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*

10.1136/rapm-2023-ESRA.151

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 12months post-discharge.

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

Gamze Cabakli*, Gulsen Cebecik Teomete, Beliz Bilgili. *Istanbul, Turkey*

10.1136/rapm-2023-ESRA.152

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

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	*p<0,001***
6.hour	Mean±SD	7,35±3,19	11,40±3,89	*p<0,001***
12.hour	Mean±SD	12,04±3,27	21,50±5,39	*p<0,001***
24.hour	Mean±SD	15,17±3,93	33,90±8,59	*p<0,001***
36.hour	Mean±SD	18,78±5,64	47,90±9,93	*p<0,001***
48.hour	Mean±SD	21,13±6,56	61,70±11,42	*p<0,001***
	p	*p<0,001***	*p<0,001***	

Abstract EP090 Table 2 Evaluation of NRS measurements by groups

Table 2: Evaluation of NRS Measurements by Groups

NRS		Analgesia Plan		p
		M-TAPA	IV PCA	
2.hour	Med±SD	2,39±1,62	3,60±1,35	*0,001**
6.hour	Med±SD	2,96±1,49	5,30±1,45	*0,001**
12.hour	Med±SD	2,22±1,24	4,55±1,36	*0,001**
24.hour	Med±SD	1,00±1,00	2,60±1,23	*0,001**
36.hour	Med±SD	0,65±0,71	1,80±1,24	*0,001**
	p	*0,001**	*0,001**	

Results A total of 43 patients were included in the study. Pain scores (at 2.,6.,12.,24.,36. hours) were significantly lower in group M-TAPA than in the group control ($p<0.001$). The total amount of morphine consumption in the first 48 h was lower in group M-TAPA than in the group control (M-TAPA 21,13± 6,56; IV PCA 61,70 ± 11,42) ($P<0.001$). There were no significant differences between the groups in terms of side effects and rescue treatment ($p>0,05$).

Conclusions Bilateral ultrasound-guided M-TAPA block provides reduced postoperative pain scores, effective analgesia and decreased opioid consumption in patients undergoing major abdominal surgery.

ePoster session 3 – Station 4

EP091 CONTINUOUS WOUND INFUSION (CWI) MAY BE A VALID ALTERNATIVE FOR POSTOPERATIVE ANALGESIA AFTER ABDOMINAL HYSTERECTOMY

Costa Fabio*, Alessandro Ruggiero, Martina Cuccarelli, Eleonora Bruno, Francesco Plotti, Giuseppe Messina, Davide Sammartini, Emanuele Sammartini. *Campus Biomedico University Hospital Foundation, Rome, Italy*

10.1136/rapm-2023-ESRA.153

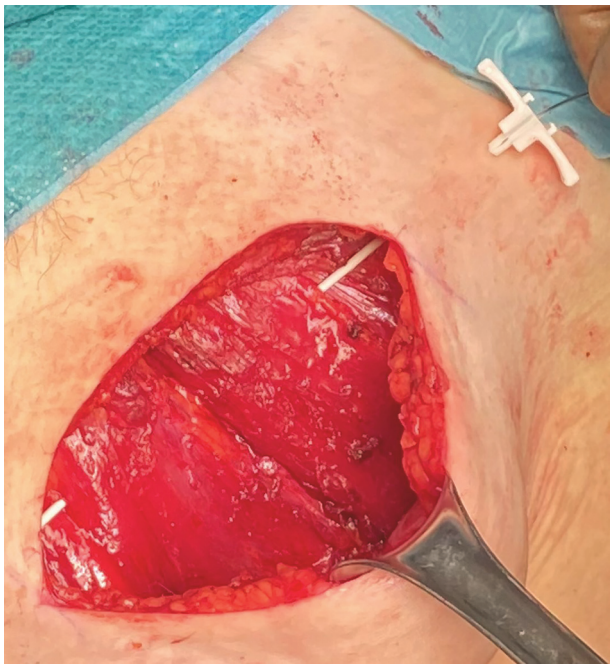
Background and Aims Abdominal hysterectomy (AH) is associated with significant pain. Adequate pain control is essential for improving postoperative outcomes. Although PROSPECT guidelines, dating back to 2006, do not recommend continuous wound infusion (CWI) for AH, the references cited in the guideline used the subcutaneous space as a site for infusion. However, the recent PROSPECT guideline for cesarean section considers CWI effective for analgesia. Given the similarity in incision and surgical site, we conducted a randomized controlled trial to compare deep CWI with transversus abdominis plane (TAP) block, the most commonly used regional anesthesia technique for abdominal surgeries, for AH.

Methods After ethical committee approval (71.22) (NCT05686382), we started to enroll patients scheduled for AH with Pfannenstiel incision. The intervention group received 48 hours of continuous ropivacaine 0.2% infusion through a prefilled fixed rate pump (Ropivacaine ReadyfusOR – BioQ Pharma) via a multi-holed catheter placed along the incision line between transversalis fascia and parietal peritoneum. The control group received a bilateral TAP block with ropivacaine 0.5% 20 ml. We recorded data on pain scores at rest and in motion, opioid consumption, and postoperative side effects.

Results Preliminary data from the first ten cases showed differences in pain scores (NRS) in favor of the CWI group as shown in table 1. No differences emerged for other outcomes so far.

Abstract EP091 Table 1 Mean NRS in the two groups; green highlighted differences (>2 points) are deemed clinically significant

		NRS rest recovery room	NRS rest 6 hours	NRS rest 12 hours	NRS rest 24 hours	NRS rest 48 hours	NRS - mov recovery room	NRS - mov 6 hours	NRS - mov 12 hours	NRS - mov 24 hours	NRS - mov 48 hours
CWI	Mean	3	2,6	2,2	0,6	0,2	3	4	3,6	2,4	0,6
	sd	2,83	2,41	3,35	0,89	0,45	2,83	1	2,61	0,89	0,89
TAP	Mean	4,2	6,4	5,4	4,6	1,8	4,6	7,4	5,6	5,4	3,4
	sd	3,9	1,82	1,52	2,07	1,3	4,33	2,3	1,95	2,3	1,67
Mean difference		-1,2	-3,8	-3,2	-4	-1,6	-1,6	-3,4	-2	-3	-2,8



Abstract EP091 Figure 1 Peel away introducer placed below the rectus muscles for a deep catheter placement

Abstract EP091 Figure 2 Prefilled pump preparation for infusion

Conclusions Preliminary data showed CWI as not-inferior to the TAP block for AH for postoperative pain control. We believe that final data will confirm this result.