Conclusions In conclusion, we propose that botulinum toxin can be a therapeutic option for persistent headaches associated with COVID-19. However, future research studies are required to clarify this possibility.

**B384** PERIPHERAL NERVE BLOCKS IN THE OUTPATIENT PAIN CLINIC OF UNIVERSITY HOSPITAL OF LARISSA DURING THE PANDEMIC

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Background and Aims Chronic pain management has been challenging during the pandemic, as all non-urgent healthcare services, were imposed, leading to reduction or interruption of all outpatient and elective interventional procedures. We describe our experience regarding the use of Peripheral Nerve Blocks (PNBs) in the Outpatient Pain Clinic of UHL during 2021.

Methods A retrospective analysis of our database was performed. All patients who were treated with PNBs under ultrasound guidance were eligible. The cause of chronic pain, the type of PNB and the improvement of pain measured by Pain Outcomes Questionnaire (POQ) were recorded.

Results Sixteen patients were treated with PNBs in 2021. Five patients were treated for lower back pain, one for coccydynia, one for shoulder pain, two for chronic postoperative pain after total knee replacement, two after inguinal hernia repair and one after upper extremity fracture, one for lower extremity complex regional pain syndrome (CRPS) and one for red ear syndrome. The blocks that were used are sacroiliac joint block, coccygeal nerve block, interscalene block, the combination of adductor canal and IPACK, the combination of ilioinguinal and ilio-hypogastric blocks and the stellate ganglion block, Bier’s block and the greater auricular nerve block respectively. Based on the POQ, in all patients the pain was reduced by 20 – 60%.

Conclusions During the challenging time of the pandemic the Outpatient Pain Clinic of our Hospital treated drug-resistant patients with PNBs in terms of escalation of the multimodal pain approach.

**B385** SPHENOPALATINE GANGLION BLOCK: “A NOVEL ARROW IN THE QUIVER” AGAINST CHRONIC MIGRAINE

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Background and Aims Migraine is a common headache, affecting 11% of the adult population worldwide and causing significant disability. Although, there are many treatment options, these are often inadequate and with significant side effects. Transnasal sphenopalatine ganglion block (TSGB) seems to be an effective treatment for migraine, with minimal side effects. This report aims to present the results of TSGB therapy on twelve patients with chronic migraine in our Pain Department.

Methods Our team studied twelve patients, admitted to the Pain Department of GHAN, complaining about chronic migraine. After detailed history taking and based on the Simplified Diagnostic Criteria for Migraine, the diagnosis of chronic migraine was confirmed. According to patients, treatment with simple analgesics and triptans was ineffective and the decision for TSGB therapy was made. Each patient received 0.6 ml of 2% lidocaine in each nostril using the Tx360EU device. TSGB was applied every two weeks, for a total of three months.

Results Intending to evaluate the efficacy of TSGB, we assessed the recurrence rate of migraine attacks and pain intensity of each episode using the Numerical Pain Rating Scale (NPRS) on the fourth, sixth and twelfth week after the first session. Five out of twelve patients referred complete recession of migraines, while six out of twelve referred progressively significant reduction of the frequency of attacks and over 50% reduction of pain intensity in each episode. Only one patient referred no benefit from the therapy.

Conclusions TSGB is a simple, effective and painless modality for the management of chronic migraine, with minimal side effects.
RFA of occipital nerves, a minimal invasive procedure, seems to be an effective treatment option for persistent ON.

**Conclusions**

RFA of occipital nerves, a minimal invasive procedure, seems to be an effective treatment option for persistent ON.

**Background and Aims**

Frozen shoulder (FS) is a common disorder characterized by pain and motion limitation. There are several treatment options available. Our aim was to compare the effectiveness of ultrasound guided suprascapular nerve block (SSNB) versus intra-articular corticosteroid injection (IACI) in terms of pain relief and range of motion (ROM) improvement.

**Methods**

40 patients were randomly assigned into Group 1 (n=20), who received SSNB with 9 ml of 0.2% Ropivacaine and 6mg Betamethasone (1 ml), or Group 2 (n=20), who received IACI with 6mg Betamethasone and 1 ml 2% Lidocaine hydrochloride. Both groups started a three-week rehabilitation program afterwards. They were followed up for 12 weeks and reviewed for pain (NRS score), disability, and ROM in the first hour and at weeks 1, 4, and 12 after each treatment.

**Results**

The change in NRS value and active movement in the first hour was more remarkable in group 1 (p < 0.05). From the first week to 12 weeks, in both groups, there was marked improvement in pain score in all times of follow up and the disability score showed improvement of non significant difference over the three time periods. The best improvement in all measurements was marked in group 1 with no significant difference between groups (p > 0.05).

**Conclusions**

SSNB and IACI are both effective in FS treatment. SSNB is a safe and easy-to-perform outpatient procedure, performed extra-articularly, thus avoiding joint complications. So, we may recommend SSNB as the initial procedure of choice in patients with FS.

**Background and Aims**

Pain represents up to 78% of the reasons for emergency department (ED) use, with an average of 16% of patients having chronic pain. ED overuse could be a good indicator of a poor pain management. Our aim is to characterize patients followed by the chronic pain department (CPD) that overuse ED and understand the effectiveness of our approach to pain management.

**Methods**

We reviewed medical records of patients observed in CPD in 2019, and selected patients with more than 6 ED visits. We followed these patients for the next two years.

**Results**

In 2019, 1892 patients were evaluated at CPD and only 1% were classified as ED hyperusers. Of these, 79% patients were female, and the mean age was 65 years.

The average number of episodes per patient was 10 in 2019, 7 episodes in 2020 and 4 episodes in 2021. 70% of episodes were due to pain and 94% were discharged immediately.

**Conclusions**

In our center we favour invasive regional techniques, associated with a biopsychosocial approach, and provide direct communication channels between patients and the CPD. This system is probably responsible for the low percentage of hyperusers, avoiding unnecessary use of ED.

In order to prioritize regional procedures, we are designing a consultancy project with the primary health care, facilitating the referral of patients with indication for differentiated techniques in the early stages of pain development, preventing the development of chronic pain or reducing its impact on quality of life.

**Background and Aims**

Genicular nerve radiofrequency ablation for chronic knee pain; an upcoming and promising method.

**Methods**

A randomised double-blind placebo-controlled trial was performed. Patients with chronic knee pain were randomly assigned to receive genicular nerve radiofrequency ablation (n=20) or placebo (n=20). Pain intensity, physical function, and quality of life were assessed at baseline and at 1, 3, and 6 months after treatment.

**Results**

Significant improvement in pain intensity, physical function, and quality of life was observed in the treatment group compared to the placebo group at all time points (p < 0.05).

**Conclusions**

Genicular nerve radiofrequency ablation is an effective and safe treatment for chronic knee pain, improving pain intensity, physical function, and quality of life.