

**Conclusions** Dronabinol was prescribed off-label for various perioperative issues, primarily to patients who reported preoperative cannabis use. Due to legal restrictions by the US federal government, patients cannot bring and use their cannabis

products within a hospital setting, leaving them vulnerable to potential withdrawal symptoms or inadequately managed pain. Dronabinol may be a legal cannabinoid option for cannabis users during hospitalization.

**Abstract EP098 Table 1** Patient and case characteristics

Patient and case characteristics	N(%)
Female	114(45.8)
Age, median [IQR]	60 (45,68)
BMI, median [IQR]	22.6 (22.8, 33.8)
Race	
Asian	4 (1.6)
Black or African American	11 (4.4)
White or Caucasian	217 (87.1)
Patient refused/Unknown/Other	18 (7.2)
Ethnicity	
Latino	20(8.0)
Not Hispanic or Latino	218 (87.6)
Patient refused/Unknown/Other	11 (4.4)
Preoperative cannabis/CBD use	227 (91.2)
medical	138 (61)
recreational	89 (39)
Preoperative dronabinol use (any)	8 (3.2)
History of uncontrolled pain	52 (20.9)
Preoperative opioid use (any)	176 (70.7)
Substance use (current or history)	57 (22.9)
History of PONV	8 (3.2)
<b>Type of surgery</b>	
Foot & ankle	8 (3.2)
Knee	45 (18.1)
Hand	2 (0.8)
Hip	61 (24.5)
Limb Lengthening	12 (4.8)
Shoulder	12 (4.8)
Spine	93 (37.3)
Trauma	10(4.0)
Interactions with the Perioperative Pain Service (POPS)	
Pre-surgical(PSS) pain chronic/complex pain management consult	126 (50.6)
Inpatient acute pain service consultation (APS)	51 (20.5)
Inpatient complex/chronic pain service consultation (CPS)	201 (80.7)
Use of patient-controlled analgesia(PCA)	186 (74.7)
Oronabinol pre.scriber role (floor administration)	
Medical Doctor	53 (21.2)
Nurse Practitioner	51 (20.5)
Physician Assistant	119 (47.8)
Documented reason for inpatient dronabinol administration	
Outpatient user of MJ (medical or recreational)	150(51.0)
PSS Pain Consult • recommendation by MO	88 (35.3)
Pain control	24 (9.6)
Appetite stimulation	13 (5.2)
Withdrawal(active or prevention of)	10(4.0)
PONV (rescue)	9 (3.6)
Sleep/insomnia	8 (3.2)
Previous dronabinol use during hospitalization	4 (1.6)
Continuation of active, outpatient dronabinolRx	2 (0.8)
Anxiety	2 (0.8)
Explicit reason not documented	23 (9.2)
Oronabinol pre.scribed at discharge	13 (5.2)
For acute postoperative pain	7 (53.8)
For postoperative nausea and vomiting	2 (15.4)

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### EP099 MANAGEMENT OF INTRACTABLE PERIPHERAL NEUROPATHIC PAIN WITH PERIPHERAL NEUROSTIMULATION: 2 CASE REPORTS

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**Background and Aims** Neuropathic pain is a major cause of disability worldwide. Managing peripheral neuropathic pain is a challenge demanding high doses of multiple analgesic agents together with interventional techniques. Peripheral nerve stimulation is an emerging field in minimal invasive techniques. A wire-like electrode is placed subcutaneously parallel to the nerves, involved with the area of pain distribution and connected with a small electrical device nearby, which delivers rapid electrical pulses bypassing the sensation of pain.



**Abstract EP099 Figure 1** Peripheral nerve stimulation trial device



**Abstract EP099 Figure 2** Peripheral nerve stimulation permanent device