

**Poster Abstract Submission**

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<b>Research Title</b>	Opioid free management of postoperative pain in minimal invasive urology practice

**Abstract:**

Objective: Opioid Epidemic due to postoperative over prescription in many countries especially USA represented a challenge due to serious adverse event. We sought to present outcome of implementing opioid free regimen in the postoperative care of minimal invasive urology cases Patients and Methods: We retrospectively examined all patients admitted to urology unit and managed with opioid free regimen in khorfakkan hospital between January 2021 and May 2022. Demographic characteristics, type of urologic procedures, postoperative outcomes, and in-hospital and post discharge analgesic prescribed were extracted from electronic medical records. Paracetamol and diclofenac injections when no contraindication was utilized for pain management patients were monitored for pain every 6 h by Numeric Pain Intensity Scale (0 = no pain to 10 = severe pain). Our primary outcomes were Patient response including emergency department, unplanned outpatient clinic visits. Results: 49 patients were included in the study. Patient demographics were insignificant. Pethidine 50 mg injection was required in 3 patients as in hospital analgesic representing 6%. All patients did not require an opioid prescription through 2 weeks post discharge. There were no postoperative complications in our cohort. Type of surgery and presence ureteral stent had no statistical significance in relation to unplanned emergency visits with P value and 0.83 and 0.28 respectively No patient discharged without a prescription called back to request one. Treatment was well tolerated, without evidence of nonsteroidal anti-inflammatory drug-related toxicity. emergency visit for postoperative pain was documented in 4 patients. outpatient clinic visits were as scheduled. CONCLUSION: Opioid free regimen for management of postoperative pain in minor urology cases is applicable, safe and effective and protected from the serious adverse events of opioids.