

Abstracts

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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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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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.

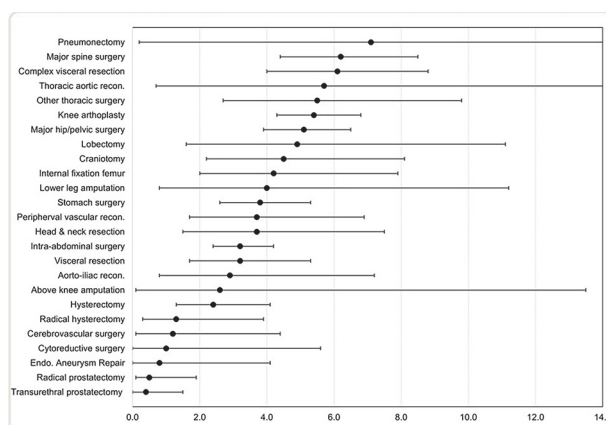


Fig. 2. Incidence of persistent incisional pain in specific surgical populations. Error bars indicate 95% CI.

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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Background and Aims Diabetic peripheral neuropathy (DPN) is a commonly occurring and incapacitating complication of diabetes, frequently leading to considerable discomfort and reduced patient well-being. The existing therapeutic modalities for DPN are constrained in their efficacy, prompting the exploration of spinal cord stimulation (SCS) as a viable alternative for pain mitigation. This investigation aims to provide a current synopsis of the latest literature on the effectiveness and safety of SCS in managing DPN.

Methods The study employed a literature search approach, utilizing the most current and pertinent sources. The analysis incorporated studies published after 2017, comprising clinical trials, observational studies, and position statements. The study centered on the effectiveness, safety, and comparative analysis of various spinal cord stimulation (SCS) systems employed in treating diabetic peripheral neuropathy (DPN).

Results Recent findings indicate that Spinal Cord Stimulation (SCS) is a secure therapeutic alternative for individuals diagnosed with Diabetic Peripheral Neuropathy (DPN). Several studies have reported noteworthy reductions in pain and enhancements in quality of life. The scholarly literature underscores the significance of selecting the suitable SCS system following the specific requirements of each patient, given that different systems present various advantages and disadvantages.

Conclusions In conclusion, SCS exhibits potential as a viable treatment alternative for DPN, providing pain alleviation and enhanced quality of life for individuals who have experienced limited efficacy from conventional therapies. Prospective studies are needed to optimize spinal cord stimulation (SCS) parameters, determine predictors of treatment response, and assess long-term outcomes to enhance the effectiveness of SCS in managing DPN.

EP089 ASSESSING INCIDENCE OF DISCHARGES WITH OPIOID ANALGESIA: RESULTS FROM A SINGLE CENTRE RETROSPECTIVE COHORT STUDY

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Background and Aims Background: Data regarding the 'opioid epidemic' (chronic opioid use and related admissions secondary to inappropriate prescribing) stems primarily from North American literature. The impact of opioid prescriptions leading to long-term use/dependence has also been assessed in the United Kingdom. Aim: To assess the number of opioid-naïve patients (≥ 18 years of age) who were discharged on opioids (codeine, oxycodone, tramadol and morphine) by the general surgery department in an NHS trust and to assess for variables that correlate with discharge on opioid medication.

Methods Methods: Records of opioid-naïve adult patients discharged by Buckinghamshire Healthcare NHS Trust General Surgery Department between 1st September 2022 and 30th September 2022 were reviewed and data regarding demographics, management and discharge medications was gathered. Descriptive, Chi2 and tetrachoric (TC) statistical analyses were conducted.

Results Results: 394 patients were discharged in September 2022. 193 male and 201 female. The most common diagnoses were abscess (57), cholelithiasis/cholecystitis (51) and hernia (41). 75 admissions were elective and 319 emergency. 219 cases were managed surgically and 175 conservatively. 48 surgical cases involved laparotomy and 92 laparoscopy. 98 patients were discharged with opioid analgesia (88 codeine, 2 oxycodone, 3 morphine, 5 tramadol). Chi2 testing showed an association between discharge on opioids and admission type ($p < 0.001$, $TC = -0.96$, correlating with emergency), management ($p = 0.027$, $TC = -0.637$, weakly correlating with conservative), and surgery type ($p < 0.001$, $TC = -0.97$, correlating with laparotomy).

Conclusions

Conclusion A significant portion of surgical patients are discharged on opioids. Future studies will examine for continued opioid use 6 and 12 months post-discharge.

EP090 COMPARISON OF POSTOPERATIVE ANALGESIA METHODS IN PATIENTS UNDERGOING MAJOR INTRAABDOMINAL SURGERY

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims In our study, our aim is to examine the effects of modified thoracoabdominal nerve (M-TAPA) applied for postoperative analgesia in patients who had major intraabdominal surgery on the postoperative pain score, the change in the postoperative total opioid requirement and the side effects.

Methods We separated the patients into two groups as M-TAPA applied group and control group. In group M-TAPA, M-TAPA block was performed bilaterally with 20 mL of 0.2% bupivacaine under ultrasound guidance at the end of surgery. No block was performed in the control group. Patients were administered morphine through patient controlled analgesia (PCA) pump with a bolus dose of 1 mg, 15 min lockout interval. The postoperative pain scores (the numeric rating scores (NRS)), total opioid consumption in the first 48 h, antiemetic consumption and opioid related side effects were recorded.

Abstract EP090 Table 1 Evaluation of outgoing volume measurements by groups

Opioid Consumption		Analgesia Plan		
		M-TAPA	IV PCA	
2.hour	Mean±SD	2,52±1,47	5,25±1,86	≤0,001**
6.hour	Mean±SD	7,35±3,19	11,40±3,89	≤0,001**
12.hour	Mean±SD	12,04±3,27	21,50±5,39	≤0,001**
24.hour	Mean±SD	15,17±3,93	33,90±8,59	≤0,001**
36.hour	Mean±SD	18,78±5,64	47,90±9,93	≤0,001**
48.hour	Mean±SD	21,13±6,56	61,70±11,42	≤0,001**
	<i>p</i>	≤0,001**	≤0,001**	