Methods  The trial was registered on ClinicalTrials.gov (NCT:05340179). Patients with unilateral cervical radicular 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.

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I apply as a Trainee/Resident/Fellow (no age limit)

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.

Results  Patients 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.

Please confirm that an ethics committee approval has been applied for or granted: Yes: I’m uploading the Ethics Committee Approval as a PDF file with this abstract submission

Application for ESRA Abstract Prizes: I apply as a Trainee/Resident/Fellow (no age limit)

Background and Aims  The incidence of Chronic Post-Surgical Pain (CPSP) is relatively high after breast cancer surgery.
Psychological factors, especially high pain catastrophising, are predictive of CPSP. Cognitive Behavioural Therapy (CBT) can reduce anxiety and depression and help emotional self-regulation. We tested the hypothesis that perioperative CBT is more effective than a Pain Education and Mindfulness (PEM) programme at reducing CPSP intensity at 3-months after breast cancer surgery in high pain-catastrophising patients.

Methods Women having primary breast cancer surgery were screened for pain-catastrophising characteristics using the Pain Catastrophising Scale (PCS). Patients scoring >24 received 4 one-hour sessions with the same psychologist, randomised 1:1 to receive either CBT or PEM. The primary outcome was Brief Pain Inventory (BPI) average pain severity measured at 3-months. Secondary outcomes included BPI composite pain-intereference scores, PCS scores, and Hospital Anxiety and Depression Scale Score (HADS).

Results Among CBT patients, BPI average pain intensity (95% CI) significantly decreased from baseline 2.5 (1.4-3.6) to 1.3 (0.4-2.3) at 3-months (P=0.035), but not in PEM group who measures 2.9 (1.8-4.0) at baseline, decreasing to 2.5 (1.5-3.4) at 3-months (P=0.375). However, there was no statistically significant between-group difference at 3-months. Similarly, there were significant within-group improvements in pain-interference, catastrophising and mood scores across both study arms after 3-months, but no between-group differences were found at 3-months.

Conclusions Four one-to-one, perioperative CBT or PEM sessions to patients with high pain catastrophising characteristics, achieved comparable reductions in pain-intensity at 3-months after breast cancer surgery. Perioperative psychological might help to reduce the incidence of CPSP in breast cancer surgery.

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

Background and Aims After the earthquakes in Turkey, many citizens were injured and a long process that required physiological and psychological treatments started in the ongoing process. In this study, it was aimed to observe pain and psychological changes in earthquake victims in the light of the QoR-15 score.

Methods After the approval of the Local Ethics Committee (Decision No: 2023-194), earthquake victims who were operated on for traumatological and reconstructive reasons and inserted a catheter were evaluated retrospectively. Demographic data and catheters were recorded. Baseline, 24-hour and 72-hour QoR-15 and VAS scores were compared within themselves in terms of temporal changes.

Results A total of 40 catheters were inserted in 29 patients. (after exclusion 36 catheters-15w/11m patients evaluated). The type and number of catheters are shown in table 1. The age of the patients was 35.57 ± 13.69 years and the duration of catheterization was 8.91 ± 5.08 days. Infusion of 0.1% bupivacaine 0.5-1 mg/kg/24 hours was started routinely. The QoR-15 and VAS scores of the patients at baseline, 24 hours, and 72 hours were 80.45 ± 17.76, 95.27 ± 15.16 and 101.06 ± 15.52, and VAS scores were 4.61 ± 1.41, 1.79 ± 1.36 and 0.76 ± 0.86, respectively (p<0.001 and p<0.001, respectively) (table 2 and figures 1-2).