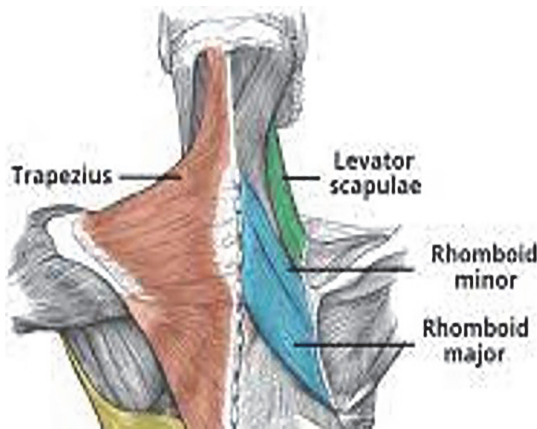


EP246 PROLOTHERAPY IN THE TREATMENT OF CERVICOGENIC HEADACHE

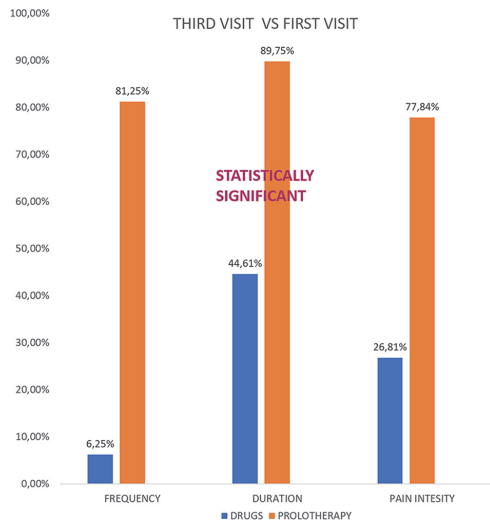
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Background and Aims In cervicogenic headache the pain originates from the cervical structures. The goal of this study was to investigate whether there is a better outcome by treating cervicogenic headache with paracetamol and ibuprofen versus the injection of hypertonic dextrose solution (prolotherapy)
Methods Forty patients suffering from cervicogenic headache were randomized to treatment by either paracetamol and ibuprofen or by prolotherapy. Patients subjected to prolotherapy were injected in 10 symmetrical points of the neck and upper back. The frequency of headache per week, the duration of headache in hours and the pain intensity with the VAS score 0-10 were assessed



Abstract EP246 Figure 1 Prolotherapy injection points



Abstract EP246 Figure 2 Differences between first and third assessment in the prolotherapy group

Results Prolotherapy showed higher rates of successful treatment of cervicogenic headache, with statistically significant differences between the first and the last assessment in all aspects of headache. Reduction by 81.25% of the frequency of attacks per week, reduction by 89.75% of the duration in hours and reduction by 77.84% of the headache intensity were demonstrated between the first and the last visit. Changes were less spectacular in the conventional treatment group: treatment with conventional pain killers resulted in 6.25% decrease in the frequency of attacks per week, in 44.61% decrease in the duration of pain in hours and in 26.81% decrease in the headache intensity between the first and last visit. Differences between groups were statistically significant

Conclusions In cases of cervicogenic headache, patients treated with prolotherapy have significant improvement. It appears that prolotherapy, by strengthening the ligaments and tendons of the cervical area can target the trigger points that cause the headache

ePoster session 7 – Station 6

EP247 THORACIC SURGERY ERATS ANALGESIA- AN AUDIT OF PRESCRIBING COMPLIANCE WITH THE UPDATED RECOMMENDATIONS

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Background and Aims Thoracic surgery is often referred to as the most painful surgery. Acute pain management in the post operative phase can therefore be challenging. In line with current best practice and the ERATS guidance we updated our institutional post operative analgesic recommendations for patients undergoing thoracic surgery. We aimed to assess adherence to the updated prescribing guidance.

Methods Over a 6-month period we audited the compliance with prescribing in line with our updated recommendations. Patients electronic drug charts were reviewed retrospectively after undergoing thoracic surgery.

Results Our results demonstrated that the majority of patients were prescribed post operative analgesia in line with the institutional recommendations. 208 patients were included. 83% of these underwent VATS surgery and 17% had a thoracotomy. 84% of patients has some form of regional/neuraxial technique as part of their post operative analgesic regimen. 98.5% of patients were prescribed post operative paracetamol. 70% of patients were prescribed a NSAID. Overall compliance with the prescribing guidance was 62%.

Conclusions The effective changes to our institutional analgesic recommendations for thoracic surgery were removal of the routine use of slow release opioid and gabapentinoids. This is in keeping with the current international recommendations about using these agents in the routine management of postoperative pain. This has the potential to improve patients post operative outcomes by reducing administration of medications that have a significant side effect profile. Our audit highlights that while the majority of patients did receive a regional technique for their surgery further work could be done to increase this further.