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 Aretaieion 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.

ULTRASOUND GUIDED DRY NEEDLING AS A SPECIFIC TREATMENT TO RELIEVE THE CHRONIC PAIN AND DISABILITY FROM THE MYOFASCIAL COMPONENT OF POSTLAMINECTOMY PAIN SYNDROME WITH SPONDYLODISCITIS

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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, 6weeks 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.

B378 Table 1

<table>
<thead>
<tr>
<th>Condition A to E are fulfilled</th>
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<tbody>
<tr>
<td>A. Chronic pain (persistent or recurrent for &gt; 3 months)</td>
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<tr>
<td>B. The pain began or recurred after the spinal surgery</td>
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<tr>
<td>C. ≥ 1</td>
</tr>
<tr>
<td>1. The pain presents with higher intensity than the preoperative pain</td>
</tr>
<tr>
<td>2. The pain has different characteristics than the preoperative pain</td>
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<tr>
<td>D. The pain is located in the area of the surgery (back) or referred into the limb(s)</td>
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<tr>
<td>E. Not better accounted for by an infection, a malignancy, a pre-existing pain condition or any other alternative cause</td>
</tr>
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</table>

ICD: International classification of disease.
Results Patient reported decrease in the pain, stiffness and improved flexibility with each USGDN session. At 12 weeks she was able to perform her daily activities of life like walking, cooking for one hour, caring for her child and maintaining the house with change in personality and restoration of self-confidence. The first ultrasonography showed severe effusion around the erector spinae muscles, fibrosis and loss of normal muscle architecture in the surgical scar. 6 and 12 week studies showed islands of muscle recruitment, restoration of fascicular pattern in the areas of fibrosis and increase in muscle thickness.

Conclusions Treatment of myofascial pains significantly improved the post-laminectomy pains and disability in this patient.

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ACNES: IS THE RECTUS SHEATH BLOCK PREDICTIVE OF THE SUCCESS OF PULSED RADIOFREQUENCY? A CASE SERIES

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Background and Aims Anterior cutaneous nerve entrapment syndrome (ACNES) is often overlooked as a cause of chronic abdominal pain. Its classical diagnosis requires clinical observation of the Carnett’s sign. However, treatments’ efficacy remains fairly variable, underlining the need for additional defining criteria. Herein, we suggest that blockade of the rectus sheath may contribute to improve the diagnosis of this syndrome.

Methods A convenience sample of 9 patients presenting the Carnett’s sign were enrolled at the Pain Center (CHU de Strasbourg, France) between November 2020 and November 2021. Patients underwent a blockade of the rectus sheath (5 mL, 1% lidocaine). The procedure was considered successful when patients displayed an immediate ≥70% pain reduction on the visual analogic scale (VAS). Regardless of the efficiency of the anesthetic block, we performed pulsed radiofrequency (PRF) on the anterior cutaneous branch. The nerve was located by ultrasound guidance and sensitive neurostimulation (50Hz, 0.3–0.5V) prior to the treatment (3x2 min, 45V, 42°C). Successful response was considered as ≥50% pain reduction on the VAS at 6 months.

Results 6 patients responded positively to the rectus sheath block. For each of these patients, the effects of PRF were effective for up to 6 months. Conversely, the rectus sheath block failed for 3 patients. Additionally, PRF was ineffective for each of those 3 patients.

Conclusions These results suggest that rectus sheath block is a promising avenue for the diagnosis of ACNES. Confirmation of these results in larger cohorts may lead to improved guidelines for the clinical care of patients with ACNES.

B380
THE USE OF ORT QUESTIONNAIRE AS A SCREENING TOOL FOR CHRONIC NON CANCER PAIN, IN GREEK PATIENTS, PRELIMINARY AND SECONDARY RESULTS

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Background and Aims The purpose of this research was to implement a screening tool for the risks associated with the use of opioid prescription drugs for the treatment of chronic non-cancer pain in clinical medical practice. The expectation of the tool chosen (Opioid Risk Tool/ORT) was to be weighted in Greek patients with the aim of successfully applying it as a method for preventing aberrant behaviors such as abuse and addiction that can bring significant problems to the patients.

Methods In the study participated patients who came for examination and treatment at the Pain Clinic and the Orthopedic Clinic of the same hospital. All patients would experience chronic pain of various etiology, they were asked to complete the ORT and received opioid medication based on a personalized approach of their pain level and other accompanying symptoms. The patients were monitored for aberrant behaviors after their first visit.

Results The preliminary results showed that men (n = 23, 36.5%) are more likely to have at least one aberrant behavior compared to women (n = 28, 22.6%), χ² (1) = 4.085, p = 0.043 < 0.05. Secondary evaluation is on the run and is meant to be completed and the data processed by the end of May 2022.

Conclusions The predictive ability of the tool was confirmed in both men and women. Success was evaluated on the basis of the ability of the ORT tool to be developed, applied and used in a Greek patient population.