57±9) and 60 patients(age 61±6), respectively. Mean physical function improvement for CT, IESI, CT+IESI groups 19.2 (95% confidence interval (CI)13.6 to 24.8), 22.4 (95% CI 16.9 to 27.9) and 26.7 (95% CI 21.5 to 32.7), respectively. IESI valuable for pain relief at short-term (MD 1.23, 95% CI 0.54-1.89; P=0.0002), CT+IESI at long-term (MD 0.85, 95% CI 0.46-1.24; P<0.0001)compared with CT. There were no statistically significant differences in functional improvement after CT and IESI at short-term and intermediate-term follow up (MD 3.65, 95% CI 2.24-5.06; P=0.21), long-term functional improvement observed in CT+IESI group (MD 0.81, 95% CI 0.48-1.14; P<0.0001). Patients' satisfaction with treatment was significantly higher in CT+IESI group (MD 1.30, 95% CI 1.12-1.48; P<0.0001).

Conclusions Use of combined CT+IESI therapy is more effective for relieving severe chronic LCSS pain than each of these therapy methods separately at long- term. Patients noticed more successful outcomes receiving CT+IESI. This study might help clinicians to make decisions for severe pain treatment of patients with LCSS.

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EP118 ADDING PECS II BLOCK TO MULTIMODAL ANALGESIA HALVES 24-HOUR POSTOPERATIVE OPIOID REQUIREMENTS AFTER MINIMALLY INVASIVE CARDIAC SURGERY WITH CARDIOPULMONARY BYPASS – A TRIPLE-BLINDED, RANDOMIZED, CONTROLLED TRIAL

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Background and Aims Minimally-invasive, on-bypass cardiac surgery (MIC) through a unilateral mini-thoracotomy is increasingly popular but associated with high levels of postoperative pain, opioid consumption and opioid-associated side effects. This study aimed to elucidate whether adding a PECS block II to conventional multimodal analgesia improves opioid consumption, pain and quality of recovery.

Methods After approval by the ethics committee, patients scheduled for MIC were randomized between ultrasound-guided, preoperative unilateral PECS block with ropivacaine 0.5% vs. placebo (saline). Patients, practitioners and data collectors were blinded to the intervention drug; a standardized multimodal analgesic protocol was applied to all patients. Numerical rating scores (NRS), analgesic consumption and the Overall Benefit of Analgesia Score (OBAS) were collected at different time points up to 24 hours postoperatively, and compared between groups.

Results 57 patients were included (ropivacaine n=28, vs. placebo n=29). Block performance (after central venous access) took 5±2.5 minutes. Patients in the ropivacaine group had significantly lower morphine milligram equivalents (MME) during the first 24 hours after extubation (median (interquartile range): 4.2 (2.1-7.6) vs 8.3 (4.2-15.7) mg, p=0.016). NRS at extubation was lower in the ropivacaine group (0.0 (0.0-2.0) vs 1.5 (0.3-3.0), p=0.041). Non-opioid analgesic consumption was similar. The OBAS was, by trend, improved in the ropivacaine group (4.0 (3.0-6.0) vs. 7.0 (3.0-9.0), p=0.082). (table 1)

Abstract EP118 Table 1 Postoperative pain treatment in pecs group vs. placebo

Characteristic	Group Assignment: Placebo, N = 29[1]	Ropivacain, N = 28[1]	p-value[2]
Milligrams of Morphine Equivalent after Extubation 0-24h (mg)	8.3 (4.2, 15.7)	4.2 (2.1, 7.6)	0.016
Numerical Rating Scale (NRS) at Extubation	1.5 (0.3, 3.0)	0.0 (0.0, 2.0)	0.041
NRS at 2h	1.0 (0.0, 2.8)	1.0 (0.0, 1.5)	0.3
NRS at 4h	1.0 (0.0, 2.5)	1.0 (0.0, 1.8)	0.8
NRS at 6h	1.0 (0.0, 2.2)	0.5 (0.0, 1.0)	0.090
NRS at 12h	1.0 (0.0, 2.5)	1.0 (0.0, 2.0)	0.5
NRS at 24h	3.0 (1.0, 4.0)	2.0 (1.3, 3.0)	0.7
Paracetamol 0-24h (mg)	2,000.0 (1,000.0, 2,000.0)	2,000.0 (1,000.0, 3,000.0)	0.6
Metamizole 0-24h (mg)	2,000.0 (1,000.0, 2,000.0)	2,000.0 (1,000.0, 2,000.0)	0.4
Overall Benefit of Analgesia Score (the lower, the better)	7.0 (3.0, 9.0)	4.0 (3.0, 6.0)	0.082

[1] Median (IQR)

[2] Wilcoxon rank sum test

Conclusions The addition of PECS II block to conventional, opioid-based multimodal analgesia protocols is a simple, yet effective measure to optimize opioid consumption, pain relief and side effect profile in patients undergoing MIC.

ethics pecs II block

EP119 OUTPUT CURRENT AND EFFICACY OF PULSED RADIOFREQUENCY TO LUMBAR DORSAL ROOT GANGLION IN PATIENTS WITH LUMBAR RADICULOPATHY

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Background and Aims Lumbar radicular pain (LRP) is a challenging clinical symptom. Pulsed radiofrequency (PRF), a neuromodulation technique that uses short pulses of radiofrequency current, is effective in treating pain disorders. This study aimed to determine the intraoperative parameters of PRF of the lumbar dorsal root ganglion (DRG) that are related to clinical effects in patients with LRP.

Methods This was a prospective, double-blind, randomized pilot study. The patients were allocated to two groups, the high-voltage (60 V) and standard- voltage (45 V) groups, according to the preset maximum voltage at which the active tip temperature does not exceed 42°C. The primary outcomes were radicular pain intensity, physical functioning, global improvement and satisfaction with treatment, and adverse events. The assessments were performed until 3 months.

Results The patients in the standard-voltage group showed significant improvements in the numerical rating scale (NRS) (P = 0.007) and Oswestry disability index (ODI) (P = 0.008) scores after PRF; but no difference in the high voltage group. Among the intraoperative parameters, the output current showed a significant negative linear relationship with analgesic efficacy and also a significant association with NRS (P = 0.005, R2 = 0.422) and ODI score (P = 0.004, R2 = 0.427) in the multiple regression analysis. The optimal cut-off