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and nerve.(Figure 2). The adequacy of local anesthetic dispersion around the nerve during injection can be assessed by either fluoroscopy or even ultrasound. The contrast enhancement with fluoroscopy can help further confirmation of the needle position in the optimal location close to the ischial spine and how far the injectate infiltrated into the Alclock canal.(Figure 3)

Results

The 44-year-old female with refractory complex pelvic pain for 17 months was suspected to have left PN but had negative response to medical treatment. Using the pudendal nerve injection with combination of ultrasound and fluoroscopic guidance, we can localized the needle precisely and obtained a good pain control. The pain was relieved (60%- 80% reduction in VAS score) for 8 weeks followed up with an excellent improvement of quality of life and patient's satisfactory.

Discussions and Conclusions

Combined ultrasound-fluoroscopic guided pudendal nerve injection therapy may be an excellent image guided interventional pain management for patient who is refractory to medical control.

Conflict of interest

AAFPS-0095

Postoperative pain management

THE EFFECTIVENESS OF
INTRAOPERATIVE INTERCOSTAL
NERVES BLOCK (ICB) FOR VIDEO-
ASSISTED THORACIC SURGERY
(VATS)

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Introduction

Adequate postoperative pain control has been proven to reduce pulmonary complication and length of hospital stay.¹ This study compared the effectiveness of intravenous patient controlled analgesia (IVPCA) combined with ICB to patient controlled analgesia (PCA) only.

Methodology

We included the adult patients underwent VATS and received either IVPCA combined with ICB (ICB group), Epidural PCA without ICB (EPCA group), or IVPCA without ICB (IVPCA group) for postoperative pain control in our hospital.

Sex, age and body weight were recorded. The numerical rating scale when coughing (NRSc) and resting (NRSr) were evaluated. So did the dizziness, nausea/vomiting score and the patient satisfaction after removal of PCA.

The data were examined with chi-square test and t-test. The multiple regression analysis with dummy variables was employed to adjust for the confounding effect of sex and age. ($p < 0.05$)

Results

ICB on top of IVPCA did not significantly affect the NRS, level of satisfaction, accumulated dosage on POD 1 and 2, dizziness score and nausea/vomiting

score. Compared to the EPCA group, the ICB group had higher NRS on coughing, and lower level of satisfaction whether adjusted for the difference of age and sex or not. Nausea/vomiting score was affected by age and sex but not types of pain control.

Discussions and Conclusions

Our study failed to support that intraoperative bolus of ICB on top of IVPCA made difference to NRS on POD 1, patient satisfaction, opioid requirement on POD 1 and 2, and PCA related side effects.

No conflict of interest

AAFPS-0099 Neuronal blockade

CONTINUOUS SCIATIC NERVE BLOCK PROVIDES SUCCESSFUL OUTCOME FOR PAINFUL TOE ULCER: CASE REPORT

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Introduction

We report a patient with intractable painful toe ulcer whose pain and wound healing were improved by continuous sciatic nerve block (CSNB).

Methodology

An 80-year-old man who was on anticoagulant therapy had gradually developed ulcer and pain in the toe

during 2 months. We suspected that this condition was caused by vasospastic ischemia. Because caudal block provided temporary analgesia, we performed

Results

We inserted a catheter on the right sciatic nerve and administered a continuous infusion of 0.2% levobupivacaine at a rate of 4 mL/h. Although pain disappeared after the block, motor block on ankle appeared. Therefore, we gradually decreased the concentration of local anesthetic. When concentration was reduced to 0.03%, plantar and dorsal flexion appeared, but no pain recurred. The ulcers turned to scabs, and the wound healing was good.

Discussions and Conclusions

CSNB may become one of the effective treatments for patients with painful ischemic ulcers of the leg.

References

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Conflict of interest
 AAFPS-0101
 Radiofrequency
 radiofrequency

FEASIBILITY AND PULSED RF OF USING A POSTERIOR IN PATIENTS WITH RADICULOPATHY

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Introduction

Pulsed radiofrequency (PRF) appears to be a safe and effective technique for chronic pain, but there are some complications reported in the anterior transforaminal approach. The aim of this study was to evaluate the effectiveness and safety of cervical DRG by PRF approach in patients with radicular pain.

Methodology

This study was carried out in 10 patients with unilateral radicular pain refractory to medical treatment. Those patients were treated with PRF by using posterior approach in prone position with fluoroscopic guidance. The outcome was assessed according to visual analog scale (VAS) of cervical nerve root, VAS of pain and numbness pre and post PRF. Complications or side effects were evaluated.