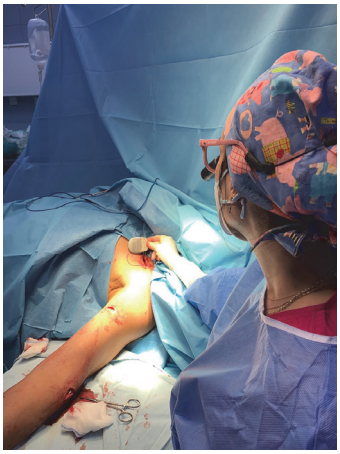

Abstract EP099 Figure 3 Surgical implementation of PNS device

Methods This study reports 2 cases, a 44 and a 51-year-old male, without comorbidities, who suffered from post-traumatic neuropathic pain in the forearm along the ulnar nerve. After physiotherapy protocols, several attempts for surgical decompression and therapeutic peripheral nerve blocks, the patients continued to present severe pain refractory to medication. In both patients, after locating the trajectory of ulnar nerve with ultrasounds, under locoregional anesthesia, we placed subcutaneously an eight -polar electrode connected with an external temporary neurostimulator and after a 7-days trial period of complete pain relief, we implanted a permanent neurostimulator subcutaneously.

Results Both patients were successfully treated as evidenced by 75% reduction in symptoms and discontinuation of medication. Both patients present with more than 75% reduction in pain after 1 year and 8 months follow-up respectively. None of the patients receives pain medication systematically anymore.

Conclusions Placement of peripheral nerve stimulators could significantly change health care practice patterns and could substantially impact patient satisfaction and quality of life, providing a safe alternative to intractable neuropathic pain. However, more studies need to be conducted to prove their efficacy.

EP100 EPIDURAL PLACEMENT IN A PREGNANT WOMAN WITH UNKNOWN VON WILLEBRAND DISEASE TYPE AND SEVERITY…WHAT COULD GO WRONG?

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Background and Aims Intro: Von Willebrand disease (vWD) is the most common heritable bleeding disorder (1). However, there are limited reports regarding the safety of neuraxial anesthesia in the obstetric population and no definitive guidelines specifying recommended pretreatment (1).

Methods Case Information: A 25 yo G2P1 @39 weeks is admitted to L&D. The patient is 2cm dilated with SROM. The patient states she has vWD, but did not know which type, was not under the care of a hematologist, and had an epidural with her first pregnancy and 'it went fine.' Obstetrician was never told her patient had vWD. H/H 11.7/35.1, platelets 195. The anesthesiologist was hesitant about placing an epidural so a vWD panel was ordered. Lab results were not available until after the patient delivered. Von Willebrand activity 117, vWF 153, factor VIII 177 so overall the panel showed normal function.

Results

Discussion Epidural analgesia is usually contraindicated in vWD (2). Despite physiological increases in von Willebrand factor antigen, factor VIII, and activity levels near normal during the third trimester in Type 1 patients, epidural anesthesia is often withheld (2,3). When von Willebrand factor (VWF) and Factor VIII levels reach 80% or more it appears to be safe for epidural placement (4).

Conclusions

Conclusion In patients with vWD who get pretreatment based on their type and severity can receive neuraxial anesthesia without adverse events

(1). Knowing the type and severity for vWD is critical in being able to manage these patients for neuraxial anesthesia.

EP100 FUNCTIONAL IMPROVEMENT AND FREQUENCY OF NEUROPATHIC PAIN IN PATIENTS WITH CHRONIC LOW BACK PAIN USING STANDARDIZED TOOLS: A PROSPECTIVE OBSERVATIONAL STUDY

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Background and Aims Patients with chronic low back pain (CLBP) are usually older adults and pain is difficult to manage. The aim of the study was to evaluate functional improvement after pain management using Oswestry disability assessment tool and to know the frequency of neuropathic pain using Douleur Neuropathic 4 (DN4) tool in patients with CLBP.

Methods After approval from the Institutional ERC, all patients of both gender with chronic LBP presenting to pain clinic were included in this study, after written and informed consent. Data were obtained from patient's medical records and interviews of patients using Douleur DN4 Neuropathic Questionnaires and Oswestry Low Back Pain Disability Questionnaire on the initial and follow-up visits till six months and recorded in a data collection form.

Results A total of eighty-seven patients completed the study and follow-up period to six months, of which 54 (62.1%) were Female. All patients had low back pain and the median duration of pain was 18 months. There was a statistically significant functional improvement ($p < 0.001$) observed after pain management between initial visit and after six months using Oswestry disability index (ODI) (ODI value = 50.1 ± 14.7 vs 23.1 ± 14.1) and there is 53.89% reduction in pain. Using Douleur Neuropathic 4 (DN4) tool neuropathic pain was present in 35 (40.2%) patients with chronic low back pain.

Conclusions Statistically significant functional improvement ($p < 0.001$) was observed after pain management using the Oswestry disability index and the frequency of neuropathic pain using DN4 tool in patients with chronic low back pain was 40.2%.

ERC Letter LBP CPMS