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Figure 1

Flowchart

Assessed for eligibility (n=24)

Included (n=10)

Baseline test

Post-op (n=10)

First post-block test

Second post-block test

Randomized (n=10)

Included (n=6)

Baseline test

Right leg: IFNB
Left leg: IFNB

First post-block test

Right leg: IFNB
Left leg: IFNB

Second post-block test

Right leg: IFNB
Left leg: IFNB

Conclusions

In the majority of cases, the skin incision was not anesthetized by the combination of IFCNB and distal FTB. The remaining gap was consistently anesthetized by our new selective MFCN-A block, which may be relevant for diagnosis and interventional management of chronic neuropathic pain.

Abstract B359 Figure 3

Conclusions

In 90% of the cases, selective MFCN-A block completely anesthetized the non-anesthetized gap following combined IFNB and distal FTB completely, whereas MFCN-P did not contribute (p=0.004) (fig 3).

Abstract B359 Figure 2

Results

In 90% of the cases, selective MFCN-A block completely anesthetized the non-anesthetized gap following combined IFCNB and distal FTB completely, whereas MFCN-P did not contribute (p=0.004) (fig 3).
Background and Aims Collection of real-world data can offer the aggregation of additional evidence and help drive discovery of new therapeutic aspects for evaluation in future clinical studies. In this report, we describe real-world outcomes from a cohort of patients who received pulsed radiofrequency (PRF) ablation as a treatment method for the treatment of chronic pain.

Methods This is a real-world, retrospective, observational, case-series study of patients in Europe who used a device capable of pulsed radiofrequency ablation (Boston Scientific, Marlborough, MA, USA) for treatment of chronic pain. Key data and clinical assessments include demographic characteristics, pain diagnosis, baseline and post-treatment pain scores, and percent pain relief.

Results To date, 31 patients have been assessed with an average age of 69.3 ± 10.6 years (n = 23). At post-procedure and last follow-up (mean=289 ± 338 days, median 119 days), significant improvement (p < 0.0001) in pain intensity scores was documented. In particular, a 3.1-point NRS score improvement versus baseline (7.9) was observed at last follow-up (2.8). In addition, the proportion of patients with >50% pain relief (responder rate) at last follow-up was also determined to be 74.2% (23/31).

Conclusions PRF ablation as a therapeutic modality for treatment of chronic pain may be particularly helpful in patients who have not achieved a sought after level of pain relief using conventional drug medications or other traditional pain management approaches. This observational case-series seeks to track and assess clinical outcomes of patients who used PRF to help manage their chronic intractable pain.

Background and Aims Minimally invasive interventional pain procedures, such as thermal radiofrequency (TRF) ablation, have steadily progressed to become a key segment of the therapeutic armamentarium now available to the chronic pain patient population. Here, we report real-world-collected outcomes from a study of patients treated with TRF for management of chronic pain.

Methods This is a real-world, retrospective, observational, case-series study of patients in Europe who used a device capable of thermal radiofrequency ablation (Boston Scientific, Marlborough, MA, USA) for treatment of chronic pain. Key data and clinical assessments include demographic characteristics, pain diagnosis, baseline and post-treatment pain scores, and percent pain relief.

Results Fifty-four patients have been assessed to date with an average age of 58.2 ± 17.2 years who received thermal RF for treatment of chronic pain. Significant improvement (p<0.0001) in pain scores was noted at post-procedure and last follow-up. A 5.5-point NRS score improvement (8.1 [baseline] → 2.6) was noted at last follow-up (mean = 314.9 ± 233.7 days, median 224 days). A high responder rate (proportion of patients with >50% pain relief) post-procedure at last follow-up was also observed (79.5%; 43/54).

Conclusions The data collected from this clinical investigation aims to accrue additional real-world evidence regarding the use of TRF as a strategy for use in the treatment of chronic pain.