

B396 EPIDURAL ANALGESIA VIA CAUDALLY DIRECTED CATHETER IN A PATIENT WITH INOPERABLE CHORDOMA COMPRESSING NEURAL STRUCTURES – A CASE REPORT

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Background and Aims Pain caused by neural compression can be challenging to treat, especially in patients who poorly tolerate opioid analgesic and co-analgesic therapy. We report a patient with inoperable chordoma of the lumbar spine who experienced adequate pain relief with epidural analgesia.

Methods A 61-year-old male patient with local recurrent chordoma of the L2 vertebra presented with pain in the area of the coccyx. He stated severe burning pain that wasn't significantly relieved with different combinations of oral, intravenous, and transdermal opioids, non-opioid analgesics, and co-analgesic. He poorly tolerated oral co-analgesics and reported intense nausea and epigastric pain after opioid intake. The epidural catheter was inserted with a cranially oriented Touhy needle between the fourth and fifth lumbar vertebra, but it was not possible to place a catheter deeper than 1–2 cm in the epidural space. There was no pain relief on local anesthetic administration. The next day, the catheter was removed and placed again in the same level, but with a caudally oriented Tuohy needle. After the first epidural bolus, adequate pain control was achieved.

Results In the next period, epidural boluses of levobupivacaine and morphine were administered 2–3 times a day ensuring satisfactory pain control. Additionally, oral treatment with pregabalin was introduced. The epidural catheter was left *in situ* for 3 weeks, reducing the pain and allowing pregabalin to reach its full potential in treating neuropathic pain.

Conclusions Epidural analgesia via a downward-directed catheter should be considered in patients in whom standard placement of the catheter is disabled with tumor masses.

B397 RADIOFREQUENCY INDUCED GENICULAR NERVES NEUROLYSIS IN MANAGEMENT OF CHRONIC KNEE PAIN: OUR EXPERIENCE

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Background and Aims Radiofrequency (RF) neurolysis as a non-surgical minimally-invasive therapy, has a well described mechanism of action and has been used in a variety of chronic pain conditions. Our aim was to present our six-month experience by the use of RF in the management of chronic pain due to knee osteoarthritis

Methods 18 patients, 12 females and 6 males, 78 to 91 years old, with end-stage unilateral knee osteoarthritis were included. Patient's selection criteria were decided by two

consultants, an anesthetist and an orthopedic surgeon. All patients had declined surgical treatment and they all had three or more comorbidities.

Patients underwent an RF ablation for neurolysis of the superior lateral, superior medial, and inferior medial genicular nerves, under radiological guidance. RF lasted 3 minutes for each nerve. Measurement end points included changes in pain and functional scores. Patients were assessed for a short period using the NRS pain score (0 – 10) and a stiffness score (0–20). Additionally complications (bruising, swelling, inflammation, erythema) were recorded as long as patient satisfaction rates.

Results NRS pain scores were decreased by a median of 2 points. Stiffness was decreased by a median of 5 points. 17 out of the 18 patients reported reduced night pain and disturbed sleep. No complications were recorded. 17 patients said they would choose this method again.

Conclusions RF ablation for genicular nerves neurolysis is a viable, safe and a complementary method for patients that are not suitable for surgical treatment of knee osteoarthritis. More studies, preferably randomized controlled trials are needed to confirm these observations.

B398 THE REVISED TARGETED GENICULAR NERVE BLOCK TECHNIQUE FOR PAIN AND FUNCTION IN KNEE OSTEOARTHRITIS

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Background and Aims Chronic knee osteoarthritis(OA) is a progressive multifactorial disease, and the pain and loss of function are the predominant clinical presentations. Advances in targeting anatomical landmarks using US devices provides more accurate placement of the needle and updates in revised anatomical targets can maximize the efficacy of genicular nerve blocks. Herein we report a revised US guided 5 genicular nerves technique for the treatment of chronic knee pain.

Methods We performed revised US guided 5 genicular nerves technique in five patients with chronic knee pain due to OA. In addition to the most targeted nerves including the superior medial, superior lateral and inferior medial genicular nerves; the recurrent fibular nerve and the infrapatellar branch of the saphenous nerve are targeted by using high-frequency (6–13 Hz) linear transducer. For each target, a fluid mixture of 2 mL: bupivacaine%0.25 and 4 mg dexamethasone was administered.

Results The mean NRS score declined from 7.6±1.14 to 3.2±1.3, 3.2±1.3 to 1.6±0.54 at in movement and at rest, respectively, at 3 months. Also, all patients WOMAC scores have improved (Table 1).

Abstract B398 Table 1

Patient	Age	Sex	KL grade	NRS baseline		NRS month 1		NRS month 2		NRS month 3		WOMAC baseline	WOMAC month 3
				R	M	R	M	R	M	R	M		
1	56	M	2	2	7	0	2	2	2	2	3	45	17
2	58	F	3	3	8	1	3	1	3	1	2	56	24
3	55	F	3	5	9	1	2	1	2	2	4	42	16
4	68	M	2	4	8	0	1	1	1	2	5	43	11
5	65	M	2	2	6	0	1	1	2	1	2	37	9
Mean				3.2	7.6	0.4	1.8	1.2	2	1.6	3.2	44.6	15.4
SD				1.3	1.14	0.54	0.83	0.44	0.7	0.54	1.3	7.02	5.85

Conclusions In this report, we showed that the revised 5 genicular nerve technique provided pain relief and improved functional capacity in patients with chronic knee pain due to knee OA for 3 months after the procedure.

B399 PERSISTENT HORNER'S SYNDROME FOLLOWING LOWER CERVICAL GANGLION BLOCK UNDER ULTRASOUND GUIDANCE

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Background and Aims Horner's Syndrome is a possible side effect following lower cervical ganglion block which may last up to 8–12 hours (1). We describe a case where lower cervical ganglion block was performed to alleviate sympathetically maintained pain of the right wrist (1,2). In this case, the Horner's syndrome lasted for 16 days before it subsided completely.

Methods A 21 years old woman with diagnosis of sympathetically maintained pain of her wrist, underwent lower sympathetic ganglion block under ultrasound guidance as a day case procedure without sedation. A total amount of dexamethasone 6,6 mg (2 ml) and L-Bupivacaine 0,25% (3 ml) were injected via in plane approach after negative aspiration. The procedure was uneventful and no pain or paresthesia were reported during the block. Horner's syndrome was observed 8 min later. Vital signs remained within normal limits until her discharge after 2 hours.

Results On 6th day the patient reported signs and symptoms of persistent Horner's syndrome along with generalised symptoms of fatigue and dizziness which subsided completely on 16th day. Although slight blurred vision persisted, she was prescribed glasses for underlying astigmatism by the ophthalmologist recently. She was noticed significant improvement in pain and hand function.

Conclusions There was not an obvious cause to provoke any kind of injury on the sympathetic fibres. Possible causes could be the microtrauma/ischemia from the needle tip(3), the high injection pressure and the toxicity from local anaesthetic(4,5). However, the Horner's syndrome subsided spontaneously after 16 days and no other intervention was necessary.

B400 THE USE OF STRETCHING TECHNIQUES IN THE MANAGEMENT OF NON-SPECIFIC CHRONIC LOW BACK PAIN PATIENTS. A SYSTEMATIC REVIEW OF THE LITERATURE

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Background and Aims Low Back Pain is a common musculoskeletal condition with an extremely complicated and unclear pathogenesis and in more than 85% of the cases, no clear underlying cause can be identified. In order to be classified as a chronic pain syndrome the symptoms must last for more than twelve weeks and is then defined as non – specific chronic Low Back Pain (nscLBP) and often leads to disability. The aim of this systematic review is to investigate the effectiveness of stretching on specific outcomes and to propose specific dose parameters for this technique

Methods Systematic searches were conducted on 4 databases, Pubmed, Science Direct, Scopus και Pedro. All experimental RCTS investigating the effectiveness of stretching techniques either as a stand-alone treatment technique or as part of a treatment program were included in this review

Results Sixteen RCTs met the inclusion and exclusion criteria and were included in this review. The results of these studies indicate that ST either as a standalone treatment or as part of a treatment program decrease pain, disability and depression and on the other hand increase Range of Movement, functionality and Quality of Life compared to baseline measurements. An effective treatment program should incorporate supervised ST techniques within 12 treatment session once per day unsupervised.

Conclusions The findings of this review support the recommendations of Clinical Guidelines regarding the use of ST in the treatment of nscLBP showing improvement in pain, disability, depression, Range of Movement, functionality and Quality of Life.

B401 IS THERE A ROLE FOR PAIN NEUROSCIENCE EDUCATION IN THE MANAGEMENT OF CHRONIC PAIN PATIENTS? A SYSTEMATIC REVIEW OF THE LITERATURE

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Background and Aims Chronic pain can contribute to disability, depression, anxiety, sleep disturbances, poor quality of life and increased health care costs. Chronic pain is a complex. The growing consensus indicates that the best approach to treatment involves the combination of pharmacological and