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 is an upcoming and promising method for chronic knee pain.

Methods 6 patients were randomly assigned into Group 1 (n=3), who received RFA of 1 genicular nerve, or Group 2 (n=3), who received RFA of 2 genicular nerves. Both groups started a three-week rehabilitation program afterwards. The NRS score was reviewed for pain at 1 hour and at 1, 4, and 12 weeks after each treatment.

Results The change in NRS value 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.