substantial bulk of real-world evidence regarding the use of RFA as a beneficial strategy for use in the treatment of chronic pain.

B364 PAIN AND PALLIATIVE CENTER IN COVID-19 ERA

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10.1136/rapm-2022-ESRA.440

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.

B365 ASSOCIATION BETWEEN REFERRAL TO PAIN CENTERS AND DEATH IN CHRONIC PAIN CANCER PATIENTS

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10.1136/rapm-2022-ESRA.441

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 administrating 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 (34.48%) 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 undertreated 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.

B366 SUPRASCAPULAR NERVE BLOCK IN CHRONIC SHOULDER PAIN

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10.1136/rapm-2022-ESRA.442

Background and Aims This is a retrospective study to assess the effectiveness of suprascapular nerve block to relieve pain and improve the range of movement in degenerative disease of shoulder.
Methods We studied 954 adults within a period of four years, 275 men and 679 women aged from 37 to 87 years old with chronic shoulder pain. The patients were in pain and had junctional disability due to degenerative disease. We performed suprascapular nerve block with 10 ml of levobupivacaine 2.5 mg/ml using anatomical landmarks and a nerve stimulator to determine needle placement or an ultrasound technique if it was difficult to identify the nerve. Thirty minutes later the patients had a physiotherapy session. They were given instructions to do specific exercise for as long as the block lasted. A series of 4 suprascapular nerve blocks were performed to the patients. We recorded pain score and range of movement for12 weeks.
Results The success rate of the block was 99.5%. There was significant improvement in all pain scores (pain at rest, at night and at movement) 90% in all patients. Pain VAS score was 2–3 occasionally, during the follow up . The range of movement improved 80–90% in all patients. There were no significant adverse effects in the patients due to the peripheral nerve block.
Conclusions Suprascapular nerve block is an easy and safe method to perform with minimum side effects and very effective in the management of chronic shoulder pain, which is a common clinical problem.

B367 ULTRASOUND-GUIDED INJECTION IN PIRIFORMIS MUSCLE

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10.1136/rapm-2022-ESRA.443

Background and Aims Piriformis syndrome is a common cause of buttock and posterior leg pain. Diagnosis is often difficult, and it is one of exclusion due to few validated and standardized diagnostic tests. It has been described the US guided technique for piriformis muscle injections. We study the efficacy and efficiency of the above technique.
Methods We studied 24 patients 10 males and 14 females aged from 45 to 75 years old with a diagnosis of piriformis syndrome.The patients received 3 ml of 0.5 ropivacaine

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

B368 QUADRATUS LUMBORUM BLOCK TYPE 2 IN CHRONIC HIP PAIN: PRELIMINARY RESULTS

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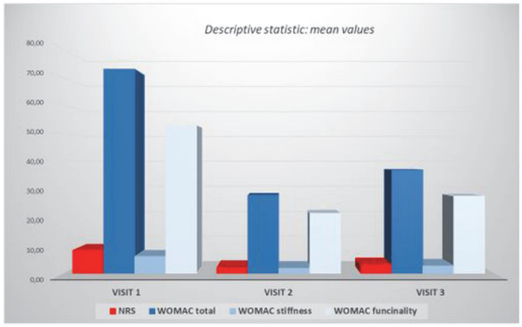
10.1136/rapm-2022-ESRA.444

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, 3/3, 1) and quality life (mean WOMAC 72, 9/37) (p value 0, 01). An NRS and WOMAC value improvement of 50% was achieved in 13 patients (55%). 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.



Abstract B368 Figure 1

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

B369 TRENDS IN RESUMPTION OF BUPRENORPHINE FOLLOWING ELECTIVE ORTHOPEDIC SURGERY: A NATIONAL DATABASE ANALYSIS

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10.1136/rapm-2022-ESRA.445

Background and Aims Medication assisted treatment (MAT) with long acting opioid agonists is the gold standard treatment for patients with opioid use disorder. [1] The incidence of patients on buprenorphineundergoing orthopedic surgeries has not been described. We use a national dataset to report trends in buprenorphine utilization prior to orthopedic surgeries and resumption of buprenorphine following orthopedic surgery.

Methods This study was approved by the institutional review board of the Hospital for Special surgery (IRB#2017–0169). Using the Truven MarketScan database we identified adult patients undergoing elective orthopedic surgeries and who had filled a prescription for buprenorphine within180 days prior to surgery. Patients who filled a prescription for buprenorphine within 180 days following surgery were defined as having restarted MAT. Trends were evaluated using Cochran-Armitage Trend Tests.

Results Among 262,579 patients included between the years 2015 and 2019, 0.45% filled a prescription for buprenorphine prior to surgery. The proportion of patients restarted on buprenorphine increased from 46.9% to 63.6% between 2015 and 2019 (**Figure 1**; p<.001). In the patients who received buprenorphine following surgery, 248 (37.7%) had a chronic prescription for short-term opioids compared with 298 (55.1%) of the patients who were not restarted on buprenorphine following surgery (**Table 1**. p<.001).

Abstract B369 Table 1

Table 1. Patient and procedure characteristics stratified by medication assisted treatment restart

	Did not restart MAT	Restarted MAT	P value [a,b]
N (%)	**541 (45.1)**	**658 (54.9)**	
Age, median [IQR]	55 [48, 60]	55 [49, 60]	0.649
Female, n (%)	352 (65.1)	354 (53.8)	<.001
Deyo Index, n (%)			0.839
0	186 (34.4)	245 (37.2)	
1	166 (30.7)	185 (28.1)	
2	70 (12.9)	99 (15.0)	
3+	119 (22.0)	129 (19.6)	
Procedure, n (%)			
TKA	249 (46.0)	356 (54.1)	<.001
THA	172 (31.8)	204 (31.0)	
PLF	32 (5.9)	13 (2.0)	
ACDF	89 (16.5)	86 (13.1)	
Region, n (%)			<.001
Northeast	68 (12.6)	101 (15.3)	
North Central	119 (22.0)	128 (19.5)	
South	293 (54.2)	300 (45.6)	
West	58 (10.7)	127 (19.3)	
Unknown	3 (0.6)	2 (0.3)	
On short acting opioid prior to surgery, n (%)	397 (73.4)	416 (63.2)	<.001
On anti-anxiety medication prior to surgery, n (%)	186 (34.4)	201 (30.5)	0.158
On anti-depressant medication prior to surgery, n (%)	262 (48.4)	315 (47.9)	0.849
On chronic opioid use after surgery, n (%)	298 (55.1)	248 (37.7)	<.001
Total oral morphine equivalence after surgery, median [IQR]	3563 [825, 8599]	2231 [600, 5655]	<.001
Total # of opioid refill after surgery, median [IQR]	6 [2, 9]	4 [1, 7]	<.001

a: p-value compares did not restart MAT and restarted MAT groups.
b: chi-squared test was used to compare categorical outcomes, and Mann-Whitney test was used to compare continuous outcomes. a: p-value compares female and male, and chi-squared test was used to compare proportions
*MAT: Medication assisted treatment