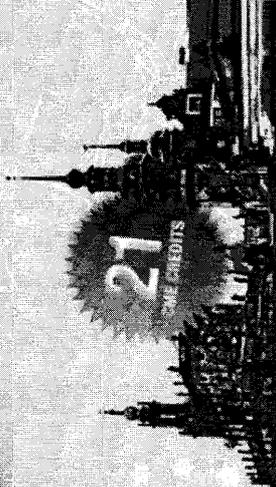




ESRA

30th Annual ESRA Congress 2011
Building Knowledge and Science in Regional Anaesthesia



Dresden, Germany, September 7-10, 2011

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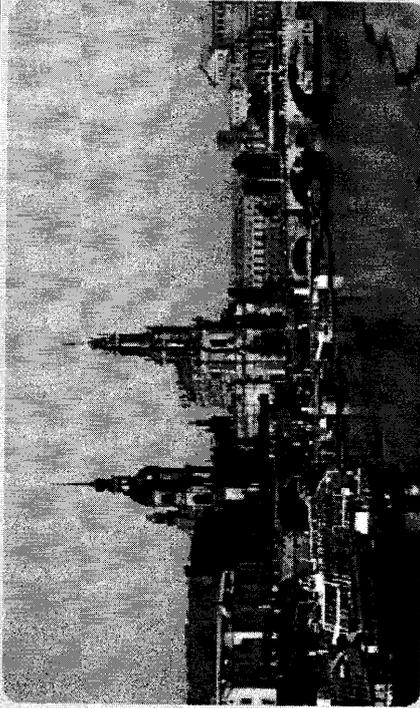
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REGIONAL ANAESTHESIA CONGRESS

A multi-disciplinary group of healthcare providers from around the world who specialize in pain management are expected to attend the 30th Annual European Society for Regional Anaesthesia Congress. Participants will have the opportunity to gain practical experience and to share and explore the latest clinical evidence, best practices and industry updates.

Come learn and network with over 1,500 anaesthesiologists, physicians and scientists who specialize in regional anaesthesia for surgery, obstetrics, paediatrics and pain control in the lovely, historic town of Dresden.

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On-line registration is now closed.

REGISTRATION DESKS

On Site Registration Desk will be open at the Marriott Hotel & International Congress Center Dresden as follows:

Wednesday, September 7	08:00-20:00
Thursday, September 8	07:30-18:45
Friday, September 9	07:30-18:00
Saturday, September 10	07:30-13:00

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Background and aims: Lumbar interspinous Injection for back pain relief is performed blindly or with fluoroscopy guidance. In this case report we describe a new previously unreported technique that promises elimination of the radiation risk, lower cost and wider availability. It involves using Ultrasound guidance instead of blind technique or fluoroscopy guidance. Our technique involves using a portable ultrasound scanner and a curvilinear transducer (4-5MHz) (SonoSite Micromaxx SonoSite, Inc. 21919 30th Drive SE Bothwell W. A. .) to guide injection.

Methods: The technique was implemented in a 36 year old construction worker who had been suffering from chronic dorso-lumbar region pain due to interspinous bursitis which interfered with his work causing him significant financial distress. Oral and topical analgesics as high as the second analgesic ladder were unsuccessful. The patient consented to the procedure. With the patient in prone position an ultrasound transducer in a transverse orientation was used to locate the T12-L1 intervertebral region. The spinous process was first identified and then by moving caudally the interspinous space. There was the area of maximal tenderness. A sterile technique was used. A lateral to medial needle orientation was used in long-axis. A 22G spinal needle was guided via ultrasound real-time to the interspinous space to inject 2.5% Chirocaine with Triamcinolone solution.

Results: Patient symptoms significantly improved and no complications were encountered.

Conclusions: Ultrasound guidance is as efficient as CT, simpler, more readily available and avoids the risk of radiation.

258 EPIDURAL STEROIDS INJECTION IN THE MANAGEMENT OF LUMBAR RADICULAR PAIN: A PROSPECTIVE STUDY OF 160 PATIENTS FOLLOWED UP FOR A 6 MONTHS

M. Zackova, G. Maknoui, M. Zanella, *Italy*

Background and aims: Radicular pain is one of the most frequent disease that leads patients to the centre for analgesic therapy. Controversy exists to the efficacy of epidural steroids in the treatment of low back pain. The aim of this prospective study is to evaluate the use of epidural steroids and local anaesthetics in our practice.

Methods: We have undertaken a prospective study of 160 patients (age range 26-87 years) with lumbar radicular pain, of more than 6 months duration, who failed pharmacologic treatment. Neither patients with non-specific "low back pain" nor patients with spinal stenosis were included in this study. All patients received a lumbar epidural injection of Bupivacaine (10 mg) and Methylprednisolone (80 mg) as a day case procedure. Pain score (VQS), range of lumbar movements and Patient's active daily life (ADL) were used to assess patients before and after the epidural injection. Subjective satisfaction degree were also evaluated. Statistical analyses was done by Wilcoxon's t-test

Results: There were no complications. Seventy-six percent of the patients improved significantly at six weeks and sixty-six percent reported continued improvement at a six month follow-up. A promising initial response was a good predictor of the future epidural injections. Fifty-seven percent of the patients still derived a significant benefit after 12 months with a important reduction in analgesic requirements.

Conclusions: Lumbar epidural injection of steroids and local anaesthetics in this series has been safe, correct and reproducible procedure, but often with only transient effects.

259 CERVICAL CORD STIMULATION IN POSTAMPUTATION PHANTOM LIMB PAIN: A CASE DESCRIPTION AND CLINICAL REVIEW

M.M.R. Mubarak, D. Oshodi, P. Murphy, *Ireland*. **Background and aims:** This review focuses on postamputation phantom limb pain (PP). Phantom sensation is the sensory perception that doesn't include pain. In contrast, phantom pain is a noxious sensory phenomenon of the missing limb. Treatment (tx) modalities (surgical, medical or neuro-modulation) are different for each type. Long term opioids with antidepressants has provided satisfactory relief that decrease with time while acupuncture may exacerbate pain(l).

Methods: A 35 Yold male pt. has sustained injury at work. He underwent re-implantation of Lt hand fingers, however amputation of his re-implanted hand was done 1 month later. He has undergone many trials of medical tx. and interventional pain management including stellate ganglion blocks

(SGB) with little benefit for 5 months. His quality of life has markedly impaired due to ongoing pain.

Results: He reported excellent coverage of PP following SGB and stage 1 cervical SCS. One week later, stage 2 implant was done. SCS was very beneficial as patient reported more than 50% reduction in pain intensity at 1,3, and 6 months.

Conclusions: Tx of PP has generally not been very successful. 43 methods for treating phantom limb pain were identified (2). The selection process is crucial when considering SCS for tx of PP.

References

1. Chong- Cheng X. Acupuncture induced phantom limb pain. *Chin Med J* 1946;99:247.
2. Sherman R. Published treatments of phantom limb pain. *Am J Phys Med* 1980;59:232-244.

NB: pictures will be provided

260 COMPARISON OF LONG TERM EFFECTS OF INTERLAMINAR VERSUS TRANSFORAMINAL EPIDURAL STEROID INJECTIONS IN TREATMENT OF CHRONIC LUMBAR PAIN

S.G. Beyaz *Turkey*

Background and aims: Epidural injection of corticosteroids is one of the commonly used interventions in managing chronic spinal pain. Among several approaches available to access the lumbar epidural space. We aimed to compare 12-month-term effects of interlaminar versus transforaminal epidural steroid injections in treatment of chronic lumbar pain using fluoroscopy.

Methods: Patients who could not benefit from previous treatments are included in this study. Injections are performed according to MRI findings at the nearest level of lumbar pathology. 173 patients received (ILESI) interlaminar epidural steroid injections and 126 patients received (TFESI) transforaminal epidural steroid injections. All patients were followed-up for 12 months via verbal numeric rating scale (VNRS) regularly. MRI findings, complications, VNRS and satisfaction scores were recorded. **Results:** Most encountered problem was lumbar disc pathology. ILESI was preferred mostly at the level of L4-L5 intervertebral interval. Decrease of VNRS scores during 12-month-interval was found to be significant according to basal scores. (p< 0.001). There were no significant difference between two groups according to VNRS and satisfaction scores (p>0.05). There was no catastrophic (major) complication. ILESI group had 22 (12.7%) minor complications; TFESI group had 12 (9.5%) minor complications.

Conclusions: This up-to-date study showed that ILESI could be as effective as TFESI when performed at the nearest level of lumbar pathology using fluoroscopy with 12-month-intervals.

261 IMPORTANCE OF THE SEX HORMONE-BINDING GLOBULIN FOR THE DIAGNOSIS OF HYPAGONADISM IN PATIENTS UNDERTAKING INTRATHECAL OPIOID ADMINISTRATION

R.V. Duarte^{1,2}, J.H. Raphael^{1,2}, M. Labib, J.L. Southall, R.L. Ashford.

Background and aims: Hypogonadism is frequently diagnosed based on testosterone levels alone. However, 99% of testosterone is bound to the sex hormone-binding globulin (SHBG) with only 1% free testosterone. SHBG is generally genetically determined, with few substances affecting its levels. SHBG and testosterone can be used to calculate the free androgen index (FAI). The aim was to investigate the importance of SHBG and FAI when diagnosing hypogonadism in intrathecal drug delivery systems (IDDS) patients.

Methods: Ten male patients undertaking long-term IDDS therapy for chronic non-malignant pain had the gonadal axis evaluated by assays of testosterone, SHBG and FAI calculation. Further evaluation of these markers was performed approximately one year after initial assessment. **Results:** Average age at the time of first blood collection was 59±2.3 years, IDDS treatment duration 100±20 months and intrathecal opioid dose 2.19±0.5 mg/day. Mean testosterone at baseline was 6.36±1.5 nmol/L and