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, pediatrics and pain control in the lovely, historic town of Dresden.

On-line registration is now closed.

REGISTRATION DESKS
On Site Registration Desk will be open at the Maritim Hotel A International Congress Center Dresden as follows:

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

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Background and aims: Lumbar epidural steroid injection is a common procedure in the management of chronic low back pain. The aim of this study is to compare 12-month follow-up outcomes of interlaminar versus transforaminal epidural steroid injections in treatment of chronic lumbar pain using fluoroscopy.

Methods: The technique was implemented in a 36-year-old construction worker who had been suffering from chronic dorsolumbar 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. Ultrasound guidance is as efficient as CT. The ultrasound transducer in a transverse orientation was placed on the patient’s lumbar spine on the affected side. The interspinous space was identified and then by moving caudally the interspinous space. Thereafter, the spinous process was palpated guided via ultrasound to the interspinous space to inject 2.5% Chlorhexidine with Tramadol 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.

259 EPIDURAL STEROIDS INJECTION IN THE MANAGEMENT OF LUMBAR RADICULAR PAIN: A PROSPECTIVE STUDY OF 160 PATIENTS FOLLOWED UP FOR 12 MONTHS

M. Zavoret, G. Mokhamed, M. Zinatul, Aal.

Background and aims: Radicular pain is one of the most frequent disease that leads patients to the centre for antalgic 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 anesthetics in our practice.

Methods: We have undertaken a prospective study of 160 patients (age range 25-87 years) with lumbar radicular pain, of more than 6 months duration, who took part in this present study. Patients were divided into 2 groups: a. transforaminal epidural steroid injections (TFESI) b. interlaminal epidural steroid injections (ILESI). Ultrasound guidance was used in long-axis. A 22G spinal needle was first identified and then by moving caudally the interspinous space. Thereafter, the spinous process was palpated guided via ultrasound to the interspinous space to inject 2.5% Chlorhexidine with Tramadol 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.

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

K. Seby, Suja.

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 follow-up outcomes 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 level of lowest lumbar pathology. 137 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, VNS and satisfaction scores were recorded. Results: Most common complications was lower back pain. ILESI was performed mostly at the level of L4-5, TFESI at L3-4. Decrease of VNS 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 VNS and satisfaction scores (p>0.05). There was no intrathecal (major) complication. ILESI group had 22 (17.2%) 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 lowest level of lumbar pathology using fluoroscopy with 12-month-intervals.

261 IMPORTANCE OF THE SEX HORMONE-BINDING GLOBULIN FOR THE DIAGNOSIS OF HYPOGONADISM IN PATIENTS UNDERGOING INTRATELAMINAL OPIOID ADMINISTRATION


Background and aims: Hypogonadism is frequently diagnosed based on testosterone levels alone. However, 50% 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 are 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-cancerous pain who were the patients underwent test of testosterone, SHBG and FAI calculation. Further evaluation of these results was performed one year after initial assessment. Results: Average age at the time of first blood collection was 59±2.3 years. Testosterone treatment duration 108±20 months and intrathecal opioid dose 2.19±0.5 mg/day. Mean testosterone at baseline was 6.50±1.5 nmol/L and mean testosterone at conclusion was 4.37±1.2 nmol/L. Further evaluation of these results was performed one year after initial assessment. Results: Average age at the time of first blood collection was 59±2.3 years. Testosterone treatment duration 108±20 months and intrathecal opioid dose 2.19±0.5 mg/day. Mean testosterone at baseline was 6.50±1.5 nmol/L and mean testosterone at conclusion was 4.37±1.2 nmol/L.