and a wrong side block prompted further action.

**Methods** We evaluated awareness of the Prep, Stop, Block process amongst anaesthetists and anaesthetic assistants.

**Results** Though 100% of respondents (n=34) were aware of SBYB, less than 50% were aware of Prep, Stop, Block. Furthermore, only 40% of consultants felt that SBYB or Prep, Stop, Block was being carried out correctly  $\geq 80\%$  of the time. Based on these results we undertook further steps to address this. We began an education campaign to promote Prep, Stop, Block, including strategic placement of posters on ultrasound machines and 'tea trolley training' incorporating a video demonstration. We included it in teaching for both anaesthetists, anaesthetic assistants and students. We are making it a part of our standard operating policy for regional anaesthesia.



Abstract EP023 Figure 1 Ultrasound machine with prep, stop, block poster placed directly in line of sight of the person(s) performing regional anaesthesia

**Conclusions** We increased awareness of Prep, Stop, Block, improved compliance with its processes and hope to have reduced the incidence of wrong side regional anaesthetic block. Despite national safety initiatives, local implementation often remains inadequate. Proactive steps are necessary to promote their uptake and improve patient safety.