

Results Block performance time between groups was similar. The onset time until nerve blockade was 7.3 ± 4 minutes for group I and 12 ± 3 minutes for group II. The ease of access for the two groups was similar. The characteristics of the obturatorius nerve block are presented in table 1.

Conclusions Our research confirms a significant difference in onset time and surgeon satisfaction when obturatorius motor nerve blockade was performed using different anesthetic solutions. The beginning of action and the surgeon's satisfaction are the primary issues in this treatment because the length of the blockade is not of importance.

EP086 GENERAL ANAESTHESIA VERSUS REGIONAL ANAESTHESIA FOR PLASTICS HAND TRAUMA SURGERY

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10.1136/rapm-2023-ESRA.148

Background and Aims This service evaluation project assesses anaesthetic technique efficiency and postoperative analgesia, comparing general anaesthesia versus axillary brachial plexus block performed for plastic hand trauma surgery.

Methods Retrospective data were collected from electronic records between June 2020 and May 2022. Fifty-two patients who received axillary brachial plexus were randomly matched with an equal number of patients who received general anaesthesia for plastic hand trauma surgery. The measured outcomes were (1) anaesthetic time, (2) postoperative opioid consumption in 24 hours expressed as oral morphine dose equivalence, (3) time spent in the recovery room and (4) time to hospital discharge. Data were analysed using the Mann-Whitney U test.

Results The table 1 below summarises measured outcomes comparing general anaesthesia to axillary brachial plexus block for plastic hand trauma surgery.

Abstract EP086 Table 1 Results table summarising the measured outcomes comparing general anaesthesia to axillary brachial plexus block for plastic hand trauma surgery

Measured outcome	GA	Axillary brachial plexus	P-value
Median anaesthetic time (hh:min)	00:24	00:39	<0.001
Median opioid consumption in 24 hours (mg)	5	0	<0.001
Median time spent in the recovery room (hh:min)	00:52	00:43	0.002
Median time to hospital discharge (hh:min)	06:14	07:52	0.786

Conclusions Although general anaesthetic time was shorter than axillary brachial plexus block time, patients who received brachial plexus block spent less time in recovery and required less opioid analgesia. This project could support introducing block rooms to optimise theatre efficiency.

EP087 PERSISTENT INCISIONAL PAIN AFTER NONCARDIAC SURGERY: EPIDEMIOLOGY AND RISK FACTORS

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10.1136/rapm-2023-ESRA.149

Background and Aims Determine the incidence, characteristics, impact, and risk factors associated with persistent incisional pain.

Methods Patients who were 45 years of age or older who underwent major inpatient noncardiac surgery. Data were collected perioperatively and at 1 year after surgery to assess for the development of persistent incisional pain.

Results At one year, from 3.3% to 3.6% patients reported persistent incisional pain. Several demographic and perioperative factors have been identified to be associated with increased risk of persistent pain. Risk factors associated with this problem were young and females patients, tobacco use, coronary artery disease, history of chronic pain, Asian ethnicity, type of surgery, consumption of NSAIDs and cyclooxygenase-2 inhibitors before surgery, insulin not taken before surgery, postoperative PCA use and postoperative continuous nerve block use. Endoscopic surgery were associated with a lower risk of persistent pain. 81% of patients reported one or more features of neuropathic pain characteristics and 85.1% reported interference of pain on some aspect of their daily living. 52.7% of patients with persistent incisional pain reported taking a pain medication.

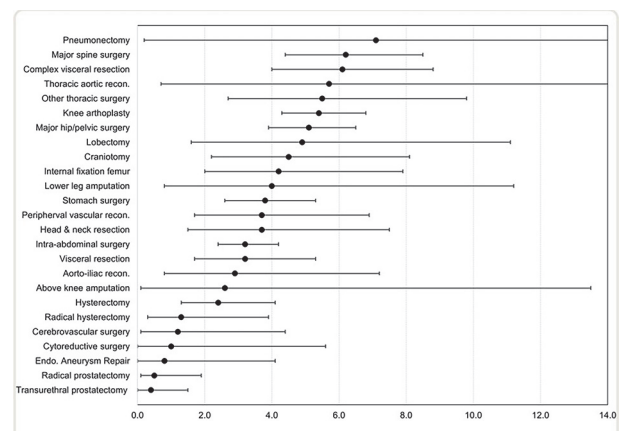


Fig. 2. Incidence of persistent incisional pain in specific surgical populations. Error bars indicate 95% CI.

Abstract EP087 Figure 1 Incidence of persistent incisional pain in specific surgical populations

Conclusions Persistent pain is unfortunately a common and problematic complication after surgery and it continues to be a significant source of distress, occurring in approximately one in thirty adults. At one year, from 3.3% to 3.6% patients reported persistent incisional pain. It is fundamental identify the incidence, characteristics, impact, and risk factors associated with the development of persistent incisional pain so that it results in significant morbidity, interferes with daily living, and is associated with persistent analgesic consumption.

EP088 THE EFFICACY OF SPINAL CORD STIMULATION IN THE MANAGEMENT OF DIABETIC PERIPHERAL NEUROPATHY

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10.1136/rapm-2023-ESRA.150