

B396 EPIDURAL ANALGESIA VIA CAUDALLY DIRECTED CATHETER IN A PATIENT WITH INOPERABLE CHORDOMA COMPRESSING NEURAL STRUCTURES – A CASE REPORT

T Magdić Turković, M Ciglar*, A Miletić, L Fumić Dunkić. *Department of Anesthesiology, Intensive Care Medicine and Pain Management, University Hospital Center Sestre milosrdnice, Zagreb, Croatia*

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Background and Aims Pain caused by neural compression can be challenging to treat, especially in patients who poorly tolerate opioid analgesic and co-analgesic therapy. We report a patient with inoperable chordoma of the lumbar spine who experienced adequate pain relief with epidural analgesia.

Methods A 61-year-old male patient with local recurrent chordoma of the L2 vertebra presented with pain in the area of the coccyx. He stated severe burning pain that wasn't significantly relieved with different combinations of oral, intravenous, and transdermal opioids, non-opioid analgesics, and co-analgesic. He poorly tolerated oral co-analgesics and reported intense nausea and epigastric pain after opioid intake. The epidural catheter was inserted with a cranially oriented Touhy needle between the fourth and fifth lumbar vertebra, but it was not possible to place a catheter deeper than 1–2 cm in the epidural space. There was no pain relief on local anesthetic administration. The next day, the catheter was removed and placed again in the same level, but with a caudally oriented Tuohy needle. After the first epidural bolus, adequate pain control was achieved.

Results In the next period, epidural boluses of levobupivacaine and morphine were administered 2–3 times a day ensuring satisfactory pain control. Additionally, oral treatment with pregabalin was introduced. The epidural catheter was left *in situ* for 3 weeks, reducing the pain and allowing pregabalin to reach its full potential in treating neuropathic pain.

Conclusions Epidural analgesia via a downward-directed catheter should be considered in patients in whom standard placement of the catheter is disabled with tumor masses.

B397 RADIOFREQUENCY INDUCED GENICULAR NERVES NEUROLYSIS IN MANAGEMENT OF CHRONIC KNEE PAIN: OUR EXPERIENCE

¹I Ktistakis*, ²I Chronakis, ³A Vadalouka, ⁴I Siafaka, ⁵E Stavropoulou. *¹General District Hospital of Rethymno, Rethymno Crete, Greece; ²General District Hospital of Rethymno, Rethymno, Crete, Greece; ³Athens Medical centre, Athens, Greece; ⁴University of Athens, Athens, Greece; ⁵KAT Hospital, Athens, Greece*

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Background and Aims Radiofrequency (RF) neurolysis as a non-surgical minimally-invasive therapy, has a well described mechanism of action and has been used in a variety of chronic pain conditions. Our aim was to present our six-month experience by the use of RF in the management of chronic pain due to knee osteoarthritis

Methods 18 patients, 12 females and 6 males, 78 to 91 years old, with end-stage unilateral knee osteoarthritis were included. Patient's selection criteria were decided by two

consultants, an anesthetist and an orthopedic surgeon. All patients had declined surgical treatment and they all had three or more comorbidities.

Patients underwent an RF ablation for neurolysis of the superior lateral, superior medial, and inferior medial genicular nerves, under radiological guidance. RF lasted 3 minutes for each nerve. Measurement end points included changes in pain and functional scores. Patients were assessed for a short period using the NRS pain score (0 – 10) and a stiffness score (0–20). Additionally complications (bruising, swelling, inflammation, erythema) were recorded as long as patient satisfaction rates.

Results NRS pain scores were decreased by a median of 2 points. Stiffness was decreased by a median of 5 points. 17 out of the 18 patients reported reduced night pain and disturbed sleep. No complications were recorded. 17 patients said they would choose this method again.

Conclusions RF ablation for genicular nerves neurolysis is a viable, safe and a complementary method for patients that are not suitable for surgical treatment of knee osteoarthritis. More studies, preferably randomized controlled trials are needed to confirm these observations.

B398 THE REVISED TARGETED GENICULAR NERVE BLOCK TECHNIQUE FOR PAIN AND FUNCTION IN KNEE OSTEOARTHRITIS

¹S Guven Kose, ²HC Kose, ³S Tulgar*, ²OT Akkaya. *¹Health Science University Gaziler Physical Therapy and Rehabilitation Training and Research Hospital, Department of Pain Medicine, Ankara, Turkey; ²Health Science University Diskapi Yildirim Beyazit Training and Research Hospital, Department of Pain Medicine, Yenimahalle, Turkey; ³Samsun University Faculty of Medicine, Samsun Training and Research Hospital, Department of Anesthesiology and Reanimation, Samsun, Turkey*

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Background and Aims Chronic knee osteoarthritis(OA) is a progressive multifactorial disease, and the pain and loss of function are the predominant clinical presentations. Advances in targeting anatomical landmarks using US devices provides more accurate placement of the needle and updates in revised anatomical targets can maximize the efficacy of genicular nerve blocks. Herein we report a revised US guided 5 genicular nerves technique for the treatment of chronic knee pain.

Methods We performed revised US guided 5 genicular nerves technique in five patients with chronic knee pain due to OA. In addition to the most targeted nerves including the superior medial, superior lateral and inferior medial genicular nerves; the recurrent fibular nerve and the infrapatellar branch of the saphenous nerve are targeted by using high-frequency (6–13 Hz) linear transducer. For each target, a fluid mixture of 2 mL: bupivacaine%0.25 and 4 mg dexamethasone was administered.

Results The mean NRS score declined from 7.6±1.14 to 3.2±1.3, 3.2±1.3 to 1.6±0.54 at in movement and at rest, respectively, at 3 months. Also, all patients WOMAC scores have improved (Table 1).