

stages of fetal development. Patients with this disorder may have recurrent hip surgeries and may need physical therapy in the following years. The aim of this case report is to raise awareness among doctors, that hip denervation can be used in pain management for the rehabilitation of patients with congenital hip dislocation.

Methods After repeated hip surgeries, limitation of hip joint mobility developed in a 27-year-old female patient with congenital hip dislocation (figure 1). Due to her pain, she could not receive restricted treatment and could not continue physical therapy. Repetitive Pericapsular nerve group (PENG) blocks (bupivacaine%0.125 + methylprednisolone 40mg mixture) were applied to the patient under USG guidance, and the pain was relieved for a limited time. A permanent pain relief therapy was sought. Sensory branches of the obturator and femoral nerve pulsed radiofrequency (PRF) (for 6 minutes at 42 degrees) which is called hip denervation, were applied to the patient for long-term pain management under fluoroscopy guidance.

Results After the intervention, the patient's pain decreased and she was able to continue physical therapy and exercise. At the 6th month follow-up, the patient's pain was under control. No procedural adverse event was noted.



Abstract #36470 Figure 1 Patient with congenital hip dislocation

Conclusions The use of this hip denervation technique for hip pain control is evolving. In our experience, percutaneous radiofrequency lesioning of the sensory branches of the nerves innervating the hip joint can be an option for patients with intractable hip joint pain.

#36256 **PATIENT WITH A RADIAL NERVE MONONEUROPATHY WHO ACHIEVED SUSTAINED, LONG-TERM PAIN RELIEF FOLLOWING TEMPORARY PLACEMENT OF A SPRINT PERIPHERAL NERVE STIMULATOR**

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Background and Aims Here we present a forty-five-year-old, right hand dominant male who suffered a traumatic right forearm crush injury while using a cement mixer. Following multiple orthopedic procedures and superficial radial nerve neuroma excision, he developed chronic neuropathic pain in

his right forearm. He was refractory to conservative treatments and continued to experience this pain for fifteen years before being referred to our Pain Clinic. He reported that the ongoing pain affected his quality of life and hindered his occupation as a welder.

Methods His exam was consistent with a right radial nerve mononeuropathy and he was offered a temporary peripheral nerve stimulator (PNS). Ultrasound was used to identify the right radial nerve 10 cm proximal to the patient's elbow. Local anesthetic was used to numb the desired entry site, with care taken to avoid administering local anesthetic near the target site which can obscure response to neurostimulation. Following successful test stimulation the lead was deployed. Repeat stimulation and ultrasound imaging confirmed successful placement, and following device management education, the patient was discharged.

Results The patient achieved complete resolution of his neuropathic pain during 60-day stimulation and sustained relief at one year follow-up.



Abstract #36256 Figure 1 Ultrasound image of the PNS MicroLead deployed via introducer sheath 4mm from the right radial nerve

Conclusions Peripheral nerve stimulation should be considered for patients with neuropathic pain in which the target nerve can be identified. Interventional pain physicians should work to further disseminate the utility of PNS in hopes that future patients do not have to suffer for 15 years before being referred to a pain clinic.

#36412 **INVESTIGATING THE IMPACT OF ANTIDEPRESSANTS ON U.S. VETERANS PAIN MANAGEMENT IN ORDER TO REDUCE OPIOID USE DISORDERS**

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Background and Aims Currently, the opioid crisis in the U.S. is considered an epidemic with the veterans being one of the populations affected. Due to system neglect for appropriate treatment of patients with PTSD and chronic non-cancer pain, patients with newly prescribed Opioid Analgesic Use (OAU) continue with chronic usage. The goal of the study is to

examine the efficacy of antidepressants in pain management on veterans in order to provide an alternative to opioids.

Methods Throughout this work, with the use of data collection and data analysis, enough evidence was found of the efficacy of antidepressants and the need for proper guidelines to transition from the drugs currently used for pain management to antidepressants.

Results In general, the use of tricyclic antidepressants (TCAs) for the management of chronic pain has proven to have one of the most significant antihyperalgesic effects. However, SSRIs such as sertraline and fluoxetine have also demonstrated benefits in treating PTSD, fibromyalgia and chronic tension headaches in females. In conclusion, the usage of antidepressants makes it possible to achieve proper treatment of comorbid conditions while also helping with the diminishing of opioid usage.

Conclusions This study underscores the importance of addressing the opioid crisis among veterans by exploring the effectiveness of antidepressants in pain management. These findings support the use of tricyclic antidepressants and SSRIs as a viable alternative to opioids, providing potential relief for chronic pain and comorbid conditions. In the same way this opens opportunities to develop new guidelines for first line treatments in patients with chronic pain.

#34931 PERIPHERAL NERVE BLOCKS FOR THE LUMBAR RADICULOPATHY; A 1 YEAR FOLLOW UP STUDY

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Background and Aims Low back pain due to lumbar radiculopathy is the cause of significant disability. Epidural steroid injections with or without local anaesthetic are often prescribed to patients who are not responding to conservative management. Epidural injections may carry the attended risk of neurological injuries. We hypothesized that the nociceptor fibres being pseudo – unipolar in nature, with both ends behaving functionally the same. The peripheral nerve blocks administered distally should be as effective in providing pain relief.

Methods The thirty-four patients who had been recruited in the single-arm study were followed up at 6 months and 12 months post the intervention and the outcomes were noted. They had been administered peripheral nerve blocks at ankle level with 4ml of 0.25% bupivacaine and 40mg of triamcinolone. Outcomes measured: The outcomes measured at 6 and 12 months after the intervention were the pain intensity (Numerical Rating Scale), the Global Perceived Effect, employment status, and analgesic intake.

Results Out of 34 patients, 4 had dropped out at 6 months and 12 at 12 months. Statistical analysis of the data showed a significant decrease in pain intensity ($p < 0.001$). There was also a significant improvement in both the employment status and the analgesic intake and no additional side effects were reported by any of the patients.

Conclusions This present study shows that peripheral nerve blocks are effective in the management of pain in patients with lumbosacral radiculopathy even in the long term (1 year) with no significant adverse effects.

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#36242 INTEGRATIVE PAIN CARE: SYMBIOSIS BETWEEN CHRONIC PAIN UNIT AND PALLIATIVE CARE IS THE KEY

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Background and Aims Inpatient and after discharge palliative care is essential to improve quality of end-of-life. Critical limb ischemia is associated with an excruciating pain. We describe the successful in-hospital and after discharge use of perineural sciatic nerve catheter to control refractory ischemic pain.

Methods Data was collected through consultation of clinical records.

Results

Case report A 77-year-old female was admitted with decompensated heart failure (NYHA class IV) and respiratory failure requiring non-invasive ventilation. Medical history included atrial fibrillation, severe aortic stenosis, arterial hypertension, obesity, poorly controlled diabetes mellitus and bilateral chronic lower limb ischemia. Physical examination revealed necrosis of the right foot and ulcerations on the left one. Surgical treatment was refused, and conservative/comfort measures were adopted. Despite morphine intravenous infusion, severe pain at rest and during wound dressing was referred. Chronic pain unit consultation was required, and continuous sciatic popliteal nerve block was proposed. Immediate relief was reported after the first bolus and a DIB with ropivacaine was initiated. Given the bad clinical prognosis and patient's desire for home discharge, patient went home with perineural popliteal DIB of ropivacaine 0.1% 5mL/h (replaced every 3 days at the chronic pain unit) and fixed 5mg oral morphine including before wound dressing, performed by the primary healthcare team. Excellent pain efficacy (EN 2/10) and high level of patient and family's satisfaction were reported.

Conclusions Home-based palliative care decreases readmissions and health care utilisation. Locoregional analgesia may be an effective tool establishing the bridge between acute and home-based palliative care for management of chronic pain at end-of-life patients.

#36417 POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME AFTER OXYGEN-OZONE THERAPY FOR CERVICAL AND LOW BACK PAIN: A CASE REPORT

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