

EP226

**CURRENT SITUATION OF RADIOFREQUENCY FOR THE TREATMENT OF CERVICAL BACK PAIN ORIGINATING IN THE FACET JOINTS IN SPAIN**

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**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** Radiofrequency (RF) is an effective treatment for patients suffering from cervical pain originating in the facet joints; since there is some variability in performing the technique, our objective is to analyse its current situation in Spain.

**Methods** We have performed a survey to analyse the situation of the use of RF to treat the cervical medial branch; shared through the Spanish pain society, 91 people answered it.

**Results** 15/91 perform one ultrasound-guided diagnostic block, 30/91 perform one fluoroscopy-guided block, 15/91 perform either one fluoroscopy or ultrasound-guided block depending on the patient, 5/91 perform two fluoroscopy-guided blocks and 1/91 perform two ultrasound-guided blocks. 35/91 do the parallel approach and 27/91 the perpendicular approach. 57/91 guide the RF with fluoroscopy, 22/91 with ultrasound, 10/91 combining ultrasound and fluoroscopy and 1 with CT. 58/91 use conventional and 27/91 use pulsed. For cannula diameter, 17/91 use 22G, 44/91 use 20G, 16/91 use 18G and 1/91 use 16G. For active tip, 3/91 use 2mm, 50/91 use 5mm and 26/91 use 10mm. 15/91 use blunt-straight, 30/91 use sharp-straight, 13/91 use blunt-curved and 19/91 use sharp-curved. 27/91 apply the RF at 42°C, 9/91 at 45-60°C, 45/91 at 80°C, 4/91 at 85°C and 1/91 at 90°C. 1/91 apply 60 seconds of RF, 50/91 apply 90 seconds, 9/91 apply 120 seconds, 1/91 apply 150 seconds and 6/91 apply 180 seconds. 49/91 do one lesion, 13/91 two lesions and 11/91 three lesions.

**Conclusions** We need to establish the best form to perform RF for treating cervical pain originating in the cervical facet joints.

EP227

**SURVEY ABOUT THE VOLTAGE USED IN PULSED RADIOFREQUENCY IN SEVERAL CHRONIC PAIN CONDITIONS**

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**Application for ESRA Abstract Prizes:** I apply as an Anesthesiologist (Aged 35 years old or less)

**Background and Aims** Pulsed radiofrequency (RF) is performed for treating several clinical conditions causing chronic pain. There are many variables in its application that are not well established based on the available evidence, voltage being one of them. Voltage can

**Methods** We have performed a survey to analyse the situation of the use of pulsed RF to treat several clinical conditions causing chronic pain; shared through the Spanish pain society, 91 people answered it.

**Results** In trigeminal ganglion, 23/91 use 45V, 15/91 use 65V, 3/91 use 85V and 1/91 use 100V. In stellate ganglion, 31/91 use 45V, 17/91 use 65V and 1/91 use 85V. In cervical medial branch, 27/91 use 45V, 9/91 use 65V and 1/91 use 85V. In thoracic medial branch, 18/91 use 45V, 3/91 use 65V and 2/91 use 85V. In lumbar medial branch, 18/91 use 45V, 8/91 use 65V and 3/91 use 85V. In thoracic dorsal ganglia, 36/91 use 45V and 15/91 use 65V. In lumbar dorsal ganglia, 53/91 use 45V, 19/91 use 65V and 1/91 use 85V. For peripheral nerves (using the suprascapular nerve as an example), 46/91 use 45V, 20/91 use 65V and 1/91 use 85V. For peripheral nerves, 11/91 do not apply control of temperature with pulsed RF. 61% apply the variation of the voltage in the temperature control; 34% apply the variation of the pulse width in the temperature control.

**Conclusions** There is a lot of variability in applying different voltages in pulsed radiofrequency for several clinical conditions; we need better evidence to establish the best voltage for any indication.

EP228

**COMPLIANCE WITH HSE GUIDELINES REGARDING OPIOID PRESCRIPTION FOR TREATMENT OF ACUTE PAIN IN TERTIARY IRISH HOSPITAL. A QUALITY IMPROVEMENT PROJECT**

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**Background and Aims** Opioids are effective medications that have been used extensively for in-hospital management of acute pain. Worldwide including in Ireland, number of opioid prescriptions is increasing, although many reports encourage controlled usage and warned against the potential health, economic and social hazards involved in opioid usage. To address this problem and to increase knowledge and safety regarding opioid usage, The HSE has issued guidelines for opioid prescribing for the in-hospital management of acute pain. Aim: - To improve compliance with the relevant HSE prescribing guidelines. - Ensure that opioids were prescribed appropriately as per national guidelines. - Check opioid usage is part of multimodal analgesia as per WHO analgesia ladder.

**Methods** - A retrospective medical record review for opioid prescriptions for acute pain was conducted 3 times over the past year. anonymous data was collected. - survey for Junior Doctors to understand opioid prescription behavior. - teaching conducted at departmental and hospital levels to increase awareness.

**Results** 24% of the sample received SR opioid preparation. Regarding Immediate release opioids. Only 12% had a documented stop/review date. In terms of multimodal analgesia, a good portion of the sample received regular paracetamol