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 Maritim Hotel A 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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281 SUPRASCAPULAR NERVE BLOCK IN CHRONIC SHOULDER PAIN

E. Antonopoulou, T. Kallowed, G. Giannopoulou, E. Tsirtson, P. Floras Group

Background and aims: This is a retrospective study to assess the effectiveness of suprascapular nerve block to relieve pain and improve the range of movement in degenerative disease of shoulder.

Methods: We studied 104 patients, 35 men and 71 women aged 60.3±10.87 with chronic shoulder pain. The patients were in pain for a period more than 3 months and had functional disability due to degenerative disease. We performed suprascapular nerve block with 10 ml of lidocaine-scopolamine 2.5 mg/ml using anatomical landmarks and a nerve stimulator to determine accurate placement. Thirty minutes later the patients had physiotherapy sessions. They were given instructions to do specific exercises as long as the block lasted. At series of 4-6 suprascapular nerve blocks were performed to the patients. We recorded pain scores and range of movement. The follow-up was 12 weeks.

Results: The success rate of the block was 90.5%. There was significant improvement in all pain scores (pain at rest, at night and at recovery) 90% in all patients. Pain VAS score was 2.5 occasionally, during the follow-up. The range of movement improved 80-85% in all patients. There were no significant adverse effects in the patients due to the placement nerve block.

Conclusions: Suprascapular nerve block is an easy and safe method to patients with minimum side effects and vary effective in the management of chronic shoulder pain, which is a common clinical problem.

280 SUPRASCAPULAR NEURALGIA

B. Bouba, E. Erosein, S. Narumi, M. Kamlandt, M. Meignard, J. Larmat/France, USA, Hong Kong, S.E.R.

Background and aims: Suprascapular neuralgia is a rare condition. This chronic pain of the suprascapular fossa and has an important role for the range of movement in degenerative disease of shoulder.

Conclusions: US guidance is much simpler and more reliable than blind methods. It describes an ultrasound guided technique which has not been reported previously.

279 FLUOROSCOPY GUIDED CERVICAL INTERINALARM STEROID INJECTIONS IN PATIENTS WITH CERVICAL PAIN SYNDROMES: A RETROSPECTIVE STUDY

S.G. Beyaz, Turkey.

Background and aims: Epidural steroid injections are frequently used for relieving pain due to spinal pathologies and cervical pain syndromes. The objectives of this retrospective study was to examine the efficacy of fluoroscopically guided cervical interlaminar epidural steroid injections.

Methods: Sixty-five patients who received their first fluoroscopically guided CILESI over 12-month interval were retrospectively identified. Patients who had failed conservative non-surgical management and were otherwise candidates of surgery were included in this trial of CILESI. The verbal numerical rating scales (VNRS) before the treatment, within one hour after the treatment and upon follow-up were analyzed.

Conclusions: Sixty-five patients who received their first fluoroscopically guided CILESI over 12-month interval were retrospectively identified. Patients who had failed conservative non-surgical management and were otherwise candidates of surgery were included in this trial of CILESI. The verbal numerical rating scales (VNRS) before the treatment, within one hour after the treatment and upon follow-up were analyzed.

278 DO SMALL BURNS MATTER?

G. Carruth, R. Griffiths

Background: Few studies have examined the prevalence of neuropathic pain in patients following burns. Previous studies were performed mostly in patients with large total body surface area (TBSA) burns and identified a prevalence of sensory disturbance of 71% and 82% and pain of 56%, 39% and 52% We wished to explore the prevalence of neuropathic pain in patients with small (< 5%) TBSA burns and the impacts of this injury.

Methods: A descriptive, cross-sectional study was designed to examine the prevalence of neuropathic pain more than 6 months following injury. Fifteen consecutive patients with <5% TBSA burn were sent a DN4 Neuropathic Pain Questionnaire to elicit the diagnosis of neuropathic pain. Patients also commented on whether the neuropathic pain affected normal daily activities. Size, depth and location of the burn were obtained from the medical notes.

Results: 7 patients (47%) completed a DN4 questionnaire 6 months after their injury. Average TBSA burn was 1.4%, 44% developed neuropathic pain.

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