local infiltration of ropivacaine, a day after knee joint arthroplasty operations with spinal anesthesia.

**Introduction:** Inadequately chosen postoperative anesthesia method after knee joint arthroplasty surgery might cause prolonged hospitalization period, readmissions due to pain and overall increased cost of care.

**Methods:** In 2016 a prospective research was conducted in Vilnius University Hospital Santaros Clinics. 25 patients undergoing knee joint arthroplasty surgery with spinal anesthesia were enrolled in the study. Group1 – local soft tissue ropivacaine infiltration, Group2 – intrathecal morphine sulfate analgesia. Pain intensity (using VAS) at rest and in motion, patient’s satisfaction and side effects - nausea, vomiting, itch, urinary retention – were assessed at time intervals – 1, 2, 4, 6, 12, 18, 24 h postoperatively.

**Results:** In the first 12h mean values of VAS were 1.8 ± 2.6/1.4 ± 1.7 in Group1 and Group2 accordingly. After 12h period a downtrend occurred and values were 1.7 ± 1.1/1.1 ± 1.5, respectively (p > 0.05). Examining pain in motion 12h after the surgery pain intensity values were 2.5 ± 2.7/3.3 ± 2.7 and after 24h in both groups pain intensity was 3.2 ± 1.5/3.6 ± 2.1, resp. (p > 0.05). Zero episodes of nausea/vomiting were registered in Group1, while 58.3% (n = 7) of Group2 patients experienced nausea and 5 of them also vomited. Even 66.7% (n = 8) patients in Group2 had itch while none patients of Group1 indicated this side effect. It was difficult to assess urinary retention as 30.8% (n = 4) Group1 and 66.7% (n = 8) Group2 patients were catheterized prior surgery. Finally, satisfaction level of both groups were evaluated very similarly: 8.2 ± 1.7/8.2 ± 1.3 (p > 0.05).

**Conclusion:** VAS values at rest were very similar in both groups, but pain relief efficiency compared to the intensity of pain during movement was better with local ropivacaine infiltration, also patients with ropivacaine analgesia experienced no side effects.

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**PS072**

**Chronic subdural hematoma in aging population – How the age influence the outcome after surgical treatment**

Uładzislaw Ulasavets *, Evelina Grzywna

*Universytet Jagielloński – Collegium Medicum, Poland*

*E-mail address: vladvlasgeo@icloud.com (U. Ulasavets).*

**Aim:** The aim of our work is to examine how the age influence the outcome after surgical treatment of chronic subdural hematoma.

**Introduction:** Chronic subdural hematoma (CSDH) is a common condition, characterized by the collection of hemolized blood between dura and arachnoid mater of the brain surrounded by two pathological hematoma membranes - internal and external. The number of CSDH incidence increases with age and it is why more attention should be directed for surgical treatment in elder patients group.

**Methods:** Data on management and outcomes for patients with CSDH were collected retrospectively from years 2014–2017 and investigated using statistic methods. The study group was divided into two subgroups according to the age: <75 years and ≥75 years old. Age, gender, comorbidities, neurological status on admission and at discharge, pre-/postoperative epilepsy, surgical technique were investigated.

**Results:** We analyzed 257 patients with a diagnosis CSDH. Analyzed subgroups have not differ significantly except the gender and concomitant diseases according to the Chi2 and exact Fisher tests. We found craniotomy in patients ≥75 years old increases the risk of postoperative epilepsy comparing to the bur-hole (logistic regression analysis: 9.8 [95% CI: 1.9–49.8], p = .006), same as the internal hematoma membrane removal during surgery (logistic regression analysis: 10.3 [95% CI: 2.0–52.15], p = .005). These dependencies do not occur in the younger age group. Type of treatment have not influenced the mRS in patients younger than 75 years old. Age, gender, comorbidities, neurological status on admission and at discharge, pre-/postoperative epilepsy, surgical technique were investigated.

**Conclusion:** Craniootomy and internal membrane removal increase the risk of epilepsy in elder CSDH patients. Reoperation...
and hematoma internal membrane removal are the risk factors of unfavorable outcome in patients ≥ 75 years old.

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PS103

The frequency of MINS (Myocardial Injury after Noncardiac Surgery) and other postoperative complications in different age groups of elderly patients who underwent endovascular aortic repair because of abdominal aortic aneurysm

Gajdosz Anna*,, Kaszuba Aleksandra

Student Scientific Society at the Second Department of Internal Diseases UJ CM, Poland
E-mail address: anna.gajdosz13@gmail.com
(G. Anna).

Aim: The aim of our study was to estimate frequency of MINS and other complications after endovascular aortic repair because of AAA in different age groups.

Introduction: Nowadays, endovascular aneurysm repair (EVAR) is the most common technique for repair of abdominal aortic aneurysm (AAA). This procedure involves less complications than open surgery, nevertheless they still occurs.

Methods: The study group consisted of 143 patients (85.3% men), aged 76.8 ± 7.7 with AAA who had endovascular aneurysm repair between January 2015 and May 2017 in the Department of Vascular Surgery and Angiology. Patients were divided into two groups depending on age: group I ≤ 75 years (60 patients, aged 69.3 ± 4.5), group II > 75 yrs (83 patients, aged 82.2 ± 4.2). We considered coexist diseases, some laboratory tests and Revised Cardiac Risk Index for Pre-Operative Risk (Lee index). Statistical analysis was performed with U Mann-Whitney and Chi2 tests.

Results: The study groups were comparable regarding the coexist diseases and preoperative risk. Older patients had higher mean creatine level on admission than younger patients (group I: 103.29 ± 84.13 vs. group II: 118.5 ± 61.9 μmol/l, p < 0.005) and lower eGFR (80.6 ± 27.6 vs. 61.61 ± 21.9 vs. 1.73 ml/min/m², p < 0.001). The mean concentration of haemoglobin and amount of white blood cells were also lower in elderly patient (13.19 ± 1.93 vs. 12.9 ± 18.3 g/dl, p = 0.01; 8.23 ± 2.74 vs. 7.49 ± 2.7 × 103/μl, p = 0.04).

Frequency of some complications such as acute kidney injury, pneumonia, sepsis, stroke or intrahospital mortality were similar in both groups.

However, we observed a statistically significant difference in the frequency of MINS (26.67% vs. 45.78%; p = 0.04). Older patients also needed red blood cells concentrate transfusion after surgery more often than younger (6.67% vs. 19.28%; p = 0.03).

Conclusion: MINS is the most common complication after EVAR. Age seems to be a significant feature which increases the frequency of MINS in compared groups despite similar coexist diseases and preoperative risk assessment determined by Lee index.1–3

References

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PS210

Evaluation of clinical characteristics as indicators for shunt procedure in patients with medulloblastoma

A. Paunović*, F. Milisavljević, J. Bošković

School of Medicine, University of Belgrade, Serbia
E-mail address: aleksandra.pauovic92@gmail.com
(A. Paunović).

Aim: Determining clinical characteristics and parameters reliable as predictors of the need for the shunt installation and their relation to the treatment outcome.

Introduction: Medulloblastoma represents the most common pediatric tumor, that most frequently involves posterior cranial fossa and often manifests as hydrocephalus. Current therapy involves tumor excision and posterior cranial fossa decompression, with or without temporary external drainage of cerebrospinal fluid, endoscopic ventriculocisternostomy and ventriculoperitoneal (VP) shunt placement.

Methods: This retrospective study included 36 patients treated in the period from January 1st 2007 to December 31st 2015 in the Clinic of Neurosurgery, Clinical Center of Serbia. Basic demographic data, symptoms and signs at admission, degree of tumor resection and disease outcome information were analyzed.

Results: 22 patients (61.1%) were male and 14 (38.9%) were female, most of them 4–14 years old (58.3). Sex and age showed no significant correlation with VP shunt installation, or timing of shunt installation. VP shunt was installed in 92% of patients, in 33.3% prior to and in remaining after surgery. The most frequently observed symptoms on admission were cerebellar symptomatology (91.2%), headache (75.7%) and vomiting (68.5%), which showed no significant correlation with the VP shunt installation and shunt installation timing. In 83% of patients total resection was achieved. The degree of tumor resectability and VP shunt installation were significantly related (p < 0.001). Correlation among shunt installation and treatment outcomes, as well as the shunt installation timing and outcome showed a statistical significance (p < 0.001).

Conclusion: No clinical characteristics reliable as prognostic parameter for VP shunt installation in medulloblastoma patients have been found. Shunt placement is recommended in all cases of incomplete tumor resection, unless already placed preoperatively. Patients with a shunt placed prior to surgery have had significantly better outcome.1–3

References