Abstract 223 Figure 1 Average pain scores

We hypothesize that adequate post-operative pain management using continuous supra-inguinal fascia iliaca catheter (SIFC) will reduce incidence of dementia in hip fracture patients.

Methods We evaluated a new protocol for post-operative pain management in hip fracture surgeries in a tertiary referral, Level 1 equivalent trauma centre. Upon theatre arrival, peri-capsular injection 10 ml lignocaine 2% followed by threading of supra-inguinal fascia iliaca catheter (SIFC) under ultrasound guidance. Continuous bupivacaine 0.2% infusion was started postoperatively at rate of 5 ml/hr for 48 hrs.

Pain was assessed 10 min after peri-capsular injection during positioning for spinal anaesthesia (lateral position) on a scale 0–10, and every 12 hrs postoperatively for 48 hrs. Delirium was assessed upon theatre admission and every 12 hrs for 48 hrs using CAM ICU.

Results Twenty patients who had hip fracture surgery were successfully followed up, two patients were excluded because catheter was slipped in the first 24 hours. The incidence of new onset delirium was found to be 10% (2/20), there was 58% reduction in the incidence of delirium among traumatic hip fracture patients when compared to the literature (24%).^(1,2) The Morphine Milligrams Equivalent (MME) in the first 24 hrs are 34 ± 27 , while in the second 24 hrs 32 ± 25 .

Conclusions Implementation of supra-inguinal fascia iliaca continuous block could reduce incidence of delirium in hip fracture population by up to 58%.

224

SAFETY AND EFFICACY OF SUFENTANIL SUBLINGUAL TABLET SYSTEM (SSTS) FOR POSTOPERATIVE PAIN (POP) RELIEF AFTER OFF-PUMP CORONARY ARTERY BYPASS SURGERY (OPCABG)

A Laudani*, R Gammaldi. AOU San Giovanni di Dio e Ruggi d'Aragona, Salerno, Italy

10.1136/rapm-2021-ESRA.224

Background and Aims POP in cardiac surgery is often overlooked, being moderate to severe in up to 75% of patients. Moreover, 35% of patients report persistent thoracic pain one year post surgery. SSTS is a handheld PCA device that delivers a fixed dose of 15 mcg sufentanil tablets on a PRN basis. We evaluated clinical application of SSTS for POP relief after OPCABG, assessing effectiveness, safety, and patient satisfaction.

Methods Observational case series on 20 patients who underwent OPCABG. POP was managed by the exclusive use of SSTS. Prior to the end of surgery, paracetamol 1 g, sufentanil

0.15–0.2 mcg/kg, ondansetron 4 mg were administered. Efficacy was assessed by patient reports of pain intensity on numerical rating scale (NRS). Safety assessments included vital signs. Patient satisfaction was assessed via the Patient Global Assessment (PGA) of method of pain control, with 'success' defined as the proportion of patients responding 'good' or 'excellent'.

Results Average patient age was 61 years, BMI was 26.6. Mean number of doses was 20 (range 8–52) over 72 hours, with inter-dosing intervals of 159 minutes. Median NRS was 1 (range 0–4) at rest, and 2 (range 0–6) during movement. No desaturation ($SpO_2 < 92\%$) was found. PGA scores showed a success rate of 91%. Neither harvesting nor cannulation of the radial artery of the dominant limb limited the use of SSTS.

Abstract 224 Figure 1 is a screenshot of a data collection form titled 'Modulo raccolta informazioni per supporto a Investigator Initiated Trial (IIT)'. The form contains the following fields:

- Sperimentatore:** Dott. Renato Gammaldi
- Centro Sperimentale:** AOU San Giovanni di Dio e Ruggi d'Aragona - Salerno
- Prodotto in studio:** Zefenil
- Titolo studio:** Analisi postoperatoria con analgesici sublinguali (Zefenil) in cardiologia
- Tipi di studio:**
 - ☒ Randomizzato
 - ☒ Non-randomizzato
 - ☒ Prospettico
 - ☒ Retrospectivo
 - ☒ Controllato
 - ☒ Non-controllato
- Razionale:** Un adeguato gestione del dolore postoperatorio può contribuire ad una riduzione della morbidità ed ospedalizzazione e all'adozione di protocolli per la chirurgia del cuore, anche in ambito cardiotoracico.
- Obiettivo dello studio:** Studiare l'efficacia e valutare l'efficacia analgesica di Zefenil durante la prima 72 ore dopo l'intervento chirurgico in pazienti operati per rivascolarizzazione miocardica.
- N. di soggetti previsti:** 30
- Durata dello studio (PRN-PLPO):**
- Obiezione del rapporto:** Nessuna obiezione
- Data e Luogo:** 20/11/2021 Salerno
- Firma Sperimentatore:** [Signature]

At the bottom, it states: 'N.B. Il presente modulo deve essere accompagnato dalla privacy dello studio'.

Abstract 224 Figure 1

Conclusions SSTS has proved an effective and safe device for POP relief after OPCABG. To the best of our knowledge, this is the first report of SSTS use in OPCABG patients.

225 CONTINUOUS ULTRASOUND-GUIDED RECTUS-SHEATH BLOCK FOR MIDLINE LAPAROTOMY: AN EFFECTIVE POSTOPERATIVE PAIN MANAGEMENT TECHNIQUE – CASE SERIES

C Pinto, F Matias*. *Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal*

10.1136/rapm-2021-ESRA.225

Background and Aims Epidural analgesia, though the gold standard of post-operative pain management for laparotomies, is associated with limitations and is contraindicated in many patients. Continuous rectus sheath (RS) block can provide alternative analgesia after midline laparotomy.

Methods We report 5 cases in which continuous local anesthetic infusion through ultrasound-guided (USG) RS catheters showed effective postoperative pain management for midline laparotomy. The multimodal approach for postoperative analgesia for all 5 patients was: paracetamol 1g 8/8h, ketorolac 30 mg 12/12h or metamizole 2g 8/8h and ropivacaine 0,2% through DIB system (5,2 ml/h) through a bilateral percutaneous USG RS catheter during 72h. Tramadol 100 mg as rescue analgesia.

Results Patient's pain intensity assessed by numerical rating scale during first 72h and the number of times necessary to administer rescue analgesia was also recorded (see table 1).

Conclusions With this case series, the authors showed that bilateral percutaneous USG RS catheter as part of a

Abstract 225 Figure 1

Abstract 225 Table 1

Pain Scores (0-10)	Case 1	Case 2	Case 3	Case 4	Case 5
Worst pain	4	5	3	3	4
Medium pain	1	1	1	1	1
Rescue analgesia					
Administration times	0	1	0	0	2

multimodal analgesia regime seems to provided effective post-operative analgesia for midline laparotomy with minimal or no opioid needs.

226 USG GUIDED TAP BLOCK FOR POST OPERATIVE ANALGESIA IN CHILDREN WITH COVID INFECTION UNDERGOING LAPAROTOMY

A Praniarda*. *Brawijaya University, Malang, Indonesia*

10.1136/rapm-2021-ESRA.226

Background and Aims The COVID-19 infection that broke out in the past year had a major impact on pediatric surgery. The urgency of surgical management and asymptomatic symptom in pediatric patients to the risk of multiorgan inflammatory syndrome makes anesthesiologists consider safe and optimal anesthetic techniques.

Methods 9-year-old with 18 kg bodyweight was complained of abdominal pain, diagnose with peritonitis and planned for laparotomy. Patients underwent with general anesthesia intubation. Drugs for induction include fentanyl 40mcg, ketamine 20 mg, and atracurium 10 mg intravenously. Hemodynamics during surgery was stable and after surgery, the patient performed TAP block of Ropivacaine 0.2% and Clonidine 30mcg with total volume 5 ml each side for post operative analgesia.

Results Patient was operated in COVID-19 operating room which intubation use aerosol box to prevent aerosol contacted

Abstract 226 Figure 1

Abstract 226 Figure 2