Background and Aims Pain management is part of the holistic care of cancer patients. During the covid-19 pandemic, the limited access to public health facilities resulted in many patients with chronic pain remaining undiagnosed and without treatment. The purpose of this study is to highlight the work of the Pain and Palliative Care Center of Theageneio Cancer Hospital of Thessaloniki.

Methods We recorded for a period of one year and specifically from March 2020 to March 2021, the total number of visits to the Pain Clinic and the number of new patients.

Results In the period of March 2020-March 2021, a total of 7508 patients visited our pain management center, of which 303 were new cases. Last year visits (March 2019-March 2020) were 7626 patients, of which 384 were new. In our Pain Center we used various forms of telemedicine including, email, instant messengers and online prescriptions for the remote monitoring of patients with chronic pain, while for acute pain the patients visited the Clinic after a scheduled appointment and abiding by the measures of the pandemic.

Conclusions Timely access to specialized help and treatment is an important part of the holistic treatment of chronic or acute cancerous or non-cancerous pain. The operation of the Pain and Palliative Care Center of Theageneio Cancer Hospital of Thessaloniki was not affected by the conditions of the pandemic and continued to serve the needs of the vulnerable group of patients with pain.

Background and Aims Pain is a common symptom among cancer patients. However, it is not adequately controlled in a large portion of patients. Possible causes are delayed referral to a specialized pain center as well as not administering of strong opioids. The aim of the study is to highlight the association between delayed referral to the Pain Clinic and the patient’s death.

Methods In a period of 3 months (01/12/21–01/03/22) we logged the patients of the Pain Clinic who died, the number of visits and the administration or not of strong opioids before their death

Results We recorded a total of 29 cases (17 males 58.6% and 12 females 41.4%), 10 (34.4%) of them did not receive strong opioids before their first visit to us. The average number of visits to the Pain Clinic was 6, while the time between the first visit and the death of the patient was 130.82 days.

Conclusions Cancer is a major global health problem. As per the World Health Organization(WHO) cancer is the second leading cause of death all over the world. Majority of these patients live with chronic pain due to malignancy. The management requires a step wise multimodal therapies to control this complex process. Often our cancer patients remain under-treated for their pain resulting in a poor quality of life. Thus managing pain is a priority in cancer patients not only for physical well-being but also for psychological and ethical needs of the patients.

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combined with 3mg betamethasone sodium phosphate using an ultrasound technique to identify the piriformis muscle. We studied numeric pain score and hip function immediately, 2 weeks and 3 months post procedure.

Results The pain score was 5.91±2.13 before the procedure. 2.24±0.72 immediately after and 2.73±0.55 two weeks later and 2.88±0.86 three months later.

There was improvement 80–90% in hip function in all patients immediately after the procedure which lasted to 3 months. There were no adverse events due to the injection. Two patients had minor leg weakness which lasted for 5 hours.

Conclusions US-guided technique for piriformis muscle injection is a safe and efficient technique according to our study.

Background and Aims Coxarthrosis is a frequent pathology in pain medicine with a major effect in quality life of the affected patients. The main objective of this study was to assess the impact of the quadratus lumborum block type 2 (QL2) in pain and quality of life.

Methods After Ethical Committee’s approval (PI 120–1770 on March 30, 2020) and register (Trial registration number: NCT04438265) we started this prospective, observational cohort study. We present the results of 30 patients affected of chronic hip pain treated with quadratus lumborum block type 2 as an analgesic technique. Pain (numeric rating scale, NRS) and quality life (WOMAC scale) were assessed after three weeks and three months.

Results In the sample 5 patients were lost. There were no differences in demographic data. At third month, descriptive statistic showed a global pain improvement (mean NRS 8.3/10, p=0.01). An NRS and WOMAC value improvement of 50% was achieved in 13 patients (53%). We found no differences in the improvement related to sex but found a difference in chronic pain etiology. Patients with avascular necrosis did not improve in the parameter stiffness (p=0.039). The observed improvement in NRS and WOMAC (global, stiffness and function) were significant between baseline and the follow ups (p<0.001) but not between two follow ups. One complication was reported associated to the block.

Conclusions Our results show that QLB2 could represent a minimally invasive option in hip chronic pain refractory to other treatments.