7 minute Presentation & 3 minute Discussion

**9.15 Introduction**

1. **9.30** Patient-rated physician empathy: does it contribute to patient satisfaction during pain clinic consultations?
   **Sarah Walsh**, Aoife O’Neill, Ailish Hannigan, Dominic Harmon
   Graduate Entry Medical School, University of Limerick, Castletroy, Limerick, Ireland

2. **9.40** An observational study on the effects of propofol-based total intravenous anaesthesia versus vapour-based inhalational anaesthesia on blood pressure and heart rate in women undergoing elective breast cancer surgery
   **Iarlaith Kennedy**¹, Brian O’Donnell²
   ¹Department of Emergency Medicine, Mater Misericordiae University Hospital, Eccles Road, Dublin, D07 R2WY, Ireland
   ²Department of Anaesthesia, Cork University Hospital, Wilton, Cork, Ireland

3. **9.50** The role of music in the waiting room of chronic pain outpatient clinics
   **Marguerite Collins**¹, Dominic Harmon², Hilary Moss³
   ¹Irish World Academy of Music, University of Limerick, Castletroy, Limerick, Ireland
   ²Department of Pain Medicine, University Hospital Limerick, St Nessan’s Road, Dooradoyle, Co. Limerick, V94 F858, Ireland

4. **10.00** An Audit of perioperative antibiotic prophylaxis: compliance with local guidelines on the GAPP app
   **Sarah Walsh**, Maissara Al-Rikabi
   Department of Anaesthetics, Galway University Hospital, Newcastle Road, Galway, Ireland

5. **10.10** Pre-empting in-hospital cardiac arrest
   **Siobhan Clarke**¹, Aoife Doolan¹, Jennifer Clarke¹²
   ¹Department of Anaesthesia, Beaumont Hospital, Beaumont Road, Beaumont, Dublin 9, Ireland
   ²RCSI Smurfit building, Beaumont Hospital, Beaumont Road, Beaumont, Dublin 9, Ireland

6. **10.20** Concerns of patient’s attending a chronic pain clinic consultation
   **Deepak Doltani**¹, Jemima Nilan², Dominic Harmon²
   ¹Graduate Entry Medical School, University of Limerick, Castletroy, Limerick, Ireland
   ²Department of Anaesthesia, University Hospital Limerick, St Nessan’s Road, Dooradoyle, Limerick, V94 F858, Ireland

7. **10.30** Patient’s perceptions of green exercise, in the setting of back pain
   **Carolyn Maria Hayes**¹, Sasha Selby³, Dominic Harmon¹
   ¹Department of Pain Medicine Department of Anaesthetics and Pain Medicine University Hospital Limerick
   St Nessan’s Road Dooradoyle Co. Limerick, V94 F858
   ²Graduate Entry Medical School, University of Limerick, Castletroy, Limerick, Ireland

8. **10.40** The importance of diagnosis in pain management: An observational study
   **Kiran Reddy**, Dominic Harmon
AB110. 4. Patient-rated physician empathy: does it contribute to patient satisfaction during pain clinic consultations?

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Background: Patient satisfaction plays a significant role in adherence to treatment and contributes to a positive working patient-physician therapeutic relationship—fundamental components in the context of chronic pain management. The aim of this study was to examine the relationship between patient-rated physician empathy and patient satisfaction after a single new pain clinic consultation. To date no research has been conducted to examine the relationship between physician empathy and patient satisfaction in the setting of chronic pain clinics.

Methods: Institutional ethical approval was granted for this study. Patients attending a chronic pain clinic for the first time were invited to complete a questionnaire comprising a brief socio-demographic survey, the Consultation and Relational Empathy (CARE) measure and an overall satisfaction rating.

Results: The sample, N=140 patients were balanced for gender, 80% of participants ranged in age from 30–70. Of these patients, 80.7% had been living with chronic pain from between 1 and 5 years. The data were deemed non-parametric and a Spearman’s Ranked Order Correlation Analysis yielded a strong positive correlation between patient-rated physician empathy and patient consultation satisfaction rho =0.734, n=140, P<0.000.

Conclusions: Patient-rated physician empathy was strongly correlated with patient satisfaction. As such this research supports the growing body of literature highlighting the importance of promoting and developing educational programs for physicians and medical trainees to enhance empathic communication skills within the clinical setting.

Keywords: Empathy; communication; patient satisfaction; pain clinic

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AB111. 5. An observational study on the effects of propofol-based total intravenous anaesthesia versus vapour-based inhalational anaesthesia on blood pressure and heart rate in women undergoing elective breast cancer surgery

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Background: Both propofol-based total intravenous anaesthesia (TIVA) and vapour-based anaesthesia (VBA) are known to cause alterations in blood pressure and heart rate. It is not known whether one modality has a greater effect than the other. The aim of this study was to determine whether TIVA or VBA following bolus propofol induction has a greater impact on blood pressure and heart rate 5 minutes post-induction of anaesthesia. A secondary aim was to measure the effect of respective anaesthesia modalities on haemodynamic parameters and the need for intraoperative vasopressor drugs.

Methods: A prospective observational study was performed of women undergoing elective breast cancer surgery in Cork University Hospital. Patients received either TIVA or VBA at the preference of the individual consultant anaesthetist. Blood pressure and heart rate values were measured before induction as a baseline, and every 5 minutes post-induction until the end of surgery.

Results: Sixty women undergoing breast cancer surgery were included in this study (TIVA group n=30, VBA group n=30). There was no significant difference in baseline BP and HR between the two groups. The average drop in mean arterial pressure (MAP) from baseline to 5 minutes was less with TIVA than with VBA (21.4 vs. 26.93 mmHg, P=0.09). The mean heart rate (HR) drop from baseline to 5 minutes was less with TIVA than with VBA (10.93 vs. 15.97 bpm, P=0.01). The mean maximum drop in HR over the course of the surgery was less with TIVA than VBA (14.9 vs. 22.27 bpm, P=0.001).

Conclusions: This study has shown that in this cohort of patients, propofol-based TIVA offers more cardiovascular stability in terms of heart rate both on induction of anaesthesia and intraoperatively than sevoflurane-based inhalational anaesthesia.

Keywords: Anaesthesia; haemodynamic stability; propofol; total intravenous anaesthesia (TIVA)

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AB112. 58. The role of music in the waiting room of chronic pain outpatient clinics

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Background: Previous studies have examined how music can affect our entire body, brain and nervous system. There is some evidence of effectiveness in hospital settings. The aim of this mixed methods study was to determine the therapeutic effect of live music versus pre-recorded music, in a waiting room of a chronic pain clinic, in a hospital setting.

Methods: Two pain clinic waiting rooms were utilised for this study. In one pain clinic waiting room pre-recorded music was played from ‘Spotify’ playlists on a ‘Bose’ speaker over the duration of six clinics. Songlists were curated by authors 1 and 2. In the other pain clinic author 1, a MA music therapy student, attended six pain clinics playing live music on guitar, flute and voice. Choice of music was carefully curated, as were patient’s requests of certain songs. A self-administered questionnaire was administered to 200 consecutive adult patients attending the chronic pain clinics. The questionnaire contained 10 statements regarding the perceptions of pain and attitude towards the presence of music. One qualitative question was included to allow comments on the experience to be recorded alongside statistical results. Statistical analysis was performed for quantitative results and a thematic analysis undertaken on comments from patients (Braun and Clarke 2006). Reflexive journaling of the live music clinics was also undertaken by author 1.

Results: Preliminary results indicate that the majority of patients reported lowered levels of agitation, stress and lowered pain perception from both the live music and the pre-recorded. Participation in the study was high. One qualitative comment sums up the results to date: “Having a musician to talk to and request their favourite song from was a very nice distraction from their dreaded appointment”.

Conclusions: The information learned from this study can improve how music is used by people with chronic pain; hospital staff in pain clinics and staff in general hospital waiting rooms. The full results will be reported in this paper. This paper offers unique learning regarding the role of live music on perception of pain and hospital experience.

Keywords: Chronic pain; music; live music; waiting rooms

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AB113. 22. An audit of perioperative antibiotic prophylaxis: compliance with local guidelines on the GAPP app

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Background: Antibiotics prophylaxis within 60 minutes before incision has been shown to lower the incidence of postoperative infection rates across all types of surgery. Galway University Hospital provides a phone app with surgical antibiotic prophylaxis guidelines. The objective of this study was to assess and audit the use of antibiotic prescribing in theatre and compare practice to local guidelines.

Methods: One hundred patients’ anaesthetics records were randomly selected in the theatre recovery room over a 2-week period. Details regarding procedure name, antibiotics given and timing of administration were collected and the raw data was entered into Microsoft Excel. Descriptive statistics were used to analyse the data and compare current practice to the local antibiotic prescribing guidelines.

Results: One hundred patients who had procedures under orthopaedics, ENT, gynaecology, GI, max fax, plastics, urology and vascular were audited. Overall there was 84.1% concordance with antibiotic prescribing guidelines in terms of antibiotic administration. Antibiotics were indicated in 53% (53/100) of cases and 85% (45/53) of these were given in accordance to the guidelines. Antibiotics were not indicated in 12% (12/100) of cases and were correctly not given in 83.3% (10/12) of procedures. No case omitted antibiotics where they were indicated. No specific guidelines were given for plastic surgery procedures therefore data for these cases could not be interpreted. In a further 19% (19/100) of cases it was unclear if antibiotics were indicated for specific patients e.g., if patient was deemed ‘high risk’ of infection in laparoscopic cholecystectomy and not all procedures were listed in the guidelines. 16.6% (2/12) of cases administered antibiotics when not indicated. Antibiotics were given in 69% (69/100) of cases. In relation to timing of antibiotic administration, 2.9% (2/69) of cases had no time documented, 4.3% (3/69) were given before theatre, 29% (20/69) were given at the time anaesthetic monitoring commenced and 63.8% (44/69) documented that antibiotics were given at various times after monitoring began.

Conclusions: The ‘GAPP app’ provides antimicrobial prescribing guidelines which are easily accessible in theatre via any smart phone. In the majority of cases audited antibiotics were prescribed according to local guidelines. Timing of antibiotic dose in relation to incision time was impossible to determine as incision time was not documented. A tick box on the anaesthetic record could alleviate this problem. Guidelines could be expanded to include a wider range of procedures, particularly in relation to plastic surgery.

Keywords: Anaesthesia; antibiotics; peri-operative; prophylaxis; technology

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AB114. 158. Pre-empting in-hospital cardiac arrest

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Background: Despite many advances in the field of in-hospital cardiorespiratory arrest (CRA) there remains a significant mortality and morbidity burden. Documentation is typically poor and the recognition and prompt appropriate management of deteriorating patients presents a constant challenge for many medical practitioners.

Methods: Data pertaining to patient demographic, (National) early warning system ((N)EWS), chains of communication, details of CRA events, outcome was collected using patient charts from a total of 70 coded CRAs requiring resuscitative intervention occurring in patients discharged between 01/01–31/12/ 2017*.

Results: Thirty-three (89%) patients presented with at least one new symptom in the 24 hours before CRA, the mean number of new symptoms being 3.2. Tachypnoea, arrhythmia, agitation being the most common. Median NEWS at any time point in the 24 hours prior to arrest was never >5. In 24 (65%) cases a referral was made to a doctor. Intensivists were involved rarely 4 (11%) and no review was carried out in 8 (22%) cases. Arterial blood gas measurements were performed infrequently 8 (22%). Utstein forms were completed in only 8 (19%) cases. Pulseless electrical activity (PEA) was the most common rhythm (49%). Sustained return of spontaneous circulation (ROSC) was attained in 24 (65%) cases: 13 (35%) of which were transferred to the ICU; 4/31% surviving to ICU discharge. Overall 30% survived to discharge (StD) from hospital.

Conclusions: Poor documentation of CRA events and uptake of the Utstein form. Inappropriate communication between nursing staff and treating/on call physicians. ROSC and StD figures consistent with previous study. NEWS should not be exclusively relied upon to determine clinical deterioration

Keywords: Cardiac arrest; deteriorating patient; warning signs

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AB115. 185. Concerns of patient’s attending a chronic pain clinic consultation

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Background: Patient concerns and preferences should be incorporated into decision making processes and management plans of patients care. Concerns of patient’s attending chronic pain clinic consultations have not been studied previously.

Methods: Local ethics committee approval followed by written informed consent was obtained. Patients attending a pain clinic consultation for the first time were included (n=200) in a prospective study.

Results: The most common concerns were the illness itself (65%), inability to do things (36%), the future (31%) and physical symptoms (28%). Concerns about the illness itself, the future, job, finances and personal relationships were distributed evenly across different pain presentations. Patients with four or more concerns had significantly more anxiety or depression.

Conclusions: Identifying concerns of patients attending chronic pain clinics is important for management of these patients and effective communication.

Keywords: Patient-centered communication; concerns; assessment; pain clinic

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Patient’s perceptions of green exercise, in the setting of back pain

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Background: Green exercise, defined as exercising in nature, demonstrates mental and physical health benefits. Our objective was to investigate back pain patient’s perceptions of Green Exercise and the possible facilitators and barriers that may arise in employing it as part of their treatment regime.

Methods: After institutional ethics committee approval a convenience sample of 100 adult patients who suffer from chronic back pain were included. Participants completed a questionnaire that included a variety of questions with responses reported using a Likert scale.

Results: The most frequent age reported was 50–70 years in 48% of respondents; 92% of participants reported that nature improves their mood; 72% of participants reported that green spaces were easily accessible to them on a regular basis. However, up to 29% reported that they would not be able to commit to three times a week of a green exercise regime. The majority (67% of participants) reported that they would like healthcare practitioners to discuss green exercise with them.

Conclusions: Patients who suffer from back pain would be interested in Green Exercise as part of their treatment regime. Barriers that were identified included proximity to outdoor locations, time availability and the physical ability to exercise. Physicians should consider Green Exercise as a possible part of a chronic back pain treatment plan and future studies should be directed to evaluating its efficacy in chronic back pain.

Keywords: Green exercise; chronic pain; activity

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AB117. 42. The importance of diagnosis in pain management: an observational study

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Background: Chronic pain accounts for 15–20% of physician visits and represents a large burden of disability. Due to the complex aetiology of chronic pain conditions, diagnosis can be challenging. This study evaluates the role of a pain management service in establishing diagnoses for its patients and provides evidence for associated outcome benefits.

Methods: One hundred patient charts from one pain management practice in Limerick, Ireland were selected at random (October 2018). Patient demographics were recorded, as well as information regarding initial diagnosis, whether pain clinic changed/established the diagnosis, how this change was accomplished, and whether patients who had a change in diagnosis had an observed outcome benefit.

Results: Pain clinic involvement changed the primary diagnosis for 32% (32/100) of patients. Targeted clinical examination was most commonly helpful in establishing a new diagnosis (69%, n=22), followed by diagnostic injection (66%, n=21) and imaging (25%, n=8). Of these patients, 87% (28/32) had a clear outcome benefit; 75% (24/32) had a quality-of-life improvement, 19% (6/32) decreased their analgesics, 16% (5/32) were referred for definitive treatment, and 72% (23/32) were discharged due to symptom resolution. Most patients had multiple benefits.

Conclusions: A significant proportion of chronic pain diagnoses were changed through involvement of the pain service, and most patients benefited from the change. This illustrates the importance of diagnosis in chronic pain and the role that the pain management service can play in this process. This study demonstrates the need for early involvement of the pain management service as well as the need for refinement of diagnostic skills and techniques.

Keywords: Pain; pain management; chronic pain; diagnosis; diagnostics

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