tachycardia) and postoperative skin assessment of sensation in the axilla (to evaluate block or infiltration success).
Results At the time of submission, complete data for at least POD1 is available for only 107 participants out of 133 patients enrolled (81%). For the first 24 hours after surgery, the treatment group used 29.8 ± 9.3 mg morphine mg equivalents (MME) vs. 32.2 ± 9.6 for the control group; p = 0.19. There were no differences in terms of reaction to incision, postoperative paresthesia/anesthesia on skin distal to surgical dressing, or postoperative pain scores.
Conclusions Reynolds et al., comparing Pecs 2 block to a sham block, found an analgesic benefit. However, surgical infiltration is simpler and appears to provide comparable analgesia.

EP006 IMPLEMENTATION OF THE FRAILTY EVALUATION IN THE PREOPERATIVE ASSESSMENT IN THE MAJOR ORTHOPEDIC SURGERY-AN EFFICIENT TOOL FOR PERIOPERATIVE CARE AND DISCHARGE PLANNING

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)
Background and Aims One of the important concepts that has an impact on health services is the frailty of the elderly. The preoperative assessment of the older patients can be improved by using of a frailty scale in order to identify the high-risk patients. The aims of this study were to identify the frail older patients proposed for major orthopedic surgery, to evaluate the prognosis and the discharge prospectives.
Methods In this prospective study, we enrolled adults 65+ years admitted for elective or traumatic major orthopedic surgery between December 1st and June 1st. For preoperative frailty evaluation, we used the Fried Frailty Index for Elders (FIFE) from 0-10 points and the patients were divided by the number of positive answers: non-frail: 0 points, frailty risk: 1–3 points and frail: ≥4 points.
Results 150 patients, with mean age (SD) 76,56 (7,31) years, female 55,15% were screened for frailty. The frailty prevalence divided by age stratification was 32% for ages 65-70 years, 35% for ages 71-80 years, and 43,33% for older than 81 years. The age category over 81 years influences the frailty score to the extent of 92.2%, there is no significant difference between the women and men, in terms of frailty score with p>0.05, the length of stay and the need for community services post-discharge were significantly longer (p<0,05).
Conclusions We conclude that FIFE score is an independent tool for frail patients' assessment. Its implementation in the hospital setting could improve perioperative outcomes and enhance the postoperative recovery of older surgical patients.

ePOSTER session 1 – Station 2

EP007 INTERVENTIONS TO REDUCE POSTSURGICAL PAIN, AND OPIOID USE, IN PATIENTS WITH PRE-EXISTING CHRONIC PAIN OR HIGH-DOSE OPIOID USE: A SYSTEMATIC REVIEW

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)
Background and Aims Background Patients with pre-existing chronic pain or those on high-dose opioid medications while presenting for surgery may be at increased risk of severe post-surgical pain and associated complications. However, findings from existing scientific literature that explore the role of adjunctive therapies to minimise postoperative pain or perioperative opioid use have been discordant. This review aimed to identify and evaluate the effectiveness of opioid-sparing interventions on post-surgical pain in patients with pre-existing chronic pain or high-dose opioid use.
Methods The databases PubMed, EMBASE, CINAHL Plus, Web of Science Core Collection and PsychINFO were searched for contemporary studies meeting pre- specified inclusion criteria. Methodological rigour was assessed, and data was extracted using bespoke forms. The last search was conducted on January 29, 2023.
Results Sixteen studies were eligible for inclusion. Eight studies were suitable for meta-analysis to explore perioperative ketamine administration. We identified a tendency towards improvement in early postoperative pain scores (-0.27 [-0.79, 0.26]) and opioid use (-0.27 [-0.55, 0.00] SMD); however, this did not achieve statistical significance. Celecoxib improved pain scores in THA and TKA patients p=0.024 and pregabalin reduced opioid consumption by 64.78% p<0.001; however, periarticular liposomal bupivacaine did not show benefit.
Conclusions We identified some improvement in postoperative pain scores and reduction in analgesic requirements with the use of ketamine, pregabalin and celecoxib individually as anaesthetic adjuncts in targeted surgical populations. The heterogeneity of study endpoints and the risk of bias limit the ability to make definitive conclusions. More research, in potentially higher risk-of-pain populations, using internationally agreed definitions, would be helpful.