



AB086. SOH23ABS_069. The effects of multimodal analgesia on the incidence of rebound pain following regional anaesthesia in operative ankle or wrist fixation

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Background: Rebound pain (RP) following resolution of regional anaesthesia (RA) is reported in up to 40% of patients postoperatively and represents a significant challenge to patient care. Current evidence hypothesises that this acute incidence of pain is secondary to inadequate systemic analgesia at the time of sensory block resolution and is linked with increased opioid consumption among patients. Therefore, this study investigated the combined effect of RA with regular non-opioid analgesics and had the following aims: (I) determine the current incidence of RP following wrist or ankle fixation under RA; and (II) examine the effects of regular *vs.* as required non-opioid based analgesics on the incidence of RP following RA.

Methods: Experimental group patients received RA, diclofenac 37.5 mg and paracetamol 1 g intravenously intraoperatively and regular oral vimovo 500 mg/20 mg and paracetamol 1 g with as required oxynorm 5 mg postoperatively. Control group patients received intraoperative analgesia as per hospital guidelines followed by as required paracetamol, vimovo and oxynorm, dosed as above. Patients subsequently filled out the short McGills pain scoring tool 2 hourly for 24 hours postoperatively with extra scoring sheets used for acute pain spikes as needed.

Results: There was a trend decrease in the incidence of

postoperative RP following RA with regular non-opioid analgesia when compared to the control group. This was accompanied with a trend decrease in the usage of opioid analgesia.

Conclusions: In summary, the data highlights the importance of regular non-opioid analgesia in both the prevention of RP and to reduce opioid consumption, however further patient recruitment over the coming months is required.

Keywords: Ankle/wrist fixation; opioid consumption; orthopaedic surgery; rebound pain (RP); regional anaesthesia (RA)

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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