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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).

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 B360

Background and Aims Peripheral Nerve Field Stimulation (PNFS) and Spinal Cord Stimulation (SCS) are treatment options for patients with chronic pain. Combining localized stimulation using PNFS along with SCS may have potential to treat areas of pain not previously covered with SCS alone. To address this question, we undertook an observational, multicenter study of patients using PNFS together with SCS implanted with a device that allows for precise customized programming of therapeutic neurostimulation parameters and settings.

Methods This is a multicenter, observational case-series of patients implanted with a neuromodulation system (Precision, Precision Spectra, Spectra WaveWriter, Boston Scientific) conducted as part of an on-going retrospective chart review evaluation of real-world outcomes for chronic pain (Clinicaltrials.gov: NCT01550575). Patients were diagnosed with chronic pain and treated with PNFS as an “add on” therapy to SCS. Assessments collected include baseline characteristics (demographics, medical history, pain diagnosis) and pre- and post-implant outcomes (NRS pain score). Institutional Review Board (IRB)-approved waivers of consent were obtained.
Results To date, a total of 10-patients (5 Female, mean age 61 ± 9.5 years) who received both SCS and PNFS for the treatment of their pain were analyzed. At baseline, a mean score of 7.6 ± 1.4 (NRS) was reported which reduced to 2.7 ± 1.3 (n = 4.9) at last follow-up (median = 516 days). Data collection and analysis is still ongoing, and updated, new results will be presented.

Conclusions Results of this observational case-series so far demonstrate that patients who use PNFS along-with SCS for treatment of chronic pain can achieve significant and clinical meaningful pain relief.

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 5.1-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 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.