Background and Aims With the addition of corticosteroids to the epidural injection in 1952, this procedure evolved as a cornerstone for the management of chronic back pain.

The introduction of fluoroscopy revolutionized the various techniques of epidural steroid injection (ESI) allowing easier access and different approaches to the spinal canal.

Fluoroscopy as the gold standard imaging tool of neuraxial procedures heavily relies on bony landmarks and contrast substance for needle placement, with the main disadvantage of radiation exposure.

Ultrasound as a well-established imaging tool in regional anesthesia became very appealing also in the area of neuraxial procedures, bringing non-irradiating alternatives to the ESI.

The aim of this presentation is to illustrate the cervical and lumbar transforaminal ESI comparing the ultrasound to the gold standard of techniques.

Methods This review describes the techniques of Transforaminal Epidural Steroid Injections from the two imaging points of view, discussing advantages or disadvantages encountered in the recent medical literature.

Results The cadaver and human studies available in the last 15 years on lumbar US guided TESI from an axial and parasagittal placement of the curvilinear probe showed good results and improvement of the techniques, though still needing tip needle confirmation with fluoroscopy.

In the meanwhile, the cervical ultrasound selective nerve and transforaminal injections are more established techniques with good results over the time.

Conclusions Ultrasound is such an appealing imaging tool and offers many advantages over the more established fluoroscopy.

There are categories of patients who would tremendously benefit off of it, though further researches and improvement techniques needs to be done.
Background and Aims Persistent pain and other symptoms following spinal surgery affect approximately 20% - 40% of patients. 80% of them are unable to work and their quality of life is reported to worsen, even after the surgery.

The purpose of this retrospective study is to report the results of using Reflexology as Add-on treatment in patients with Chronic Pain after Spinal Surgery (CPSS).

Methods Patient records with CPSS, from the Registry of the Hellenic Society of Pain Management and Palliative Care, who visited the Pain and Palliative Care Center at the Aretaion Hospital between 2016 and 2020, were reviewed. From a total of 53 patients with CPSS, 38 had been treated with reflexology as add-on treatment to their usual pharmacological care.

Numerical Pain Scale (NPS) 0 to 10 was used for pre and post treatment pain measurement.

The ICD Diagnostic Criteria of Chronic Pain after Spinal Surgery were used - Table 1.

The patients had received on average 14, weekly, 20 min. reflexology sessions.

Results The results showed statistically significant changes in the mean pre and post treatment pain scores in patients with reflexology. In 85% of those patients the mean pain reduction was more than 70% and lasted for more than 6 months after the intervention.

Conclusions The integration of reflexology into the pharmacological usual care, can improve patients’ quality of life, by reduction of pain and improvement of their functionality.

Background and Aims Post laminectomy infective spondylodiscitis has poor prognosis. Management includes antibiotics, bedrest and repeat surgery with attendant morbidity. We highlight the importance of muscle contribution to the pain, stiffness and restricted mobility in post laminectomy syndrome.

Methods Case report: 45 y/lady/90 kg presented 9 months after micro discectomy of L4–5 with severe backpain (NRS-8–9/10) stiffness, restricting spine movements, and severe shocks in right lower extremity. MRI showed infective spondylodiscitis at L4–5, scarring around traversing right L5 and S1 nerves. Antibiotics had been ineffective.

Management Patient received weekly Ultrasound guided dry needling (USGDN) for the muscles of the back, thigh, calf, foot and sole, performed alternately in supine and prone position for 3 months. Musculoskeletal Ultrasonography of the back at, above and below the scar was performed at the beginning of the treatment, 6 weeks and 12 weeks.

Results The results showed statistically significant changes in the mean pre and post treatment pain scores in patients with reflexology. In 85% of those patients the mean pain reduction was more than 70% and lasted for more than 6 months after the intervention.

Conclusions The integration of reflexology into the pharmacological usual care, can improve patients’ quality of life, by reduction of pain and improvement of their functionality.