EP036 COMPARISON OF EFFICACY OF ULTRASOUND GUIDED LUMBAR ERECTOR SPINAE BLOCK WITH ULTRASOUND GUIDED THORACOLUMBAR INTERFASCIAL PLANE BLOCK FOR POSTOPERATIVE ANALGESIA IN LUMBAR DISCECTOMY SURGERIES

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Background and Aims Lumbar discectomy is commonly performed for prolapsed intervertebral disc and degenerative spine. The erector spinae block is paravertebral by proxy fascial plane block whereas, the thoracolumbar interfacial plain block is a paraspinal plane block. We aimed to compare the efficacy of ultrasound-guided – Erector spinae block Vs thoracolumbar interfascial plane block for postoperative analgesia in lumbar discectomy surgeries.

Methods After obtaining institute ethical committee clearance and written informed consent, 60 patients were randomly allocated into 2 groups- Group E (bilateral lumbar ESP block) and Group T(bilateral TLIP block) received 40 ml of 0.2% ropivacaine and 1mcg/kg of dexmedetomidine after general anaesthesia. The primary objective was to compare VAS at rest and at activity at 30 mins, 1, 6, 12 and 24 hours postoperatively. The secondary outcome of the study was to compare the time to the first dose of rescue analgesia and the number of times rescue analgesia was needed.

Results The VAS score at activity was significantly lowered at all times in group E as compared to group T.($p<0.001$) At rest, group E had lower VAS at all durations except at 1st hour. The time to 1st analgesic requirement and number of times rescue analgesia was needed was significantly lowered in group E than in group T.($P<0.001$)

Conclusions Ultrasound-guided erector spinae block is a better technique as compared to ultrasound-guided thoracolumbar interfascial block for post-operative analgesia in lumbar discectomy surgeries.

ePoster session 2 – Station 1

EP037 DEVELOPMENT OF AN AUTOMATED REGISTRY IN THE ELECTRONIC HEALTH RECORD TO TRACK PATIENTS MANAGED BY THE PERIOPERATIVE PAIN SERVICE: A RESEARCH AND QUALITY IMPROVEMENT TOOL

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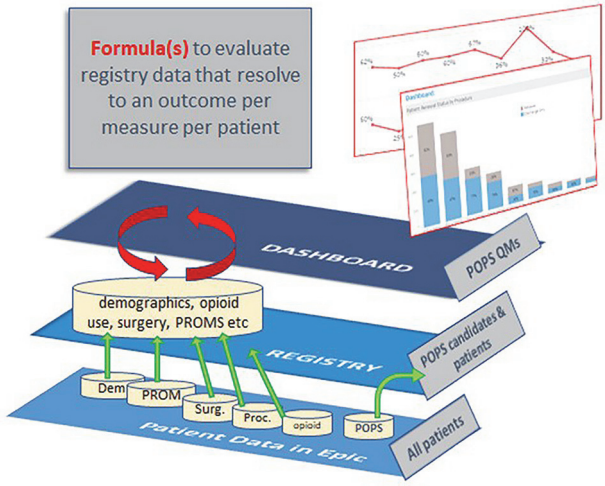
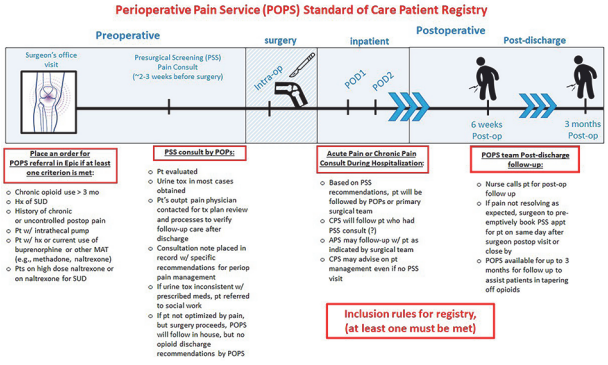
Background and Aims The Perioperative Pain Service (POPS) at Hospital for Special Surgery (HSS) is a multidisciplinary team specializing in the management of acute, chronic, and complex pain in orthopedic surgical patients. The aims of this project were to create an automated registry embedded in the electronic health record that captures surgical cases with any POPS encounter and stores patient metrics over time (figure 1).

Methods After IRB approval, logic functions were programmed within the electronic medical record to capture surgical cases that had an encounter with POPS before, during or after surgery (figure 2). Case characteristics saved daily within the database include patient demographics, pain intensity, and surgery details, with more metrics being programmed and validated.

Results Between January 2022 through April 2023, 6,475 scheduled surgical cases met registry criteria (figure 2). Out of these cases, 1,183 (18%) had a preoperative pain consultation, 4,561 (70%) involved the acute pain service, 1,580 (24%) involved the chronic pain service, and 31 (0.46%) required a post-discharge pain consultation. Patient-controlled analgesia was utilized in 5,668 (88%) cases of which 3,810 (60%) received only intravenous opioid and <1% received a perineural catheter.



Abstract EP037 Figure 1 Conceptualization of analytical registry embedded in the electronic health record



Abstract EP037 Figure 2 Perioperative pain service registry inclusion criteria

Conclusions As the first encounter-based, analytical registry at HSS, the POPS registry represents a proof-of-concept, auto-updating data repository designed for an inpatient pain management specialty service. Research and quality improvement projects leveraging this registry may elucidate improvements in the preoperative pain screening referral workflow and identify modifiable risk factors and multimodal strategies to mitigate severe acute pain, opioid consumption, and resource utilization in complex pain patients.