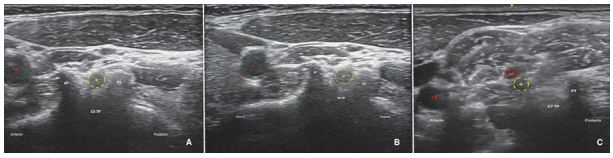

Abstract OP015 Figure 2 Ultrasound images of the C5 (A), C6 (B) and C7 (C) nerve roots

Methods The trial was registered on ClinicalTrials.gov (NCT:05340179). Patients with unilateral cervical radiuclar pain were randomly divided into two groups (figure 1): FL-guided interlaminar cervical epidural steroid injection (IL-CESI) and the US-guided cervical selective nerve root block (CSNRB) group (figure 2). Severity of pain and disability were assessed with Numeric Rating Scale (NRS-11) and Neck Disability Index at baseline, and 1,3 and 6 months after treatment. Fifty percent or more improvement in NRS-11 was defined as treatment success and an improvement in NRS of at least 2 points was defined as minimally clinically important difference (MCID). Changes in analgesic use was also recorded.
Results Significant improvement in pain and disability scores was observed during 6 months compared to baseline in both groups($P < .001$). There was no statistically significant difference between the groups in terms of the proportion of subjects experiencing MCID, achieving a positive treatment outcome, quality of life and analgesic use. The procedure time was longer in the IL-CESI group.
Conclusions The effectiveness of US-guided CSNRB is comparable to FL-guided IL-CESI for cervical radicular pain. However, US-guided CSNRB offers the advantage of shorter procedure duration and eliminates the need for radiation exposure.

OP016 ULTRASOUND-GUIDED SUBOCCIPITAL BLOCK-2 FOR THE TREATMENT OF CERVICOGENIC HEADACHE: CASE SERIES AND CLINICAL OUTCOMES

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10.1136/rapm-2023-ESRA.16

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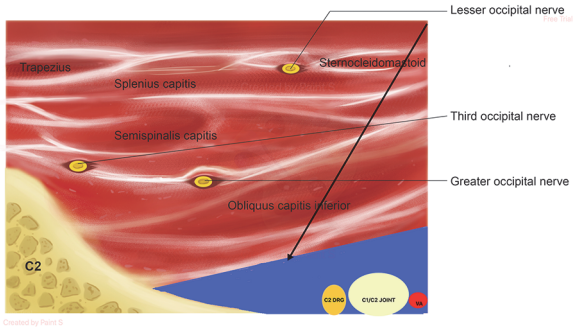
Background and Aims Cervicogenic headache refers to the pain that originates from the cervical spine or nerve roots. While numerous treatments have been proposed for cervicogenic headache, only a limited number of them have undergone testing, and even fewer have demonstrated proven success. The ultrasound (US) guided suboccipital block-2 (SOB-2) is a recently defined technique for the treatment of cervicogenic headache.
Methods Following a comprehensive clinical evaluation, all nine patients were diagnosed with cervicogenic headache. Their diagnoses were established by the diagnostic criteria for cervicogenic headache as outlined in the International Classification of Headache Disorders.In US-guided SOB-2; injection was performed into the fascial plane deep to the inferior oblique capitis muscle, targeting the C2 dorsal root ganglion, C2 nerve root, and the atlanto-occipital joint capsule (figure 1). Patients with occipital neuralgia for >6 weeks, have an ipsilateral arthrosis of the lateral C1–C2 facet joint on CT and refractory to conservative treatment had undergone US-guided SOB-2. Written informed consent for the procedure and future publishing was obtained from patients.



Abstract OP016 Figure 1 Illustration of suboccipital block-2

Results Patiens had experienced improvement in NRS score for 3 months (table 1). Repeated blocks were performed at month 1 and 2 in two and one patients, respectively. The number of headache-day per month was decreased. Among the patients, three individuals experienced paresthesia in the occipital distribution, characterized by numbness and tingling. A majority of the patients were able to reduce or completely stop using oral analgesics.
Conclusions US-guided SOB-2 is a safe and efficacious procedure for the treatment of cervicogenic headache in patients with ipsilateral symptomatology.

OP017 PERI-OPERATIVE COGNITIVE BEHAVIOURAL THERAPY COMPARED WITH PAIN EDUCATION AND MINDFULNESS FOR CHRONIC POST-SURGICAL PAIN IN BREAST CANCER PATIENTS WITH HIGH PAIN CATASTROPHISING CHARACTERISTICS: A RANDOMISED, CONTROLLED, DOUBLE-BLIND CLINICAL TRIAL

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Background and Aims The incidence of Chronic Post-Surgical Pain (CPSP) is relatively high after breast cancer surgery.