

completely gone in 16% of patients. In 77%, pain had partially improved. 64% of patients had been suffering with intolerable opiate-related side effects prior to ITDD insertion. Post-insertion, 54% of this group showed a clear improvement in side effects.

73% were affected by complications within 72 hours of insertion, and 60% of patients experienced ongoing complications of some kind. The majority of these were minor complications.

In 89% of patients' records, the notes indicated that there was overall benefit in ITDD insertion. 11% of patients lived longer than predicted by Palliative Care. 34% lived as long as predicted, and 55% lived shorter than predicted at the time of ITDD referral.

**Conclusions** The vast majority of patients and clinicians felt that ITDD insertion was worthwhile, with significant numbers of patients obtaining an improvement in pain. Whilst the complication rate is high, the vast majority of these were minor without patient harm. It is not possible to draw conclusions regarding extension of prognosis in this retrospective study.

## 80 INTEROSSEOUS NERVE WRIST BLOCK OF PHENOL FOR METASTATIC UROTHELIAL CANCER: A NOVEL FEAT

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75 year old female with diagnosis of urothelial cancer with presented with history of severe right wrist pain. Pain described as a throbbing toothache affecting her sleep and ability to carry out domestic chores.

On examination, she had reduced range of movement and flexion/extension of right wrist, and visible solid swelling to right wrist. Passive movements of wrist resulted in significant pain.

MRI showed large metastatic deposit within the distal radial metadiaphysis with a pathological fracture and significant soft tissue component. Lesion extended into the flexor and extensor compartments and crossed the intraosseous membrane.

Orthopaedics decided not to excise the tumour as morbidity risk too high. Had 5 fractions of radiotherapy with no improvement in pain. Longtec uptitrated to 20 mg BD, average Shortec 5 mg x 3 a day. Pregabalin added as adjuvant however developed increased somnolence so self ceased. Patient placed in elbow cast which provided some relief. Opioid rotated to Hydromorphone 8mg bd and prn 1.3- 2.6mg. Due to severity of pain consultation was had with Orthopaedics about amputation. Case discussed at Complex Pain MDT, decision made to trial a novel anterior and posterior interosseous nerve block to block nerve supply to wrist.

Patient underwent u/s guided 2 separate injections of phenol into the anterior and posterior interosseous nerve. Hydro-morphone was reduced to 4mg PO BD post block.

**Outcome** Excellent results post block, patient weaned off hydromorphone, reported to be pain free and utilising PRN hydromorphone 1.3 mg infrequently, reporting much better quality of life and ability to carry out domestic chores.

## 81 COMPARISON OF A NOVEL METHADONE ROTATION METHOD WITH OTHER COMMONLY USED METHADONE ROTATION METHODS

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**Background** Methadone can be used to treat complex or neuropathic pain. Due to its unique pharmacological properties, switching from another opioid is complex. Ratios and equianalgesic doses are a consequent challenge for physicians, with no standardised ratios in use.

**Aims/Objectives** To compare a novel method of methadone rotation with other commonly used methadone conversion methods including Perth rapid titration, Brisbane protocol and 3-day switch.

### Methods

**Ethical approval was obtained** A retrospective chart review of all inpatients prescribed methadone during 2018/2019 was conducted. Data collected included demographics, opioid requirement prior to rotation and oral morphine equivalent (OME), presence of opioid toxicity, opioid-sparing interventions, final stable methadone dose prescribed, time to achieve stable dose. Stable methadone dose was defined as a dose that was stable for 5 days or until death/discharge. Using the OME, the expected methadone dose was calculated via rapid titration with both the Perth protocol and 'Brisbane' Protocol, as well as 3-day switch. This data was compared with the results of our study.

**Results** 86 charts were identified, 9 were not located, 49 were excluded including methadone use as an adjunct and discontinuation of rotation. 28 rotations were analysed. The mean methadone dose was 12.6 mg using this novel method. Calculated methadone doses with Perth protocol were significantly higher than doses achieved using this novel method of rotation, with a mean difference of 13.9mg (p value <0.0001). Calculated doses were also higher when comparing the Brisbane method and this novel method, mean difference noted to be 4.6mg (p value 0.0035). No statistically significant difference was found when comparing with the 3-day switch.

**Conclusion** Patients rotated to methadone using this novel method received a stable methadone dose lower than they may have received if Perth or Brisbane ratio conversions were used. Methadone rotation remains challenging and further study is needed.

## 82 MANAGEMENT OF BREAKTHROUGH CANCER PAIN: A MULTI-CENTRE REGIONAL SURVEY OF PRACTICE

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**Background** Transmucosal Fentanyl products improve sleep, emotional, physical and psychological health.<sup>1</sup> The EAPC state Fentanyl preparations are sometimes preferable to immediate release oral opioids because of rapid onset of action and shorter duration of effect.<sup>2</sup> Recent trials initiating transmucosal Fentanyl at proportional dose to around-the-clock opioid