P-112 PRE-OPERATIVE PAIN AND REDUCED QUALITY OF LIFE SCORES IN PATIENTS THAT REPORT PERSISTENT PAIN AT 365 DAYS FOLLOWING LAPAROSCOPIC INCISIONAL HERNIA REPAIR

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Background: The use of patient reported outcome measures (PROMs) for incisional hernia has been established. This study aims to explore relationships between persistent pain at Day365 post laparoscopic-IPOM repair and other clinical and patient-reported data for patients within the TACKoMESH randomised trial.

Methods: Clinical, operative and PROMs data were collected pre-operatively and at four post-operative time points up to one year. Pain scores were measured using a visual analogue scale (VAS). Quality of life (QoL) data were measured using the short-form 36 (SF-36) and Carolina Comfort Score (CCS). Patients reporting pain ‘at rest’ at Day365 were compared with those reporting no pain. Statistical analysis was undertaken in R studio.

Results: 54/63 trial participants attended followed up at Day365; 36 were male, and mean age was 59.1. 10 patients reported persistent pain at Day365 ranging from 1–9 on VAS. Patients were found to have reported higher pre-operative pain scores ‘at rest’ (5 [2–7] vs 0 [0–3] p=0.0181) and ‘on activity’ (8.5 [5–10] vs 4 [2–8] p=0.0181). They reported lower QoL scores in every domain on the SF-36, with significantly lower score for social function (50 [31–75] vs 75 [63–100] p=0.006).

Those reporting persistent pain at Day365 were more likely to have developed hernia recurrence (4 vs 3 p=0.0171). There were no significant differences in baseline characteristics, operative variables, and other complication rates between the groups.

Conclusion: Patients that report persistent pain at Day365 following laparoscopic-IPOM repair are more likely to have reported higher pain and lower QoL scores at pre-operative assessment.