

Variables: demographic data, anaesthetic risk according to American Society of Anesthesiologists (ASA) visual analogue scale (VAS) pain score at rest on the intervention day (day 0), VAS on day 1 at rest and on movement, and VAS on day 2 (discharge day) at rest and on movement, and need for rescue medication.

Data were obtained from the paper nursing register and the patient's electronic medical records. The statistical analysis was carried out with SPSS v19 and χ^2 or Student's test were applied according to the type of variable. A p value <0.05 was considered statistically significant.

Results Ninety-three patients, 36 (38.7%) men; age 72 (7) years. Anaesthetic risk: 1 (1.1%) patient ASA I, 74 (80.4%) ASA II and 17 (18.5%) ASA III. PRE group, 39 (41.9%) and POST group 54 (58.1%). No statistically significant differences were observed among groups.

PRE vs POST group: VAS at rest on day 0, 3.7 (2.9) vs 1.9 (1.8) (p<0.001), VAS at rest on day 1, 3.3 (1.6) vs 2.3 (1.1) and 6.4 (1.4) and 3.8 (1.6) on movement (p<0.001) and VAS at rest on day 2, 2.7 (1.6) vs 2.0 (1.3) and 5.2 (1.3) vs 3.7 (1.5) on movement (p<0.025).

Use of rescue medication: day 0, 9 (23.1%) patients in PRE group and 9 (16.7%) in POST group; day 1, 7 (17.9%) in PRE and 6 (11.1%) in POST and day 2, 2 (5.13%) in PRE and 3 (5.56%) in POST (p>0.05).

Conclusion and relevance Better pain control can be appreciated with the introduction of levobupivacaine pumps; however, no statistically significant differences in the use of rescue analgesic medication between groups have been observed.

It is unknown whether the functional recovery of these patients would be affected, an interesting topic for future studies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-040 PHARMACEUTICALS IN HOSPITAL WASTEWATER: A REVIEW

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Background and importance Concern about potential deleterious effects of pharmaceuticals in the environment is rapidly growing worldwide, particularly in Europe, which is considered as the front-runner in the field of 'eco-pharmacovigilance'. The recently approved European 'Green Deal' has turned attention on pharmaceuticals as environmental pollutants. The European Commission's 'Strategic Approach to Pharmaceuticals in the Environment' reflects on the importance of effluents from potential hotspots like hospitals and potential additional treatment to this wastewater. In the same vein, the European Association of Hospital Pharmacists (EAHP) published a statement, highlighting the "need for measures to better address pharmaceutical contamination" and "the development of

interdisciplinary education, and training programs for healthcare professionals with urgency". However, we believe that to date, this issue has not been sufficiently considered by healthcare professionals in general and hospital pharmacists in particular.

Aim and objectives We aimed to review published data about the presence of pharmaceuticals in hospital wastewater worldwide, in order to raise awareness among hospital pharmacists about the matter.

Material and methods To this end, we used the Pharmaceutical Database published by the German Environment Agency – Umweltbundesamt, which collects all published information about the presence of pharmaceuticals, including wastewater from hospitals. The database was downloaded on 13 September 2021. 'Sewage hospital (untreated)' & 'Sewage hospital (treated)' matrices were considered. Metabolites were excluded.

Results A total of 67 publications were found reporting positive detection of 221 different parent drugs in hospital wastewater. These studies were carried out in 27 different countries of which 15 were European, with Portugal, Italy, Switzerland and Norway being the ones with the most published data.

An additional treatment to hospital wastewater was reported in 11 different countries, six of which were European.

The three most frequently detected drugs were ciprofloxacin, sulfamethoxazole and ibuprofen.

Conclusion and relevance A considerable amount of research about the presence of pharmaceuticals in hospital wastewater has been performed, mainly in European countries. We hope our research helps in raising concern in hospital pharmacists about this issue.

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5PSQ-041 SAFETY AND EFFICACY OF HIGH DOSES OF IRINOTECAN IN PATIENTS WITH METASTATIC COLORECTAL CANCER TREATED WITH FOLFIRI SCHEME BASED ON UGT1A1 GENOTYPE: A SYSTEMATIC REVIEW

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Background and importance Irinotecan's antineoplastic activity, as well as its safety, depends on the action of its active metabolite, SN-38, which is inactivated by UDP-glucuronosyltransferase (UGT), an enzyme encoded by the *UGT1A1* gene. The presence of the *28 allele decreases the elimination of SN-38. Some studies have shown the possibility of using doses of irinotecan higher than 180 mg/m² in patients with the *UGT1A1**1/*1 and *1/*28 genotypes.

Aim and objectives To analyse published data about the use of a higher dose than 180 mg/m² of irinotecan and its relationship with the efficacy and safety in metastatic colorectal