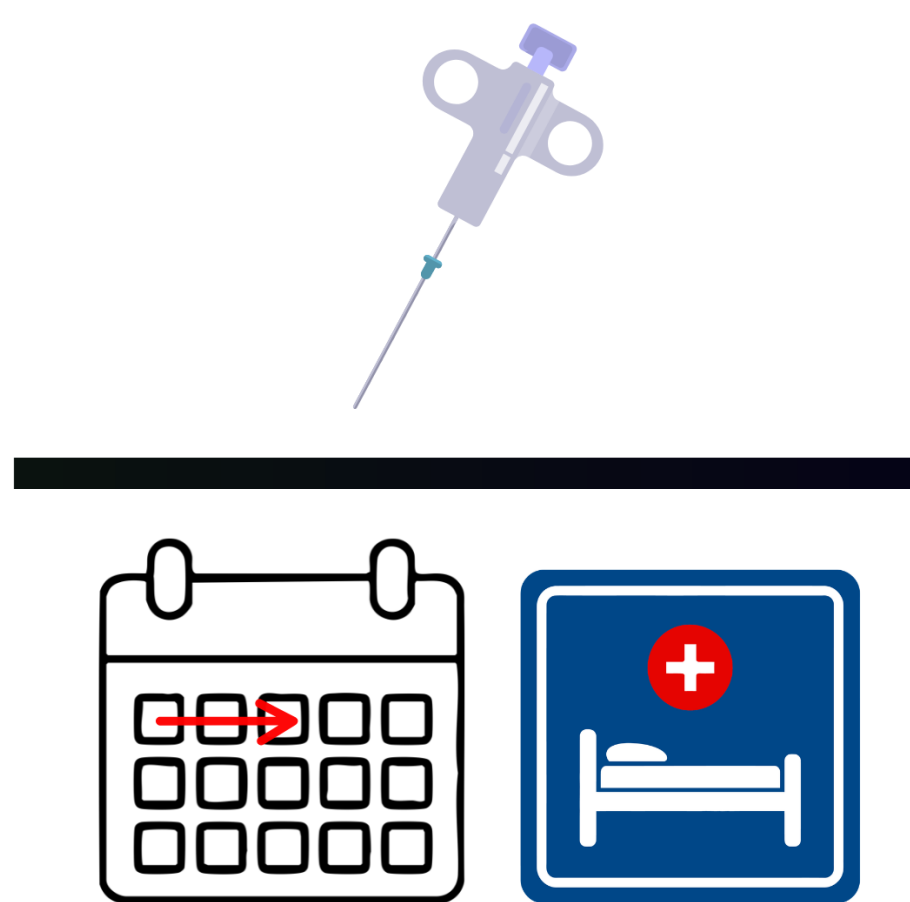


INTRODUCTION

- Optimal duration of epidural analgesia has not been rigorously evaluated
- We explore a novel metric: relative epidural duration, defined as postoperative day of epidural removal divided by total hospital length of stay, and its association with pain scores and odds of opioid use

Relative Epidural Duration



METHODS

DESIGN	Single-institution retrospective analysis of non-obstetric surgical patients who received epidural analgesia for postoperative pain
DATA	Patient characteristics (age, sex, BMI), hospital length of stay (HLOS), postoperative day (POD) of epidural removal, pain scores, and post-epidural opioid administration
MEASURES	• Relative epidural duration: POD/HLOS • Post-removal interval: HLOS-POD
OPIOID OUTCOMES	Variables associated with post-epidural opioid use on univariate analysis were included in a multivariable logistic regression model with opioid use (yes/no) as the binary outcome.
PAIN OUTCOMES	Mean post-epidural pain score = average of patient recorded pain scores. A multivariable linear regression model was used to identify predictors of mean pain score, including age, sex, BMI, and the post-removal interval

Longer
Postoperative Epidural Duration
is associated with
Decreased
Pain Scores & Opioid Use



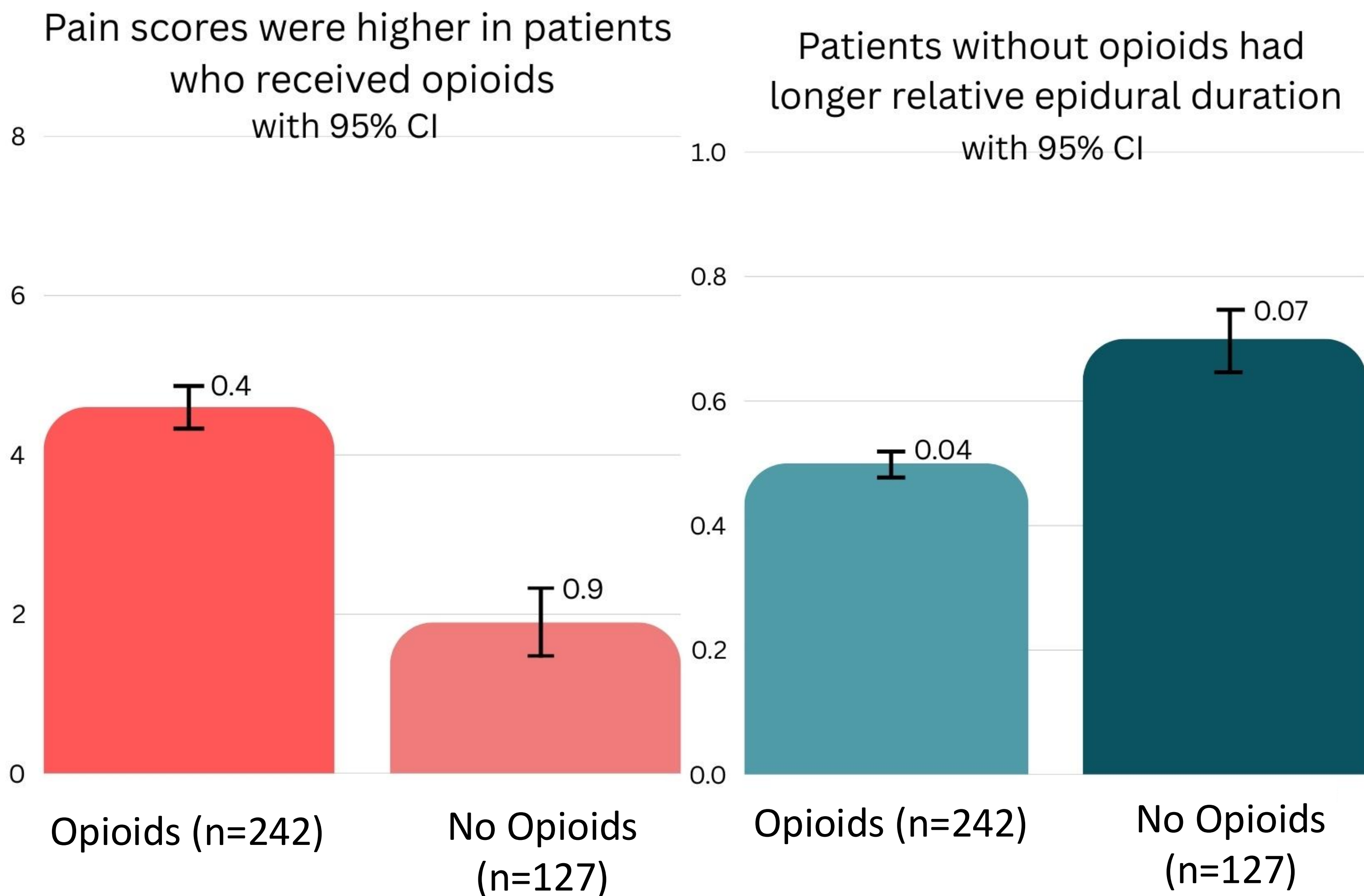
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RESULTS

- Older age and longer relative epidural duration were independently associated with lower odds of post-epidural opioid use (OR = 0.57 per 0.1 increase)
- For every additional 10% of the hospital stay that a patient has an active epidural, their odds of using opioids decrease by 43%
- Older age and a longer post-removal interval were associated with higher mean post-epidural pain scores



DISCUSSION

- Currently, data for standardized postoperative epidural duration remains limited
- Our study suggests that optimizing timing of postoperative epidural removal may enhance patient recovery and reduce opioid use

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