

Universitario de Valladolid with number (CEIm PI 19/1438). All patients signed the inform consent to enter the study.

Results Statistically significant differences were found in the rate of infection with respect to sex; being more frequent the infections in the feminine sex ($p=0.042$). Marginally significant differences were found between the taking of NSAIDs and infection of the prosthesis ($p=0.1$) although there was no statistical significance between the taking of NSAIDs and the analytical parameters of infection. This study demonstrates that periarticular infiltration does not increase the risk of infection ($p < 0.05$)

Conclusions The use of NSAIDs has been associated with an immunosuppressive effect that leads to an increased risk of infection in total knee arthroplasty, so its use in the preoperative period should be limited. Female gender is other significant risk factor too. Our retrospective study has shown relationship between AINEs use and infection after knee arthroplasty. No increased risk of bleeding with AINEs in this sample.

232 CONTINUOUS ERECTOR SPINAE PLANE BLOCK FOR POSTOPERATIVE ANALGESIA AS AN ALTERNATIVE TO EPIDURAL CATHETER IN THORACIC SURGERY FOR PATIENTS WITH EMPYEMA: A CASE SERIES

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Background and Aims We present a case series of five patients undergoing video-assisted thoracoscopic surgery for empyema. In this infectious state, we chose to perform a continuous ESP because of the relative contraindication of epidural catheter. We performed it to prevent and relieve the thoracic pain but also to limit the opioids consumption and their side effects in our frailty patients.

Methods The plan was general anaesthesia combined with a continuous unilateral ESP block. Postoperative analgesia was achieved by continuous infusion + bolus of L-Bupivacaine 0.125%. Complementary analgesia was done with paracetamol and when possible NSAID. Patients received iv doses of piritramide in the recovery room, but no patient-controlled analgesia or other intravenous opioids was administered subsequently.

Results Most of the patients maintained a Numeric pain Rating Scale (NRS) between 0 and 3.

We removed the catheters the same day than the pleural drains, usually at day 4. In the postoperative period, no side

effects (motor blockade, urinary retention or hypotension) were noticed and patients attested high satisfaction scores. We emphasize the fact that none of them requested additional opioids.

Conclusions In cases of empyema, the ESP catheter combined with multimodal analgesia seems to be a safe and effective alternative to epidural analgesia for VATS surgery. This technique, easy to perform, allows an early mobilization of the patient regarding the low pain scores and the absence of side effects. Prospective randomized trials are needed to confirm the benefits of the ESPB compared to epidural or paravertebral bloc.

233 PECS II BLOCK FOR ONCOLOGIC BREAST SURGERY DURING PREGNANCY: A PATIENT-CENTERED CASE REPORT

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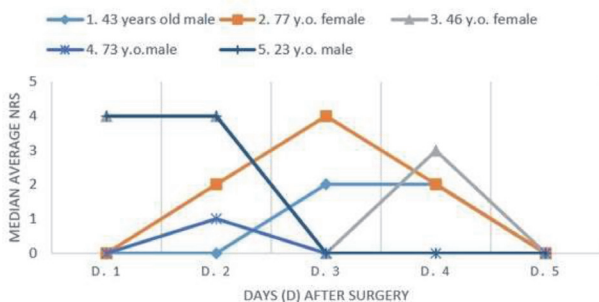
Background and Aims Anesthesia and analgesia for surgery during pregnancy has focused on avoiding teratogenic drugs, preserving intrauterine homeostasis, and decreasing the risk of preterm labor. Data on the use of regional techniques and on patient preferences are still scarce. Based on a clinical case, we aimed to explore the patient experience of analgesia for oncologic breast surgery during pregnancy.

Methods A 19-weeks-pregnant 40-year-old woman with a diagnosis of breast cancer presented for mastectomy and sentinel lymph node biopsy. After discussion with the patient, an analgesia plan of post-induction pectoral type-2 block, acetaminophen, low-dose morphine, and postoperative acetaminophen, tramadol and *prn* metamizole was chosen. Acetaminophen and *prn* metamizole were prescribed home. Patient experience was elicited during the perioperative care and in a semi-structured interview at four-months.

Results On the first postoperative day, the patient reported only mild pain on movement and declined analgesia except for one administration of acetaminophen. After discharge, she reported significant pain on the surgical drain site. Until drain removal on the fourth postoperative day, she took acetaminophen and one *prn* metamizole. The main themes identified in the patient experience were a prioritization of fetal wellbeing, a concern for the effect of analgesic drugs on the fetus, and apprehension regarding nausea and sedation.

Conclusions Outcomes commonly measured in medical research are ultimately surrogates for outcomes that are more relevant to patients. This case suggests that a decreased need

DAILY EVOLUTION OF NRS



Abstract 232 Figure 1

Abstract 233 Table 1

Central questions	Main themes identified
<ul style="list-style-type: none"> • "How did you expect postoperative pain and analgesia would be?" • "How was your experience of postoperative pain and analgesia?" • "How would your ideal experience have been?" • "What should our goals be in the treatment of postoperative pain in pregnant women?" • "How should these goals be prioritized?" 	<ul style="list-style-type: none"> • Prioritization of fetal wellbeing over analgesia • Concern for the impact of analgesic drugs on the fetus • Valorization of the absence of nausea and sedation