We aimed to determine the prevalence, magnitude and nature of these payments to neurological surgery in 2015. **Methods:** Records of payments to physicians identified by the 'neurological surgery' taxonomy code in 2015 were accessed via the OPD. The data were analyzed in terms of the type and amounts of payments, companies making payments, and in comparison to previous studies. **Results:** In 2015, 330 companies made 83,690 payments ($99,048,607) to 7,613 physicians. The mean payment ($13,010) was substantially greater than the median ($114). Royalties and licensing accounted for the largest proportion of total payment value (74.2%), but only 1.7% of the total number. Food and beverage payments were the most commonly reported transaction (75%), but only 2.5% of the total value. Neurological surgery had the second highest average total payment per physician of any specialty. **Conclusions:** The overall value of payments to the neurological surgery specialty is driven by a small number of payments that may represent appropriate compensation for novel device development. The OPD provides an opportunity for increased transparency and for the interpretation of research in light of potential conflicts of interest.

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Conflict of interest in neurosurgery: an analysis of disclosure policies in neurosurgical journals

MP de Lotbiniere-Bassett (Calgary) PJ McDonald (Vancouver) J Riva-Cambrin (Calgary)*

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Background: Industry funding of neurosurgery research is on the rise and this creates a conflict of interest (COI) with the potential to bias results. The reporting and handling of COI is impacted by the variation in policies and definitions between journals. In this study we sought to evaluate the prevalence and comprehensiveness of COI policies amongst leading neurosurgical journals. **Methods:** We conducted a cross-sectional study of publicly available online disclosure policies in the 20 highest-ranking neurosurgical journals, as determined by Google Scholar Metrics, in July of 2016. **Results:** Eighteen (89.5%) of the top neurosurgical journals included COI policy statements. Ten journals requested declaration of non-financial conflicts, while two journals defined a time period of interest for conflicts. Sixteen journals required declaration from the corresponding author, 13 from all authors, six from reviewers and five from editors. Five journals included COI declaration verification, management or enforcement. Journals with more comprehensive COI policies were significantly more likely to have higher h5-indices (p=0.003) and higher impact factors (p=0.01). **Conclusions:** In 2016, the majority of high-impact neurosurgical journals had publicly available COI disclosure policies. Policies varied substantially across neurosurgical journals; but COI comprehensiveness was associated with impact factor and h5-index. More comprehensive and consistent COI policies will facilitate increased transparency in neurosurgery research.

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Preoperative predictors of poor postoperative pain control: systematic review and meta-analysis

M Yang (Calgary) RL Hartley (Calgary) AA Leung (Calgary) PE Ronksley (Calgary) N Jette (New York) S Casha (Calgary) J Riva-Cambrin (Calgary)*

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Background: Inadequate postoperative pain control is common and is associated with negative clinical outcomes. The objective is to identify preoperative predictors of poor postoperative pain control in the adult population undergoing inpatient surgery. **Methods:** Meta-analysis was performed according to MOOSE guidelines. Studies were included if they evaluated postoperative pain using a validated instrument in adults undergoing inpatient surgery and reported a measure of association between poor postoperative pain control and at least one preoperative predictor. Measures of association were pooled using random effects models. **Results:** A total of 33 studies representing 59,259 patients were included. Significant preoperative predictors of poor postoperative pain included sleeping difficulties (OR 2.32 [95% CI 1.46-3.69]), history of depressive symptoms (OR 1.71 [95% CI 1.32-2.22]), use of preoperative analgesia (OR 1.54 [95% CI 1.18-2.03]), smoking (OR 1.33 [95% CI 1.09-1.61]), female sex (OR 1.29 [95% CI 1.17-1.43]), presence of preoperative pain (OR 1.21 [95% CI 1.10-1.32]], history of anxiety symptoms (OR 1.22 [95% CI 1.09-1.36)], younger age (OR 1.18 [95% CI 1.05-1.32)], and higher BMI (OR 1.02 [95% CI 1.01-1.03]). **Conclusions:** Nine significant predictors of poor postoperative pain control were identified and these should be recognized as important factors when developing pre- and peri-operative strategies to improve pain outcomes.

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Foramen magnum decompression of Chiari malformation using minimally invasive tubular retractors

N Zagzoog (Hamilton) K Reddy (Hamilton)*

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Background: A surgical technique for foramen magnum decompression of Chiari malformation I in 11 patients is described. **Methods:** We used minimally invasive tubular retractors (METRx Quadrant) attached to a flexible arm to keep the retractor in a fixed position, while allowing flexible angulation under fluoroscopic guidance. Despite the small surgical opening, this approach allowed access to a wide working area, minimized soft tissue exposure, and optimized extent of decompression. For some patients, only the outer layer of dura was opened, but in cases where clinically indicated, a duraplasty was performed. **Results:** Postoperative CT head demonstrated satisfactory bony removal, and MRI with CSF flow study showed restoration, or significant improvement to CSF flow around the foramen magnum. There was a low incidence of post-operative complications, and the average length of hospital stay was around 1 day (1.2). For 10 out of 11 patients; their symptoms completely resolved on last follow-up, and for those who had syringomyelia, they demonstrated a radiological evidence of syrinx reduction or resolution. **Conclusions:** Based on our experience with this technique in foramen magnum decompression of Chiari malformation I, minimally