Conclusions Thermal FLIR camera is a promising and noninvasive end-point monitor to demonstrate the achievement of sympathetic block in the affected limb following sympathetic blocks.

OP014 PROSPECTIVE SURVEY OF HEALTH UTILITY STATE OF CHRONIC MIGRAINE PATIENTS TO ASSESS QUALITY-**ADJUSTED LIFE-YEARS**

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Background and Aims Migraine is a common neurologic disorder posing a significant economic burden from absenteeism and medical treatments. Despite its considerable disease impact, no studies have directly aimed to survey those with this disease to quantify their disease burden through validated measures. Our study aims to provide quantitative values to the significance of their disease.

Methods Standard Gamble (SG), Time Trade-Off (TTO), and Visual Analog Scale (VAS) methods were used to quantify the health utility states of those with chronic migraine to determine Quality-Adjusted Life-Years (QALY). Monocular and binocular blindness utility scores were used as controls. Mass General Brigham Human Research Committee approved the IRB protocol.

Results A total of 39 patients with migraine were included in this study, with 31 (79.5%) female. The mean age was 45.9 years (SD=11.8). TTO utility scores for monocular blindness (0.92 ± 0.09) and binocular blindness (0.79 ± 0.17) compared to chronic migraine (0.73 ± 0.26) showed they are significantly worse than monocular blindness (p = <0.01) and trended toward significance for binocular blindness (p=0.23). Given that the cited mean United States population utility for 45 -54-year-olds is 0.82, migraine resolution would cause a 0.09 increase in healthy utility annually. This provides a calculated cost-effective threshold for a potential treatment of \$279,000 per person over the remaining average lifetime, assuming a \$100,000 willingness to pay per QALY.

Conclusions Our study is the first to systematically survey patients with migraine to present descriptive statistics to quantify the significance of their disease. Further studies are needed to quantify the quality-of-life improvement that occurs with various migraine treatments.

OP015 ULTRASOUND-GUIDED CERVICAL SELECTIVE NERVE ROOT BLOCK VERSUS FLUOROSCOPY-GUIDED INTERLAMINER EPIDURAL INJECTION FOR CERVICAL RADICULAR PAIN: A RANDOMIZED, BLINDED, CONTROLLED STUDY

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Background and Aims Cervical radicular pain is a major problem throughout the world. Generally, when conventional treatments such as oral medications and physical therapy have failed, epidural injections are recommended. The controversy regarding the most optimal technique for cervical radicular pain persists due to safety concerns. Recently, there has been a shift from fluoroscopy (FL) to ultrasound (US) to guide interventional procedures.



Abstract OP015 Figure 1 Flowchart of the study

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Abstract OP015 Figure 2 Ultrasound images of the C5 (A), C6 (B) and C7 (C) nerve roots

Methods The trial was registered on ClinicalTrials.gov (NCT:05340179). Patients with unilateral cervical radiuclar pain were randomly divided into two groups (figure 1): FLguided interlaminar cervical epidural steroid injection (IL-CESI) and the US-guided cervical selective nerve root block (CSNRB) group (figure 2). Severity of pain and disability were assessed with Numeric Rating Scale (NRS-11) and Neck Disability Index at baseline, and 1,3 and 6 months after treatment. Fifty percent or more improvement in NRS-11 was defined as treatment success and an improvement in NRS of at least 2 points was defined as minimally clinically important difference (MCID). Changes in analgesic use was also recorded.

Results Significant improvement in pain and disability scores was observed during 6 months compared to baseline in both groups (P < .001). There was no statistically significant difference between the groups in terms of the proportion of subjects experiencing MCID, achieving a positive treatment outcome, quality of life and analgesic use. The procedure time was longer in the IL-CESI group.

Conclusions The effectiveness of US-guided CSNRB is comparable to FL-guided IL-CESI for cervical radicular pain. However, US-guided CSNRB offers the advantage of shorter procedure duration and eliminates the need for radiation exposure.

OP016 ULTRASOUND-GUIDED SUBOCCIPITAL BLOCK-2 FOR THE TREATMENT OF CERVICOGENIC HEADACHE: CASE SERIES AND CLINICAL OUTCOMES

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Background and Aims Cervicogenic headache refers to the pain that originates from the cervical spine or nerve roots. While numerous treatments have been proposed for cervicogenic headache, only a limited number of them have undergone testing, and even fewer have demonstrated proven success. The ultrasound (US) guided suboccipital block-2 (SOB-2) is a recently defined technique for the treatment of cervicogenic headache.

Methods Following a comprehensive clinical evaluation, all nine patients were diagnosed with cervicogenic headache. Their diagnoses were established by the diagnostic criteria for que capitis muscle, targeting the C2 dorsal root ganglion, C2 nerve root, and the atlanto-occipital joint capsule (figure 1). Patients with occipital neuralgia for >6 weeks, have an ipsilateral arthrosis of the lateral C1-C2 facet joint on CT and refractory to conservative treatment had undergone US-guided SOB-2. Written informed consent for the procedure and future publishing was obtained from patients. Lesser occinital nerve Third occinital nerve

Abstract OP016 Figure 1 Illustration of suboccipital block-2

Results Patiens had experienced improvement in NRS score for 3 months (table 1). Repeated blocks were performed at month 1 and 2 in two and one patients, respectively. The 5 number of headache-day per month was decreased. Among the patients, three individuals experienced paresthesia in the occipital distribution, characterized by numbness and tingling. A majority of the patients were able to reduce or completely stop using oral analgesics.

Conclusions US-guided SOB-2 is a safe and efficacious procedure for the treatment of cervicogenic headache in patients with ipsilateral symptomatology.

OP017 PERI-OPERATIVE COGNITIVE BEHAVIOURAL THERAPY COMPARED WITH PAIN EDUCATION AND MINDFULNESS FOR CHRONIC POST-SURGICAL PAIN IN BREAST CANCER PATIENTS WITH HIGH PAIN CATASTROPHISING CHARACTERISTICS: A RANDOMISED, CONTROLLED, DOUBLE-BLIND CLINICAL TRIAL

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Background and Aims The incidence of Chronic Post-Surgical Pain (CPSP) is relatively high after breast cancer surgery. iober 2023. Downloaded from http://rapm.bmj.com/ on May 25, 2025 at Department GEZ-LTA mushogeschool .