

**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

Mahaveer Sangha\*, Pooja Shah, Shoomena Anil, William Elia, Nawal Nahal. *Department of Anaesthesia, Buckinghamshire Healthcare NHS Trust, Aylesbury, UK*

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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 ( $\geq 18$  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

Gamze Cabakli\*, Gulsen Cebecek Teomete, Beliz Bilgili. *Istanbul, Turkey*

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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 intra-abdominal 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**	