

EP101 GENERAL VS REGIONAL ANAESTHESIA IN UPPER LIMB ORTHOPAEDIC DAY SURGERY

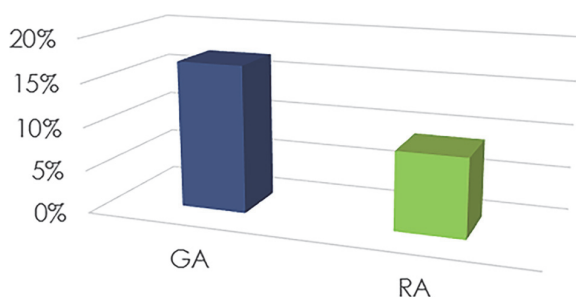
¹Albert Hanekom*, ²Ben Mulholland, ³Mustafa Akan Zubairu, ³Petr Jemelik, ²Sudhir Immanni. ¹Anaesthesiology, The Coombe Hospital, Dublin, Ireland; ²Anaesthesiology, University Hospital Waterford, Waterford, Ireland; ³University Hospital Waterford, Waterford, Ireland

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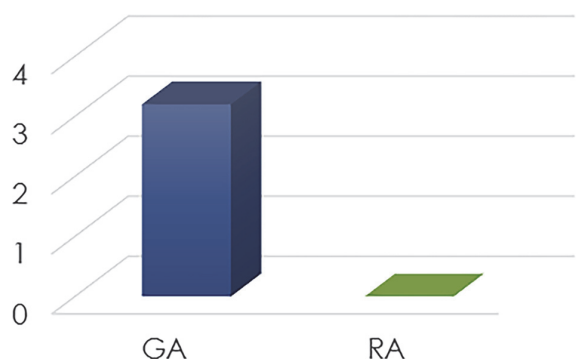
Background and Aims This audit set out to investigate the outcomes of 35 block bay patients who had surgery purely under Regional Anaesthesia (RA), compared to 23 patients undergoing the same surgery with only general anaesthesia (GA) and no RA. AIMS Length of hospital stay, Same day discharge, Post Operative Pain Scores, Opioid requirements, Post Operative Nausea and Vomiting

Methods A retrospective observational study was performed over 6 months on upper limb surgery done under only GA or Regional. Data from admission to discharge was collected. Excluded: Children Ring blocks Combined GA and RA

Results Most patients stayed overnight due to surgical reasons, however, overnight stay due to anaesthetic reasons was significantly less with RA vs GA (9% vs 17%). Average post op pain after GA was 3.2 vs 0 with RA, with GA patients requiring on average 9.9mg of morphine before leaving the recovery unit. 8.5% of GA patients developed PONV, compared to none after RA.



Abstract EP101 Figure 1 Overnight stay due to Anaesthetic causes



Abstract EP101 Figure 2 Average post operative Pain

Conclusions The incidence of same day discharge after upper limb orthopaedic surgery in UHW remains impressively high regardless of anaesthetic modality in patients who do not have surgical indications to stay overnight, however, incidence of overnight stay due to anaesthetic complications alone is significantly lower after RA alone compared to GA (9% vs 17%). Secondary outcomes measured showed a significant benefit to

RA vs GA in all categories. It was found that a majority of ASA 3 patients received RA, thereby avoiding the risks of GA. The Block Bay hereby demonstrates a clear cost saving and service delivery improvement.

ePoster session 3 – Station 6

EP103 REGIONAL VS GENERAL ANESTHESIA IN THE MANAGEMENT OF HIP FRACTURE SURGERY: WHO LEADS SO FAR?

Monica Andreea Sandu*. *Anesthesia and Intensive Care, Ilfov County Hospital, Bucharest, Romania*

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Background and Aims Hip fractures are some of the most frequent types of injuries among geriatric patients and they are mostly being managed surgically. Despite the development of different anesthesia techniques, this orthopedic procedure is still associated with increased morbidity and mortality rates. While General Anesthesia might be the preferred technique for patients on anticoagulants, Regional Anesthesia could be an alternative for elders for whom avoidance of airway instrumentation and reduced cardiopulmonary stress is mandatory. Recent medical literature has shown conflicting results regarding postoperative outcomes in geriatric hip fracture patients with different anesthesia techniques. The aim of this presentation is to illustrate the mechanisms of regional anesthesia and to assess its effectiveness when compared to general anesthesia for this patient category.

Methods This review describes the advantages and disadvantages of both anesthetic techniques, as encountered in the recent medical literature.

Results The recent studies describing comparative efficacy of RA and GA showed no significant difference for 30 days mortality or length of stay. Also, there was no significant difference between the prevalence of postoperative delirium at 24h, 3 days and 7 days. Patients receiving spinal anesthesia required more analgesic prescriptions at 60 days compared to the GA group.

Conclusions Although certain categories of geriatric hip fracture patients could certainly benefit from the usage of regional anesthesia, recent studies demonstrated no significant difference in postoperative outcomes. While definitive studies with larger sample size and adherence to a medical protocol are still in progress, the recommendations remain to adapt the anesthesia technique to the needs of the patient.

EP104 ASSESSMENT OF DAYS ALIVE AND OUT OF HOSPITAL AS A PATIENT-CENTERED OUTCOME AFTER LUNG TRANSPLANTATION

¹Park Jin Ha*, ²Kim Hye Su. ¹Seoul, Korea; ²Severance Hospital, Seoul, Korea

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Background and Aims Inadequate postoperative pain control is associated with poor prognosis after surgery. Lung transplantation (LTX) patients are usually on mechanical ventilation with sedation in the immediate postoperative period, making it difficult to accurately measure postoperative pain. Instead, surrogate indices could be used to measure patient's postoperative

recovery, such as days alive and out of hospital (DAOH), which is a patient-centered outcome measure. This study aimed to evaluate DAOH as a predictor of prognosis after LTX.

Methods We retrospectively included 246 patients who undergoing LTX at Severance Hospital, between 2012 and 2021. The optimal cut-off DAOH for prediction of postoperative overall survival was at 21.5 days using receiver operating characteristic analysis. We compared the preoperative, intraoperative and postoperative variables between LTX patients with DAOH>21.5 and those with DAOH<21.5.

Results Patients with DAOH<21.5 were older (60 vs. 56 yrs) and more patients with DAOH<21.5 were hospitalized (66% vs. 52%), admitted in the intensive care unit (55% vs. 35%) and on mechanical ventilation (48% vs. 27%) compared to those with a DAOH>21.5. More patients with DAOH> 21.5 were successfully weaned from extracorporeal membrane oxygenation during surgery (65% vs. 43%). The incidence of acute kidney injury, postoperative reoperation, pneumonia and sepsis were higher in patients with DAOH<21.5. Survival at 1 month and 1 year were significant higher in the DAOH>21.5 group compared to those with DAOH<21.5 (100% vs. 81% and 89% vs.47%).

Conclusions Our findings suggest that the DAOH, which is a patient-centered outcome, is a useful surrogate marker for indicating patient's postoperative recovery after LTX.

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EP105 LOCAL ANAESTHETIC CHALLENGE TESTING IN TERM PREGNANCY: A CASE REPORT

Sarra El Badawi, Ashwin Kumar Dakoori, Manoj Ravindran*. *Anaesthetics, George Eliot Hospital NHS Trust, Nuneaton, United Kingdom*

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Background and Aims Genuine allergic reactions to amide local anaesthetics are extremely rare. When a 32 year old parturient with Local Anaesthetic (LA) Allergy presented to the Obstetric Anaesthetic Clinic, further investigation into the allergy was required. This lady, with a background of Charcot-Marie-Tooth disease, was told to avoid all LA's after collapsing during a dental procedure as a child. During her first pregnancy in another hospital, she was told she would not receive any LA and had Entonox for labour analgesia and was given General Anaesthesia (GA) for a perineal tear repair. Following this experience she developed Post Traumatic Stress Disorder. She subsequently requested a caesarean under GA for this pregnancy. We referred her to the Allergy Clinic for a conclusive diagnosis.

Methods The 38 week parturient was admitted to Labour Suite and under the advice of the Allergy Clinic, we performed subcutaneous challenge testing of Lidocaine and Levobupivacaine. We consented her for the testing, risk of anaphylaxis and early delivery of the baby including emergency caesarean section, and ensured all emergency drugs and equipment were available. We monitored Pulse, Blood Pressure, Peak Expiratory Flow Rate, and Cardiotocography. Increasing doses of Lidocaine were given incrementally at 20 minute intervals. Between each step, we observed the patient for signs of haemodynamic instability and local allergy. We waited one hour before testing the Levobupivacaine in the same way.

Results The lady did not develop any allergic reactions and can now have LA in future.

Conclusions LA allergy testing at term pregnancy can safely identify true LA allergy.

EP106 NOVEL THERAPEUTIC AGENTS IN PAIN MANAGEMENT OF PATIENTS WITH FIBROMYALGIA

¹Iván Andrés Goveo Rivera*, ²Joey Manuel Miranda Polonia, ³Jean Ashley Díaz Rivera.
¹*Medicina Internacional, Universidad Autonoma de Guadalajara, Dorado, Puerto Rico;*
²*Medicina Internacional, Universidad Autonoma de Guadalajara, Barceloneta, Puerto Rico;*
³*Medicina Internacional, Universidad Autonoma de Guadalajara, Ponce, Puerto Rico*

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Background and Aims Fibromyalgia is a disorder that affects many people around the world, with symptoms that include diffuse chronic musculoskeletal pain, fatigue, unrefreshing sleep, cognitive dysfunction, headaches, and morning stiffness. The pain associated with fibromyalgia can be difficult to manage. The aim of this revision is to analyze the potential of new therapeutic agents for the pain management of patients with fibromyalgia.

Methods A systematic review was conducted to identify articles published after 2017, which evaluated the efficacy of novel therapeutic agents in pain management for fibromyalgia patients.

Results Pharmacological treatment options for fibromyalgia include cannabinoids and anti-nerve growth factor agents, which have shown effectiveness in reducing pain and improving sleep. Non-pharmacological interventions, such as non-invasive brain stimulation and mind-body therapies, have also been shown to aid in fibromyalgia pain management. Transcranial magnetic stimulation (TMS), a form of non-invasive brain stimulation, has been shown to reduce pain in patients with fibromyalgia. Mind-body therapies, on the other hand, have been shown to reduce stress and help patients cope with fibromyalgia.

Conclusions Combining pharmacological and non-pharmacological interventions may provide the most effective treatment approach. Treatment plans need to be individualized, as each person can develop fibromyalgia for different reasons. While some people may respond well to a combination of medications and physical therapy, others may benefit more from physical therapy alone. There is still a need for more effective and targeted treatments for fibromyalgia-associated pain. Further research is needed to fully understand the mechanism of action, safety, and efficacy of these interventions in fibromyalgia patients.

EP107 EPIDURAL ANESTHESIA IN THE PREGNANT WOMAN WITH MULTIPLE SCLEROSIS UNDERGOING CESAREAN SECTION: A SAFE OPTION

Rita Lopes Dinis*, Bárbara Sousa, Rita Pato, Ana Faisco, Fernando Manso. *Anestesiologia, Hospital Prof. Dr. Fernando Fonseca, Lisboa, Portugal*

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Background and Aims Multiple Sclerosis (MS) is an autoimmune disease of the central nervous system characterized by chronic inflammation with subsequent demyelination. Choosing the anesthetic technique for cesarean section in patients with MS can be challenging, especially in view of concern for