

**Poster 21: Use of postoperative opioids in patients undergoing robotic hysterectomy for endometrial cancer with or without abdominal wall block**

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Topic: Endometrial

**Objectives**

To evaluate the association of an abdominal wall block (block) at the time of robotic hysterectomy (rob-hyst) for endometrial cancer (EC) with in-hospital post-operative opioid use.

**Methods**

We performed a retrospective cohort study of patients in the Vizient Clinical Database (CDB) with rob-hyst for EC between Jan 19 and Dec 22. The exposure was any block, and the outcomes were any intravenous (IV) or oral (PO) opioid use. Fentanyl administration is reported but excluded from the outcome due to frequent intra-op administration and our inability to differentiate it from post-op use. Length of stay (LOS), direct cost and their indices, readmissions, and comorbidities were compared. The association between block and opioid use was assessed with the risk ratio. The quantity of each opioid was expressed in standardized resource units (SRU), unique to each agent and defined by CDB.

**Results**

We identified 9062 patients. 320 (3.5%) had a block and 8742 (96.5%) did not. Blocks were performed at 66/323 (20.4%) hospitals. 184 (57.5%) of the patients with a block received an IV opioid vs. 5890 (67.3%) without a block (RR 0.85, 95% CI 0.77-0.94,  $p < 0.001$ ). There was no significant difference in frequency of patients who received a PO opioid of any kind (63.4% vs 61.3%, RR 1.03, 95% CI 0.95-1.12,  $p = 0.44$ ), or of any (IV or PO) opioid (66.3% vs. 64.8%, RR 1.02, 95% CI 0.94 – 1.10,  $p = 0.57$ .) Patients with blocks were significantly less likely to receive IV (52.5% vs 63.2%, RR 0.83, 95% CI 0.75-0.92,  $p < 0.001$ ) and PO hydromorphone (6.9% vs 3.9%, RR 2.53, 95% CI 1.68-3.81,  $p < 0.001$ ) and more likely to receive hydrocodone/acetaminophen (11.3% vs 0.88%, RR 12.77, 95% CI 8.73-18.67,  $p < 0.001$ ). Except for PO hydromorphone and morphine, the number of days opioids were used and the mean SRU was higher in the block group, however we were unable to assess significance with the available data. The percent of patients receiving only non-opioid analgesia was similar between groups. Use of non-opioid pain medication was high in both groups, but slightly more common in patients who had blocks. The direct cost, LOS, and readmission rates were similar between groups.

**Conclusions**

Blocks are infrequent in this population and are associated with a modest reduction in the number of patients receiving IV, but not PO, or total, opioids. Despite less frequent IV opioid use, we found no reduction in LOS or direct cost.

Abstract Table or Graph

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