OBJECTIVES: Perioperative pain management is an important aspect of recovery from TKA, as severe pain can delay ambulation and hospital discharge. The objective of this study was to determine the impact of local infiltration analgesia using LB compared to continuous femoral nerve catheter (FNC) following TKA.

RESULTS: A total of 237 participants were enrolled in this study, including 98 in Group A, 34 in Group B, and 105 controls. On postoperative day (POD) 0, mean NRS were similar between Group A (1.9 ± 1.7), Group B (2.7 ± 1.8), and the control group (2.3 ± 2.4). Significantly (P < 0.05) more patients in Group A (58%) and Group B (44%) walked on POD 0 than in the control group (0%), almost all patients walked on POD1. The mean distance walked was also significantly greater (P < 0.05) on POD0 and on POD1 in Group A (33±42 feet; 193±203 feet) and Group B (42±62 feet; 212±144 feet) than in the control group (0 feet; 46±37.3 feet). LOS was significantly (P < 0.05) shorter in Group B (2.7 ± 1.7 days) compared to the control group (3.3 ± 3.2 days). CONCLUSIONS: Local infiltration analgesia using LB improved ambulation and LOS following TKA when compared to continuous FNC with reduced patient pain and improved function.

PMS68 INFLTRATION OF LIPOSOMAL BUPIVACAIN (LB) DECREASES LENGTH OF HOSPITALIZATION FOLLOWING TOTAL KNEE ARTHROPLASTY (TKA) Kirkness CE1, Asche CV2, Ren J1, Gordon K3, Maurer P4, Maurer B5, Maurer BT2
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OBJECTIVES: OBJECTIVES: The study aimed to develop a measure of physical function that was feasible and measurable in patients and which captured different levels of disease severity in those attending the International FOP Association meeting.

RESUL: A cross-sectional qualitative interview study was conducted in adults with moderate-severe RA in the US and UK. Interviews were conducted using a standardized interview guide to elicit information about ways patients with RA experience and talk about their symptoms followed by a cognitive interview on the diary. Data were analyzed utilizing a qualitative analysis software program, Atlas.ti. RESULTS: The study sample included 28 participants (US n=22, UK n=6; 29% male; mean age 58.41 years; RA mean duration 13.92 years). Total VAS (0-100) mean scores were 68 (US) and 85 (UK). Morning joint stiffness (n=19), joint pain (n=28), and tiredness (n=7) were among the most commonly experienced and reported symptoms; saturation of these concepts was achieved in the second interview. These results demonstrated that the content and terminology of the daily diary was determined through focus groups with patients with RA. CONCLUSIONS: Further research with this study suggest that the 7-item electronic daily diary includes content relevant to patients and is suitable for assessing RA symptoms in clinical studies of patients with moderate to severe RA.

PM70 RAPID ACQUISITION OF DATA ON THE PATIENT PERSPECTIVE IN RHEUMATOID ARTHRITIS THROUGH A DIGITAL PORTAL Cummins G,1, Goel N1, Downing J,2 Turf L1
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OBJECTIVES: Rheumatoid arthritis (RA) is an autoimmune disease characterized by inflammation related to symmetrical joint inflammation. With the availability of more targeted therapeutic approaches and the potential for disease remission, there is increased focus on utilizing patient reported outcomes to better evaluate RA treatment impact. Collecting such data efficiently, i.e., with relatively low cost and time expenditures, can be challenging. Our objective was to implement digital direct-to-patient methodology to collect and incorporate United States (US) RA patient data into the Outcome Measures in Rheumatoid Arthritis Clinical Trials (OMERACT) HSS-PRO and study the patient perspective on remission state.

METHODS: Leveraging a known community (MediGuard) of approximately 40,000 US RA patients with pre-existing consent to contact for research purposes, patients were contacted via email to obtain 50 patient surveys using the OMERACT HSS-PRO and OMERACT Toolset, a direct-to-patient digital communications platform. Patients did not receive any honoraria for survey completion.

RESULTS: The first survey was completed within seven minutes of initial digital output and the fifth within three hours. RA patients from Florida, Massachusetts, and California were represented. Of the 50 patients, 82% were female, mean age 54.8 years; male patients were older, mean age 61.7 years. RA diagnosis duration was 11.3 years average (range 1-40). Comorbidities including other autoimmune and musculoskeletal conditions, diabetes, cardiovascular disease, malignancies were reported by 70%, 76% reported satisfying (72%) and/or targeted (44%) disease-modifying antirheumatic drug use, 84% reported current RA disease activity level. Additional data were obtained in 30% of those not in remission, employment, education, health insurance, income, remission state, health assessment questions, and patient global for the project. CONCLUSIONS: This analysis documents the feasibility of gaining rapid and relevant responses from a representative community RA patient population to better understand their perspective on RA remission through our digital direct to patient portal.