Time to second EVA	Number of Participants aggregated	Mean VAS pre-intervention	Mean VAS post-intervention	Percentual Pain reduction
< 1 month	4	8,5 (IQR 2)	5,75 (2.5)	32 %
1 – 6 months	9	8,44 (IQR 1.5)	5 (IQR 2.5)	40%
> 6 months	5	8,4 (IQR 2)	6,75 (IQR 3.5)	19,64 %

Abstract EP094 Figure 3 The time spent after the technique also seems to be important. We observe a tendency the results keep improving until the 6th month after the technique, but after this time, the improvement is more limited

Conclusions Limitations coming from the type of study are clear, but as we can see in the results, it can be a promising technique if the indication is correct, also we find a tendency depending on the time passed after the technique. We find reductions in pain by 46%. Although more studies are necessary to prove the technique's real impact, we insist that the correct indication is mandatory for better results.

EP095 PERIOPERATIVE INTRAVENOUS NEFOPAM ON PAIN AND AMBULATION AFTER OPEN SPINE SURGERY, A RANDOMIZED DOUBLE-BLIND CONTROL STUDY

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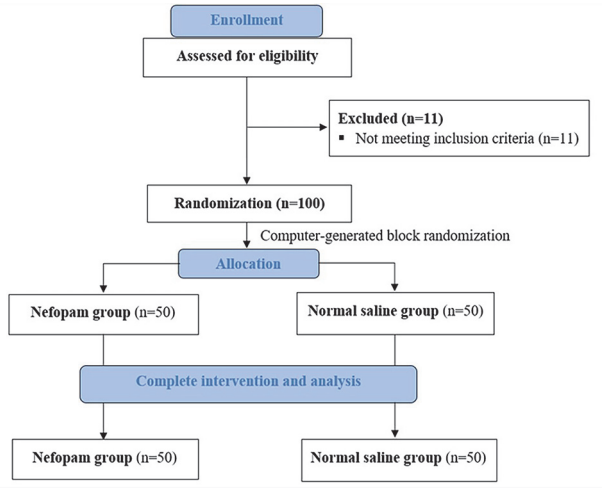
Background and Aims Evidence regarding intravenous nefopam in open spine surgery is lacking as part of enhanced recovery after surgery (ERAS). This study aimed to evaluate intravenous nefopam's effect on reducing morphine consumption, postoperative pain, and functional outcomes.

Methods One hundred patients undergoing lumbar decompressive laminectomy with fusion were randomized into two groups. The nefopam group received 20 mg of intravenous nefopam diluted in 100 ml normal saline intraoperatively, followed by nefopam 80 mg diluted in 500 ml normal saline, given as a continuous infusion postoperatively for 24 hours. The control group received an identical volume of normal saline. Postoperative pain was managed with patient-controlled analgesia (PCA) intravenous morphine. Morphine consumption in the first 24 hours was recorded as a primary outcome.

Results No statistically significant difference in total morphine consumption and postoperative pain score in the first 24 hours postoperatively between the two groups. At the PACU, patients in the nefopam group demonstrated lower pain scores while at rest ($p=0.03$) and upon movement ($p=0.02$) compared to the normal saline group. However, the severity of postoperative pain between the two study groups was similar from postoperative day 1 to day 3. LOS in patients who received nefopam was significantly shorter than patients in the control group ($p<0.01$). The two groups' time to first sitting and walking and PACU discharge were comparable.

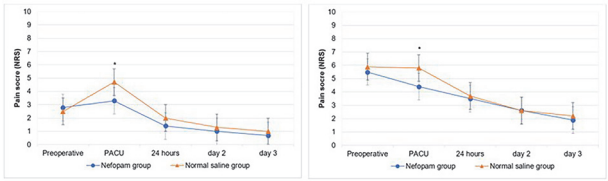


Abstract EP095 Figure 1 A CONSORT flow diagram of the study was shown

Abstract EP095 Table 1 Primary and secondary outcomes between the two study groups

	Nefopam (n=50)	Normal saline (n=50)	*p*-value
24-hour Morphine consumption (mg)	10.4 ± 10.3	11.2 ± 9.7	0.31
Total morphine consumption (mg)	19.3 ± 24.4	20.3 ± 19.8	0.30
Post-operative PDQ	2.4 ± 3.2	2.6 ± 3.1	0.53
Hospital stays (days)	4.3 ± 1.0	5.0 ± 1.3	< 0.01*
Time to PACU discharge (minutes)	45.9 ± 18.9	53.9 ± 29.7	0.23
Time to first sitting (minutes)	1798.0 ± 1188.7	1712.4 ± 862.1	0.99
Time to first walking (minutes)	2481.6 ± 1068.0	2441.8 ± 1086.2	0.72
Duration of foley catheter (minutes)	2584.2 ± 1389.6	2710.6 ± 1306.7	0.69
Duration of the drain (minutes)	3255.5 ± 1237.7	3474.9 ± 1528.4	0.67
Side effects (no/mild/severe) (%)			
- Nausea/vomiting	41/5/4 (82/10/8)	38/10/2 (76/20/4)	0.30
- Dizziness	32/14/4 (64/28/8)	35/13/2 (70/26/4)	0.66
- Drowsiness	37/12/1 (74/24/2)	43/6/1 (86/12/2)	0.29
- Urinary retention	47/2/1 (94/4/2)	48/1/0 (96/2/0)	0.50

A value presented as mean ± SD. and n (%), * represented statistical significance. PDQ, PainDETECT questionnaire.



Abstract EP095 Figure 2 Postoperative pain score: resting pain (left) and upon movement (right). *P < 0.05

Conclusions Perioperative intravenous nefopam demonstrated significant pain reduction during the early postoperative period and shortened LOS. Nefopam is considered effective as a part of multimodal analgesia in open spine surgery.