Organized by WIP Turkish Registered Section
(Affiliated to WIP)
Endorsed By
World Institute of Pain
Turkish Society of Algology and
Turkish Society of Regional Anesthesia

5TH INTERVENTIONAL PAIN ISTANBUL

CONGRESS AND HANDS ON CADAVER WORKSHOP
21-23 OCTOBER 2022, ISTANBUL

FINAL PROGRAM
ABSTRACT E-BOOK



WELCOME LETTER

Dear Colleagues,

The main purpose of World Institute of Pain is to educate and train our colleagues by including local hands-on training, international seminars, and exchange of clinicians all over the world.

Turkish Registered Section of World Institute of Pain established in June 2018 has organized 5 international, 5 national meetings since then.

Last year we organized the 4th Interventional Pain Istanbul, Virtual Symposium between 21-24 October 2021, with 109 participants from 23 countries. For the last two years we had to organize the symposiums virtually, but live cadaver workshop broadcasted to all over the world.

It is again a great pleasure and honor for us to welcome you all to the 5th Interventional Pain Istanbul, Pain Congress and Cadaver Workshop endorsed by World Institute of Pain and organized by WIP Turkish Registered Section in Istanbul, Turkey to be held between 21-23 October 2022. This year we will have two days lectures and cadaver workshops as well as free and poster presentations for our younger generation, followed by the FIPP-CIPS examination which will be held by the Board of Examination of the World Institute of Pain.

The cadaver workshop and simulation will include all essential and important interventional procedures for chronic pain. Our main goal is to present the scopes of pain medicine, Algology on an interventional level.

The scientific program committee established on a multidisciplinary multinational level, formed of well-known colleagues who gave their whole lives to Pain Medicine will give you the real taste of pain medicine, Algology.

We are looking forward to welcome you in the 5th Interventional Pain Istanbul.

On behalf of the Organizing Committee

Serdar Erdine, MD, FIPP
Chair of the WIP Turkish Registered Section

Peter Staats, MD, FIPP
WIP President

İbrahim Aşık, MD, FIPP
Co-chair of the WIP Turkish Registered Section



ABOUT WIP

Mission Statement

Mission
WIP's mission is to bring together the most recognized experts in the field of pain medicine throughout the world for the advancement and standardization of interventional pain practice and the achievement of improved standards of care for pain patients.

WIP fulfills its mission through sponsorship and endorsement of educational and training programs for pain physicians. These programs are aimed at facilitating the development of practice guidelines and standards of examining and assessing competency in physicians who specialize in interventional pain practice. The World Institute of Pain was founded in 1993 as a worldwide organization that aims to promote the best practice of pain medicine for the 21st century. The majority of acute, chronic, and cancer patients are inadequately represented in the world. The population of chronic pain and cancer pain patients is expected to double by the year 2030, and the older population is expected to live longer. Specialized and focused care of pain patients is essential if adequate and continued care is to provide comfort and functional improvement in their daily living. Pain medicine specialists can provide this care.

Through educational initiatives, including WIP World Congresses, regional symposia, and practical workshops on interventional pain practice, WIP helps promote consensus building among experts on the effectiveness of existing techniques and avenues for advancement of therapeutic performances.

Goals
To educate and train personnel of member pain centers by including local hands-on training, international seminars, and exchange of clinicians. Update pain centers with state-of-the-art pain information, including a newsletter, scientific seminars, interlined telecommunications, and publication of a journal and books. Develop common protocols for efficacy and outcome studies. Communicate administrative and patient-related matters on a regular basis by way of newsletter, telephone hook-up, world directory of pain centers by region, and video conferencing (including patient consultation). Categorize and credential pain centers by mail correspondence, local information, and the industry's medical representatives. Develop examination process for pain centers in testing trainees, and provide know-how in the examination process. Encourage interested industries to provide information on pain medicine in each region of the world; to bring together local pain physicians and industry for education in new technology and training; and to formulate a fellowship-training program.



ABOUT WIP TURKEY

WIP Registered Turkish Section (Affiliated to WIP)

World Institute of Pain has 30 Sections from all over the world. The World Institute of Pain® (WIP) in 2007 established an international framework of WIP Sections that encourages the promotion and development of WIP's membership network, WIP-endorsed activities, and liaisons with individuals or groups with similar interests in fields related to best practice of pain management.

Through these International Sections and other international networks of pain physicians, WIP can more fully realize and enhance the exchange of scientific and clinical management practices in a manner that encourages international goodwill, as well as social and cultural impact. WIP encourages the establishment of regional sections when such sections would promote the objectives of WIP.

WIP recognizes the value of formal liaisons with other scientific and professional organizations whose purposes are consistent with the mission and aims of WIP.

On January 14, 2017, the Executive Board of the World Institute of Pain® (WIP) agreed to support requests by official Sections of WIP to register their Sections in their countries when doing so would better empower FIPP® (Fellow of Interventional Pain Practice®). Members of WIP to organize educational activities in accordance with the non-profit mission and aims of WIP.

On the 26th of June 2018 WIP Affiliated Registered Section of Turkey has been approved by the Ministery of Interior of Turkey in order to have a better way of organizing WIP activities, promote FIPP not only within the country but also in a broader region, joining together our colleagues from the Middle East, Medditerenean, Middle Asia and Caucasus.

This is a new and exciting step in the history of World Institute of Pain to register their Sections in their countries when doing so would better empower FIPP® (Fellow of Interventional Pain Practice®) Members of WIP to organize educational activities in accordance with the non-profit mission and aims of WIP. On the 19th of October 2018 the General assembly of the WIP Turkish Registered Section was held and the following Officers has been elected;

- Serdar Erdine, MD, FIPP, Chair
- İbrahim Aşık, MD, FIPP, Co-Chair
- Can Eyigör, MD, FIPP, Secretary
- Alp Yentur, MD, FIPP, Treasurer
- Mert Akbaş, MD, FIPP, Liason to WIP



Until now Turkish Registered Section has organized four Interventional Pain Istanbul Symposium and cadaver workshops in CASE laboratories of Acıbadem University, Istanbul, Turkey

- 1st Interventional Pain Istanbul was held between 19-21 October 2018, with 48 participants, from 15 countries.
- 2nd Interventional Pain Istanbul was held between 25-27 October 2019,with 109 participants, from 45 countries.
- 3rd Interventional Pain Istanbul, Virtual Symposium and Cadaver workshop was held with 175 participants from 35 countries.
- 4th Interventional Pain Istanbul was held between 22-23 October 2021

1st FIPP and CIPS examination of World Institute of Pain was held on the 27th of October 2019 with 38 colleagues taking the examination.

Between 2018-2019 WIP Turkish Section has organized four regional meetings and cadaver workshops within Turkey in several cities. During the pandemia of Covid-19 all over the world it was not possible to organize in person meetings thus WIP Turkish Section decided to organize virtual symposium series and the 1st Virtual Pain Symposium has been organized on the 30th of May 2020 with a total number of 447 participants from 60 countries. On the 4th of July 2020 WIP Turkish Section organized the 2nd Virtual Symposium for Turkish Colleagues with 150 participants.

12th World Congress of World Institute of Pain will be held in Antalya, Turkey in 2023, during the 100th anniversary of the declaration of Republic of Turkey.

We are looking forward to welcome you in Turkey



BOARD AND ORGANIZERS

World Institute of Pain, Executive Board

- Peter Staats, MD, FIPP, President, USA
- Dominic Hegarty, MD, FIPP, President Elect, Ireland
- Mert Akbas, MD, FIPP, Honorary Secretary, Turkey
- Miles Day, MD, FIPP, Honorary Treasurer, USA
- Adnan Al-Kaisy, MD, FIPP, Chair of Sections, UK
- Serdar Erdine, MD, FIPP, Founder, Past President, Turkey
- Gabor B. Racz, MD, DABIPP, FIPP, Founder, Past President, USA
- Ricardo Ruiz-López, MD, FIPP, Founder, Past President, Spain
- Mark Tolliver, Executive Officer, USA
- Chair of Board of Examination: Kris C.P. Vissers, MD, PhD, FIPP, Netherlands

Organizing Committee

WIP Registered Turkish Section (Affiliated to World Institute of Pain)

- Serdar Erdine, MD, FIPP, Chair
- Ibrahim Aşık, MD, FIPP, Co-Chair
- Mert Akbaş, MD, FIPP
- Alp Yentur, MD, FIPP
- Can Eyigör, MD, FIPP



- **Scientific Committee**
- Serdar Erdine, MD, FIPP, Turkey
- Ibrahim Asik, MD, FIPP, Turkey
- Abdullah Merter, MD, Turkey
- Adnan Al Kaisy, MD, FIPP, United Kingdom
- Ali Rahimi, MD, FIPP, Iran
- Alp Yentur, MD, FIPP, Turkey
- Can Eyigor, MD, FIPP, Turkey
- Christ Declerck, MD, FIPP, Belgium
- Cüneyt Özaktay, MD, USA
- Derya Guner, MD, CIPS, Turkey
- Derya Guner, MD, Turkey
- Dominic Hegarty, MD, FIPP, Ireland
- Eleni Episkopou, MD, CIPS, Greece
- Elias Atencio, MD, FIPP, Panama
- Ender Sir, MD, FIPP, Turkey
- Fatma Saricaoglu, MD, Turkey
- Gozde Dagistan, MD, FIPP, Turkey
- Hakan SabuncuoÄŸlu, MD, Turkey
- Hayri Ozbek, MD, Turkey
- Ibrahim Asik, MD, FIPP, Turkey
- Ismet Topcu, MD, Turkey
- Jan van Zundert, MD, PhD, FIPP, Belgium
- Javier De Andres, MD, FIPP, Spain
- Kris Vissers, MD, Phd, FIPP, The Netherlands
- Marshall Devor, MD, FIPP, Israel
- Meltem Uyar, MD, FIPP, Turkey
- Mert Akbas MD, FIPP, Turkey
- Miles Day, MD, FIPP, USA
- Monique Steegers, MD, FIPP, The Netherlands
- Pakize Kirdemir, MD, FIPP, Turkey
- Peter Staats, MD, FIPP, USA
- Ricardo Plancarte, MD, FIPP, Mexico
- Ricardo Ruiz Lopez, MD, FIPP, Spain
- Serdar Erdine, MD, FIPP, Turkey
- Shahzad Anwar, MD, FIPP, Pakistan
- Tatiana Bravo, MD, FIPP, Brazil
- Yavuz Gurkan, MD, Turkey



INTERVENTIONAL PAIN CONGRESS – MAIN TOPICS

- Flouroscopic radiology for interventions and radiation safety
- Interventional procedures in cranial neuralgias (trigeminal, sphenopalatine, glossopharyngeal)
- Cervical spinal interventions (Interlaminar, transforaminal injections, medial branch block)
- Lumbar and sacral spinal interventions (Transforaminal injection, medial branch block, nerve root block DRG)
- Sympathetic nervous system: Interventional treatments (stellate, thoracic symphathetic, lumbar symphathetic ganglions)
- Invasive cancer pain therapy (splanchnic, celiac, hypogastric, impar ganglions)
- Neuromodulation: New indications – recent advances in electrical neuromodulation
- SCS and chronic pain: What is the evidence?
- Drugs and pumps for intrathecal drug delivery
- Interventional techniques for peripheral neuropathies
- New scientific evidence for pulsed RF
- Regenerative procedures for pain
- Epiduroscopy and epidural neuroplasty
- Precautions for the complications of interventional treatment modalities



CADAVER WORKSHOP TOPICS

BASIC TECHNIQUES

- Trigeminal, supraorbital and infraorbital blocks
- Sphenopalatine block
- Cervical epidural block
- Cervical transforaminal DRG/injection
- Cervical facet median branch RFTC
- Stellate ganglion block
- T2-Th4 symphathetic block
- Thoracic symphathetic block
- Splanchnic block
- Celiac block
- Lumbar transforaminal block
- Lumbar facet median branch block
- Lumbar symphatetic block
- Spinal cord stimulation thoracal
- Spinal cord stimulation cervical
- Epidural neuroplasty

USE OF ULTRASOUND FOR INTERVENTIONAL PROCEDURES

- Ultrasonography for head and cervical spine
- Ultrasonography for thoracal and lomber spine
- Ultrasonography for upper extremity
- Ultrasonography for the joints
- Ultrasonography for the lower extremity

ADVANCED TECHNIQUES

- Epiduroscopy
- Extraforaminal neurotomy
- Servical intradiscal decompression
- Thoracal intradiscal decompression
- Lomber intradiscal decompression
- Percutaneous lomber discectomy and RFTC
- Vertebroplasty and kyphoplasty
- Transforaminal endoscopic discectomy
- DRG Stimulation
- Peripheric stimulation



GENERAL INFORMATION

Transfer To Venue

During the congress, there will be shuttle service between Marriott Hotel Asia - Acibadem University.

21 October 2022, Friday

From Hotel to Venue: 07:15 am
From Venue to Hotel: 18:15 pm

22 October 2022, Saturday

From Hotel to Venue: 07:30 am
From Venue to Hotel: 18:15PM

Social Program

Opening Reception and 2019 Alumni Certificate Ceremony

Date: Friday, 21 October 2022
Time: 20:30 - 22:30
Venue: Marriott Hotel Asia
All congress and cadaver workshop participants are cordially invited to attend the Interventional Pain Istanbul Congress Welcome Reception.

Time Zone

İstanbul Time Zone is Universal Time Coordinated UTC GMT +03:00.

Clothing

The dress code for IPI 2022 is business casual.

Currency

The currency in Istanbul, Turkey is the Turkish Lira (TRY).
Foreign currency may be exchanged at your hotel, and in most of the large department stores, banks and authorized exchange offices.

For exchange rates: www.xe.com



Water and Electricity
It is not safe to drink the tap water in Istanbul.

In Turkey the standard voltage is 220 V and the frequency is 50 Hz. You can use your electric appliances in Turkey, if the standard voltage in your country is in between 220 - 240 V (as is in the UK, Europe, Australia and most of Asia and Africa).

Language
The official language of the Congress is English.

Safety & Security
Please do not leave any personal belongings unattended at any time, inside or outside the session halls.

Liability & Insurance
The Congress Secretariat and Organizers cannot accept liability for personal accidents or loss of or damage to private property of participant.
Participants are advised to take out their own personal travel and health insurance for their trip.

Registration Desk Operating Hours
During the Congress, there will be a Registration Desk within the Marriott Hotel Asia and Acibadem University - CASE (Center of Advanced Simulation and Education) for on-site registration, distribution of name badges.

The operating hours of the registration desk as follows:
21 October 2022, Friday 07:15 – 17:00
22 October 2022, Saturday 07:30 – 17:00

Please do not forget to bring your identity document (such as: business card, passport) on-site for verification and we kindly ask you to declare your registered ID to deliver your registration kit.

You are kindly requested to wear your badge during all symposium sessions and social events.

Certificate of Attendance
The Congress Attendance Certificates will be sent after the congress via email.

Photography
Please identify yourself at the registration desk if you do not wish not to be photographed during the congress

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SCIENTIFIC PROGRAM

SCIENTIFIC PROGRAM

FRIDAY, OCTOBER 21, 2022

	HALL A - MAIN HALL		DISSECTION LAB
08:00 – 08:20	**Opening Ceremony** Peter Staats, President of WIP Dominic Hegarty, President Elect of WIP Serdar Erdine, Chair of WIP Registered Turkish Section Hayri Özbek, President of Turkish Society of Algoloy Fatma Sarıcaoğlu, President of Turkish Society of Regional Anesthesia İbrahim Aşık, Co-Chair of WIP Registered Turkish Section **Goals of WIP and FIPP exam** Dominic Hegarty		
08:20 – 10:00	**Session I:** **Principals and goals of pain medicine** Moderators: Serdar Erdine, İbrahim Aşık	08:20 – 10:00	
	Pain-free surgery: How can anesthetic mechanisms lead to better analgesics? Marshall Devor **Future of pain medicine** Miles Day **Progress in regenerative procedures for chronic pain** Ricardo Ruiz Lopez **USG; horizons and limits for the use of ultrasound in pain management** Christ Declerck **Fluoro vs. Ultrasound** Javier De Andres **Regional anesthesia in the prevention of chronic postoperative pain** Fatma Sarıcaoğlu		
10:20 – 10:30	**BREAK**	10:20 – 10:30	**BREAK**
10:30 – 12:30	**Session II:** **Recent developments in radiofrequency and neuromodulation therapies** Moderators: Meltem Uyar, Kris Vissers	10:30 – 13:40	**USG CIPS Workshop Session I**
	Radiation safety in interventional pain procedures Elias Atencio **Radiofrequency innovations in pain medicine** Jan van Zundert **Recent advances in neuromodulation** Adnan Al-Kaisy **Vagus nerve stimulation** Peter Staats **Drg stimulation; evidence?** Cüneyt Özaktay **Safety and efficiency of percutaneous neurolysis** Gözde Dağıstan		Stellate ganglion block Cervical median branch block Cervical root block Greater occipital nerve block Eleni Episkopou, Derya Güner
12:30 – 13:15	**Oral Abstract Presentations 1** Moderator: Mert Akbaş		
	Patient Evaluation of the Effectiveness of Patient-Controlled Analgesia in Sickle Cell Disease, Şebnem Rumeli Online Pain Clinic, A Growing Need During Coronavirus and Other Infectious Disease Outbreaks, Reza Aminnejad Impact of COVID-19 on Advanced Cancer Patients' Pain Care: Warning About Chloroquine and Hydroxychloroquine, Reza Aminnejad Comparison of Clinical Effectiveness of Laser Acupuncture and Amitrytyline in Diabetic Peripheral Neuropathy (DPN) A Sham Conttoled Randomized Clinical Trial, Shahzad Anwar Ozone Therapy for Disc Herniation, A Non-Surgical Option, Shahzad Bhatti Efficacy of Lumbar Sympathetic Blockade in Compensatory Hyperhidrosis after Thoracic Sympathectomy, Edip Gönüllü Gasserian ganglion nerve block in a case with Trigeminal Neuralgia who has congenital jaw malformation, Edip Gönüllü Q&A		Shoulder, elbow and wrist joint Hip, knee and ankle joint Ender Sir, Tatiana Bravo
13:15 – 13:30	**Cadaver Lab Instructions** Emin Alp Yentur		
13:30 – 14:30	**LUNCH**	13:30 – 14:30	**LUNCH**
14:30 – 17:30	**USG Session I:**	14:30 – 18:00	**Cadaver FIPP Workshop Session I**
	Stellate ganglion block Cervical median branch block Cervical root block Greater occipital nerve block Eleni Episkopou		Hypogastric plexus Block Caudal neuroplasty Sacral nerve root block Lumbar transforaminal Injection Adnan El Kaisy, Ricardo Plancarte, Meltem Uyar, Can Eyigör
	Intercostal block Erector spina plan block Piriformis muscle injection Derya Güner		
	Caudal epidural steroid injection Sacroiliac joint injection Impar ganglion block Christ Declerk		T2-T3 sympathetic Splanchnic plexus Lumbar sympathetic Lumbar facet median nerve block Jan Van Zundert, Ender Sir, Tatiana Bravo, Ali Reza Rahimi
	PECS 1-2 block Paravertebral block Serratus anterior block Yavuz Gürkan		

SCIENTIFIC PROGRAM

SATURDAY, OCTOBER 22, 2022

	HALL A		DISSECTION LAB
8:00 – 10:00	**Session III:** **Common interventional procedures; how do we perform it?** Moderators: Alp Yentür, Can Eyigör	8:00 – 10:00	
	Recent advances in interventional treatment of facial pain Dominic Hegarty **Cervical blocks** Can Eyigör **Thoracic sympathetic blocks** Pakize Kırdemir **Lumbar and sacral spinal interventions** Monique Steegers **Interventional techniques for cancer pain** Kris Vissers **Pain management in palliative care** Meltem Uyar		
10:00 – 10:30	**BREAK**	10:00 – 10:30	**BREAK**
10:30 – 12:30	**Session IV:** **Miscellaneous interventional procedures for chronic pain management** Moderators: Ricardo Ruiz-Lopez, Pakize Kırdemir	10:30 – 13:45	**USG CIPS Workshop Session II**
	Vertebroplasty, femoroplasty, sacroplasty Ricardo Plancarte **Percutaneous cordotomy** Mert Akbas **Percutanoeus lomber transforaminal discectomy** Hakan Sabuncuoğlu **Percutaneous endoscopic discectomy** Ricardo Ruiz-Lopez **Intradiscal decompression techniques for LBP and radiculopathy** İbrahim Aşık **Unilateral biportal endoscopic spinal stenosis decompression** Abdullah Merter **Complications of interventional pain procedures** Serdar Erdine		Caudal epidural steroid injection Sacroiliac joint injection Impar ganglion block Christ Declerk
12:50 – 13:35	**Oral Abstract Presentations 2** Moderator: Alp Yentur		
	Allied Health Personnel's Knowledge About Pain Definition and Management Methods Şebnem Rumeli		
	IPACK block as a bridge for the new treatment modalities of knee osteoarthritis Reza Aminnejad		Ilioinguinal, iliohypogastric, pudental nerve injection Tatiana Bravo, Ender Sir
	Love as an Analgesic Reza Aminnejad Our SCS Applications in Peripheral Artery Disease Edip Gönüllü Spinal Cord Stimulation Our Experiencies with 4-Port Battery Edip Gönüllü Epidural Hyaluronidase Administration for Painful Epidural Port Injection Didem Tuba Akçalı Q&A		
13:35 – 13:45	**Cadaver Lab Instructions** Emin Alp Yentur		
13:45 - 14:30	**LUNCH**	13:45 - 14:30	**LUNCH**
14:30 - 18:00	**USG Session II:**	14:30 - 18:00	**Cadaver FIPP Workshop Session II**
	Live model: Ultrasound anatomy for shoulder, elbow and wrist joint and procedures Eleni Episkopou		Cervical neuroplasty Cervical facet median nerve Block Cervical – Thoracal SCS Mert Akbaş, Gözde Dağıstan, Dominic Hegarty, İbrahim Aşık
	Live model: Ultrasound anatomy for hip, knee and ankle joint and procedures Derya Güner, Ender Sir		
	Live model: Ilioinguinal, iliohypogastric, pudental nerve injection Christ Declerk		Trigeminal ggl RFTC Sphenopalatine ganglion block Stellate ganglion block DRG – SCS Ricardo Ruiz Lopez, Serdar Erdine, Cüneyt Özaktay
	Live model: Ultrasound anatomy for thoracic and abdominal facial plane blocks İsmet Topçu		

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SYLLABUS



Serdar Erdine, MD, FIPP
Biographical Sketch

Education

1965-1972, High School: Kadıköy Maarif College (Education all in english)
1972-1978 - Graduated from Cerrahpasa Medical Faculty of Istanbul University in 1978
1978-1982 Residency: Completed residency Department of Anesthesiology and Reanimation of Medical Faculty of Istanbul, Istanbul University in 1982
1986: Associate Professor in Anesthesiology
1991: Professor of Anesthesiology

- 1990-2011 Professor and Founder and Chairman of Department of Algology (Pain Medicine)
- 2012: Specialist in Algology (Pain Medicine)
- 2000 Chair of Istanbul Pain Center, since 2000

Activities - Membership

- Founder and President of Turkish Society of Algology 1993-2015
- Founder and Former President of Turkish Society of Regional Anesthesia 1993- 1995,1998-2003
- Former Turkish Representative in European Society of Regional Anesthesia 1993- 2001
- Former Member of the executive Board of Neuromodulation Society 1995-2000
- Treasurer of EFIC/European Federation of IASP Chapters,- 1996-1999
- Honorary Secretary of EFIC, 1999-2002
- President Elect of EFIC, 2002-2005
- President of EFIC, 2005-2008
- Past President of EFIC, 2008-2011
- Founding member of World Institute of Pain-WIP, 1994
- General Secretary of WIP, 1994-1999
- Vice President of WIP, 1999-2002
- President Elect of WIP, 2005-2008
- President of WIP, 2008-2011
- Chair of Board of Examination – WIP, 2005-2008
- CEO of the World Institute of Pain Foundation 2009-2014
- Member of the World Health Organization Advisory Expert Panel on Drug Dependence. 2007-2011, 2011-2014, 2014-2016
- Current Member of the Executive Board of World Institute of Pain



- Member of the Procacci Pain Foundation in Italy
- Trustee of Nopain Foundation in Malta

Journals

- Editor of Turkish Journal of Pain-cited in index medicus 1988-2012

Awards

- Awarded as the Young leader in medicine/Turkish Jaysees, 1991 for being the pioneer for Pain Medicine in Turkey.
- Chyristal Seagulf award by the Highschool he graduated given to outstanding students
- Lifetime Achievement Award, 2012, Medical Chamber of Istanbul, for establishing Pain Medicine in Turkey.
- Center of Excellence in Pain Practice Award for Comprehensive
- Multidisciplanary Pain Practice by World Institute of Pain in 2013
- Honorary Member of European Pain Federation
- Trail Brazzers award by World Insitute of Pain 2017

Invited Speaker on National and International Level

- Invited speaker in 170 lectures on international level
- Invited speaker in 200 lectures on national level

Books

- Author of 25 books in Turkish
- Editor-co editor of 8 books in English
- 1.Management of Pain A World Perspective I
  Volume 1,2, P.Raj, S. Erdine, D. Niv, S. Raja
- Proceedings of the 6th International Congress, Pain Clinic, Atlanta 15-20 April 1994
  Copyright 1995, Monduzzi Press Italy
- 2. Management of Pain A World Perspective II
  Volume 1,2, S. Erdine, P. Raj, D. Niv
- Proceedings of the 7th International Pain Congress Istanbul, 1996
  Monduzzi Press 1997 Italy
- 3. Management of Pain A World Perspective III
  J. De Vera,W.Parris, S.Erdine
- Proceedings of the 8th International Pain Congress Teneriffe, Spain,1998
  Monduzzi Press



- 4. Textbook of Regional Anesthesia
  P.P.Raj,/ co /editor, S.Erdine
  2001,Blackwell Sciences, New York
- 5. Radiological Imaging for Interventional Pain Techniques
  P. Raj, L. Lou, S. Erdine, P. Staats, Churchill Livingstone, 2002
- 6.Radiographic Imaging for Regional Anesthesia and Pain Management
  PP Raj, L. Lou, S. Erdine, PS Staats, SD Waldman, Churchill Livingstone, 2003
- 7.Interventional Pain Management: Image Guided Procedures
  Prithvi Raj, Leland Lou, Serdar Erdine, Peter Staats, Steven Waldman, Gabor Racz, Michael Hammer, David Niv, James Heavner, Saunders Elsevier, 2008.
- 8. Pain Relieving Procedures, Step by Step Illustrated Guide, Serdar Erdine, Prithvi Raj, Wiley Blackwell, 2012
- Author of 200 articles in international or national level mainly on interventional pain management.
- Complications of Pain Relieving Procedures, An Illustrated Guide, editors; Serdar Erdine, Peter Staats, Wiley Blackwell 2022

Congresses he organized

- Organizer of 15 National Congresses on Pain Medicine in Turkey
- Organizer of World Congress of World Society of Pain Clinicians, Istanbul, 1996
- Organizer of the Annual Congress of European Society of Regional Anesthesia, Istanbul, 1999
- Organizer of 3rd World Congress of World Institute of Pain, Istanbul, 2001
- Organizer of the Pain in Europe V, triennial Congress of European Pain Federation, Istanbul, 2006



Session: Miscellaneous interventional procedures for chronic pain management (22 October 2022, 10:30 – 12:30)
Lecture: Complications of interventional pain procedures

Increasing number of physicians carrying out interventional pain procedures. There is an exponential increase in the use of injections and other interventions to treat pain thus complications is a major problem.

Interventional pain procedures are minimally invasive and maximally dangerous. A serious complication is devastating for the patient, and devastating for the physician and are often avoidable.

A wise interventionalist is prepared for problems, anticipates problems and reacts appropriately to an emergency and does not turn an emergency into a disaster.

In order how to avoid complications you have to learn anatomy and safe intervention techniques, understand correct X-ray interpretation, practice within your abilities.

You have to get the best training you can, a good patient selection is necessary, and you have to remember, each procedure may carry its own possible complications, so try to avoid them happening.

There may be side effects due to the drugs used during the interventional procedure and procedure related complications. Special areas of concern are injecting anywhere above the shoulders, occipital region, stellate block, cervical transforaminal epidural and thoraco-lumbar transforaminal epidural regions. You have to monitor the patient more closely in certain cases.

Time course of untoward events: Acute e.g. pneumothorax, cord infarction, Sub-acute e.g. nerve damage, discitis Chronic e.g. arachnoiditis.

In order to prevent complications, you have to know and understand the anatomy. You have to know where your needle tip is and feel the tissues if it is on the bone, within the ligament or inside the potential place. You need fluoroscopy image at leas it 2 views. In case of any doubt stop the procedure, inject contrast material again and check again in two views.

Unwanted procedure events are allergic reactions, medication side effects, pneumothorax, infection, bleeding, nerve damage, spinal cord injury, brain or brainstem injury and death.

As a conclusion interventional procedures are minimally invasive maximally dangerous.

Most of the complications can be prevented. Worst complications arise in the most experienced hands. None of the procedures should be underestimated. Education and training is crucial.



Ibrahim Aşık, MD, FIPP

Biographical Sketch

Dr İbrahim Aşık, MD, FIPP is a clinical professor in Pain Medicine and head of the Department of Algology, in Medical Faculty of Ankara University, Turkey. After graduating medical school, he started the Anesthesiology residency in 1991 at University of Ankara, Faculty of Medicine, Anesthesiology and Pain Department Ankara, Turkey. After residency, he studied in Multidisciplinary Pain Center İn Ann Arbor at University of Michigan and he partipicitated in experimental studies about spinal pain in Wayne State University, Bioengineering Center, Detroit, in 1999. He is board certified and pain specialist in Turkey since 2011, and Fellow of Interventional Pain Practice (FIPP) since 2007. His areas of clinical interest are interventional treatments of neck and low back pain and neuromodulation in failed back and neck patients. Dr. Aşık is the current co-chair of WIP Turkish Registered Section. He is the author of more than 100 publications in peer reviewed journals and in editorial board of several journals. He organized 5 national symposiums and two international workshops.

Scientific Memberships:

- WIP Turkish Section, Vice President, Founder Member
- Turkish Pain Society, Member
- World Institute of Pain, Member
- International Neuromodulation Society Turkish Chapter, Founder Member
- Turkish Neuromodulation Society, Member

Session: Miscellaneous interventional procedures for chronic pain management (22 October 2022, 10:30 – 12:30)
Lecture: Intradiscal decompression techniques for LBP and radiculopathy

Lumbar radiculopathy due to herniated nucleus pulposus (HNP) is associated with severe morbidity and pain. A lumbar HNP compresses the nerve roots and mechanical and inflammatory mechanisms cause pain. The outcome after a microdiscectomy is worse in patients with small hernias than in those with sequestrated hernias, and this has led to a rise in the popularity of minimally invasive procedures for the treatment of herniated discs. Recently, with the increasing knowledge of spinal anatomy and the evidence that conventional procedures have not always been useful, there has been a tendency to carry out minimally invasive procedures for the treatment of disc herniation, which can be advantageous in terms of early recovery, early return to daily life, short operational times, relatively fewer surgical traumas, and less pain.

Percutaneous disc decompression (PDD) methods are based on the principle that the removal of small amounts of discoid tissue will result in significant pain relief by reducing intradiscal pressure, as pressure on the nerve will be decreased and radicular findings will be reduced. There is also evidence that PDD can lead to a reduction in patients' disability and increased safety.



Possible complications are thermal injuries, root injury, discitis, endplate damage, dural injury, meningitis, infection, increase in pain, and muscle spasm. All patients are given antibiotics for 7 days for prophylaxis of infection. So as to minimize direct nerve root irritation or damage during the procedure, patients are kept awake and conscious, being in communication with the surgeon. Dural ruptures may sometimes occur and the treatment is hydration, rest, and medication. An epidural blood patch should be planned for patients with remaining complaints of dural rupture.

Since 1998, intradiscal electrothermocoagulation (IDET) procedure has been performed and the reported incidence of complications is low. The American Society of Interventional Pain Physicians concluded in their 2007 evidence-based practice guidelines in the management of CLBP that the evidence for IDET was moderate for short-term and long-term pain relief. In addition, the North American Spine Society suggests that for less disabled patients with annular tears or protrusions <3 mm–4 mm and relatively well-preserved disc heights, IDET would seem to be a reasonable primary option treatment.

In contrast to IDET, there is far less literature on radiofrequency ablation (RFA) and intradiscal biacuplasty (IDB) procedures. There are little data on the effectiveness of RFA and IDB, and the evidence is limited for both procedures regarding whether they are effective in relieving discogenic chronic LBP. Further high-quality surveys are needed to assess the effectiveness of RFA and IDB and to provide efficient evidence for their use in the management of chronic LBP.

According to the results of many studies, nucleoplasty is regarded as a potentially effective treatment approach in patients with LBP and radiculopathy. Increased success rates have been reported and average pain reduction is significant, while the procedure is safe and well tolerated from the patients.

We retrospectively analyzed 73 patients who underwent RFTC nucleoplasty or targeted disc decompression (TDD) and found that there was a significant reduction in VAS and FRI scores at all the measurement time points. Our results indicate that minimally invasive procedures, such as nucleoplasty and TDD, are effective and safe methods that can be used in hernia nucleus pulposus as an alternative to surgery. TDD resulted in lower pain scores. These procedures can yield a more rapid and long-term functional recovery, decrease analgesic requirements, and increase quality of life.

Focal ablation of herniated discs using a navigable disc decompression device (L-disq) is worth considering for relieving pain related to lumbar HNP. L-Disq is a safe and efficient procedure in patients with HNP when applied by an experienced practitioner because of its short duration, its own moving probe, and the opportunity to visualize the inside of the disc. We aimed to evaluate the efficacy of percutaneous decompression therapy by using intradiscal navigable electrodes on pain and functional movement index in patients with herniated nucleus pulposus (HNP). We retrospectively analyzed a total of 209 patients with protrusive lumbar disc herniation underwent percutaneous ablation decompression treatment using an intradiscal routable electrode (L-Disq) in our pain clinic. We suggest that L-Disq may be considered as an appropriate option with a low risk of complications in pain management in cases of lumbar disc herniation whom are resistant to conservative methods.

Disc-FX (percutaneous discectomy and intradiscal RF ablation-coagulation) may be helpful in selected patients with symptomatic degenerative disc disease or herniated nuclues pulposus providing favorable outcomes lasting up to 2 years or more. The results were more favorable in patients with easier access to disc space.

A single low dose of TNF alpha-blocker etanercept does not seem to be an effective treatment for chronic radicular or discogenic low back pain. However, no serious side effects were observed.

Patients treated with autologous cultured mesenchimal stem cells (MSCs) for lower back pain with radicular symptoms in the setting of degenerative disc disease (DDD) reported minor adverse events and significant improvements in pain, function, and overall subjective improvement through 6 years of follow-up. Small molecule therapy, especially in combination with cell implantation, holds promise for the treatment of degenerative disc diseases.

In conclusion, patients with low back pain and radiculopathy, non-responsive to conventional therapy may be considered for mechanical disc decompression in the chronic pain treatment algorhtym. The evidence for various modes of percutaneous disc decompression is limited to fair for nucleoplasty and targeted disc decompression, and limited for automated percutaneous lomber decompression (APLD), percutaneous lumbar disc decompression, and decompressor. APLD and percutaneous lumbar disc decompression, Disc-FX, and nucleoplasty are recommended in selected cases. Based on the current evidence synthesis, the evidence for IDET and biaculoplasty is fair and limited for discTRODE in the treatment of DDD. IDET and biaculoplasty may be performed in a selected group of patients with discogenic pain non-responsive to conservative modalities including epidural injections. Intradiscal TNF alpha-blocker etanercept or other disease modifying antirheumatic drugs seems to be non promising in degenerative disc disease for now, however patients treated with autologous cultured MSCs for lower back pain with radicular symptoms in the setting of DDD holds promise for the treatment of degenerative disc diseases.

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Peter Staats, MD, FIPP
Biographical Sketch

Dr. Staats was the founder of the division of Pain Medicine in the Department of Anesthesiology and Critical Care Medicine at Johns Hopkins University, where he was the division chief and director for over a decade. In this capacity he was youngest major division chief in the history of Johns Hopkins Hospital and was the first anesthesiologist to obtain surgical at any academic university in the US. In 2003 he became a founding partner in Premier Pain Centers in New Jersey which merged with National Spine and Pain Centers (NSPC), the largest pain practice in the United States where he is currently the chief medical officer. He serves on the United States Health and Human Services Pain task force subcommittee whose mandate is to define appropriate treatment societies for pain in America.

He is boarded by the American Society of Anesthesiology, the American Board of Interventional Pain Physicians (ABIPP) and the World Institute of Pain (FIPP. He has edited or co- authored 11 textbooks on pain medicine and written approximately four hundred articles, book chapters and abstracts on neuromodulation and the diagnosis and management of complex pain problems. His publications have appeared in prominent journals including JAMA, Lancet, Anesthesiology, Pain Medicine and others. He has chaired hundreds of meetings devoted to painand neuromodulation around the world. He is the Past President of (ASIPP), The American Society of Interventional Pain Physicians, the North American Neuromodulation Society (NANS), the southern pain society the New Jersey Society of interventional pain physicians (NJSIPP), and was the first chair of the American Society of Anesthesia's committee on Interventional pain. He is currently chairman of the Board of Examination World Institute of Pain (WIP) and is on the Executive Board of the WIP. He is also the recipient of the President's Distinguished Service Award and the Excellence in Pain Management Award from the Southern Pain Society, as well as the Physician of the Year Award from both the West Virginia Society of Interventional Pain and the New York and New Jersey Societies of Interventional Pain.

He has received distinguished service awards from AAPM, ASIPP, NANS and NJSIPP, and the Raj award for excellence (2017) and the lifetime achievement award (2018) from the American Society of Interventional Pain Physicians and the (2018) lifetime achievement award from the West Virginia society of Interventional Pain Physicians WVSIPP and the lifetime achievement award (2018) from the NY and NJ Societies of interventional pain for contributions to the field of pain and neuromodulation and the lifetime achievement award from the North American Neuromodulation Society (NANS) 2019.

Session: Recent developments in radiofrequency and neuromodulation therapies (21 October 2022, 10:30 – 12:30)
Lecture: Vagus nerve stimulation



Assoc. Prof Abdullah Merter
Biographical Sketch

I was born on 06.06.1985 in Ankara. I completed Meram Faculty of Medicine without wasting time between 2003-2009. I settled in Ankara Medical Faculty Orthopedics and Traumatology clinic, which was my first choice in Medical Specialization Exam held in September 2009. 5 years after the assistant training, between 2015-2017, I completed my obligatory service as a specialist doctor at the Afsin State Hospital. During my 700 days of compulsory service, with 2000 of patients on whom I have undergone surgery from every field and approximately 70000 outpatients, I completed. I was awarded the ""certificate"" that "Thank you for the outstanding effort and success" by the Ministry of Health during this working period. At the end of my compulsory service, I settled again in Ankara University Faculty of Medicine, Department of Orthopedics and Traumatology as a specialist staff.

I have been continuing my professional life as a spine surgeon since 2017.

I have been in Aichi Spine Hospital in Japan between 2018-2019. I have worked with Prof. Fujio ITO, Prof. Zenya ITO, Phd.Dr. Motohide SHIBAYAMA and Phd.Dr. including Shu NAKAMURA who are leading spine surgeons in Japan.

Also, I have worked with Dr. Sang Kyu Son, the inventor of the Unilateral Biportal Endoscopy (UBE) technique in ParkWeonWook hospital in South Korea for one month.

I am the one of the a few of advanced minimally invasive spine surgeons in my country.

Session: Miscellaneous interventional procedures for chronic pain management (22 October 2022, 10:30 – 12:30)
Lecture: Unilateral biportal endoscopic spinal stenosis decompression

Lumbar spinal stenosis is the most common spinal disease in the elderly population, caused by the narrowing of the neural structures in the spinal canal by the surrounding soft tissue and bone structures.

In cases where conservative treatment is ineffective, successful results with surgical treatment have been reported in many studies. In surgical treatment, classically, open decompression with laminectomy has been applied for many years. However, in this technique, chronic low back pain problems are frequently encountered as a result of extensive muscle dissection, instability with removal of the posterior ligamentous complex and facet joints, and additional damage to the lumbar back muscles, which have already age-related muscle atrophy, in the long term.

The technique of Bilateral Decompression with Unilateral Laminotomy (ULBD) was first applied by Poletti et al in 1995 with the aid of a microscope. With the help of this technique, both sides can be decompressed on one side with minimal unilateral dissection

without disturbing the integrity of the posterior bone structures and joints of the spine. In this way, effective neural decompression can be performed without creating additional instability in the spine, and additional stabilization surgery is not required.

ULBD technique has started to be performed endoscopically thanks to the developing techniques and technologies over time. Among these techniques, the unilateral biportal endoscopic decompressive lamintomy (UBEDL) technique is called the fastest developing and spreading endoscopic technique in the world, due to its advantages such as wide and high quality viewing angle, wide range of motion in the working portal, cheap and easy accessibility. Thanks to the advantages such as faster recovery, less postoperative pain, less bleeding, less infection, less muscle damage, it allows patient comfort to be provided with effective decompression.



Adnan Al Kaisy, MD, FIPP
Biographical Sketch

Dr Al-Kaisy is Clinical Lead of the world-renowned Pain Management and Neuromodulation Centre at Guy's and St. Thomas' NHS trust.

A leading expert in Pain Management, Dr Al-Kaisy has extensive experience in working toward the advancement of electrical neuromodulation techniques within this specialty.

Dr Al-Kaisy led the first multicentre and multinational study on the safety and efficacy of 10 kHz SCS in the management of Failed Back Surgery Syndrome (FBSS). He has subsequently clinically pioneered the use of this novel therapy in the management of different chronic pain conditions including the feasibility study on chronic back patients without prior surgery. He has successfully designed ground-breaking research including a randomized double blind placebo control study examining different frequency in the management of FBSS. He is the innovator of a number of techniques including Transgrade dorsal root ganglion stimulation using monopolar electrical stimulation.

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Session: Recent developments in radiofrequency and neuromodulation therapies (21 October 2022, 10:30 – 12:30)
Lecture: Recent advances in neuromodulation

Spinal cord stimulation (SCS) is evidence based therapy. SCS has benefited many patients with chronic neuropathic pain. There is evidence SCS therapy improves multidimensional pain scores and quality of life1, 2.

There has been great development in the field of electrical neuromodulation over the last 10 years. This includes new wave forms, new techniques and expansion in the indications of the use of the SCS in the management of many different refractory chronic pain conditions. The lecture will cover the use of 10 kHz SCS and new programing paradigm in the management of patients with chronic lower back pain with no previous surgery1, 3, 4. Ongoing research related to this group of patients will be also covered. In addition we will talk on Transgrade DRG stimulation technique in the management of focal neuropathic pain5.

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Alp Yentur, MD, FIPP
Biographical Sketch

E. Alp Yentur is a professor of Anesthesiologist and Pain management physician at Celal Bayar University, School of Medicine in Turkey. He joined the Celal Bayar University faculty in 1998. He is the director of Pain Service. He earned his medical degree at Istanbul University, School of Medicine. He completed his anesthesia residency in Sisli Etfal Hospital, Istanbul, and he did his pain management fellowships at Pierre Marie Curie University, Hôpital Saint Antoine Pian Department, Paris, France and Istanbul University School of Medicine, Algology Dept. He also had Acupuncture and Moksibusion education by the UNDP (United Nations Development Programme) – Technical Coorporation for Developing Countries program in Hunan College of Traditional Medicine, Peoples Republic of China. He is Algology Board certified and pain specialist in Turkey is since 2011, and FIPP since 2005. His areas of clinical interest are neuropathic pain, musculoskeletal pain and cancer pain. Dr. Yentur is the current Treasurer of WIP Registered Turkish Section and a member of WIP, IASP, ESRA, Turkish Society of Algology, Turkish Regional Anesthesia Society, Turkish Anesthesiollgy and Intensive Care Society.

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Can Eyigör, MD, FIPP
Biographical Sketch

Can Eyigor is pain physician working as a professor of Anesthesiologisy and Pain management at Ege University Medicine Faculty in Turkey. He received his residency training in Department of Anesthesiology (1997- 2002) in the Dokuz Eylul University Medicine Faculty. Then he started to work as an anesthesiologist in the Department of Algology at Ege University in 2005. Pain Board certificate was given by Turkish Algology Association in 2009. He has been appointed as an Associate Professor in 2011 and Professor in 2017 in the same department. He is still working in the Department of Algology at Ege University Medical Faculty. He has specialized training in fluoroscopic guided minimally invasive interventional acute and chronic pain procedures as well as regional anesthesia techniques within this multidiciplinary pain clinic. His main interests are neuromodulation and regenerative stem cell therapies in chronic pain management. He has a lot of clinical experience with inpatients and outpatients. As a faculty, he teaches minimally invasive interventional pain techniques and medication management for medically challenging chronic pain patients to pain fellows and residents. He regularly gives lecture about chronic pain management in Turkey. He has been working as a practitioner on minimally invasive pain management procedures in different clinics. He was the author or co-author of numerous articles and book chapters in chronic pain management.

Session: Common interventional procedures; how do we perform it? (22 October 2022, 08:00 – 10:00)
Lecture: Cervical blocks



The five most commonly used cervical blocks will be presented;

1. Greater and lesser occipital nerves block,
2. Cervical Facet joint blocks / Third occipital nerve block
3. Cervical dorsal root ganglion (DRG) blocks
4. Cervical epidural steroid injections
5. Neuromudulation

Greater and lesser occipital nerve block indications are occipital neuralgia, cervicogenic headache, generalized muscle tension headache. They are easy, and effective in pain mechanism. So both nerve blocks are the first choice of treatment. There are three landmarks for these nerves; the occipital artery, the mastoid process, and the greater occipital protuberance. Greater occipital nerve suboccipital entrapment occurs due to compression of the great occipital nerve in the suboccipital compartment.

Cervical Facet joint blocks Indications are head, neck, and back pain associated with facet joints. Diagnostic medial branch blocks should be performed to establish the diagnosis first.

Cervical dorsal root ganglion (DRG) block indications are cervicogenic headache, cervical discopathy, fail back surgery syndrome, complex regional pain syndrome, postherpetic nevralji, segmental neuropathic pain, shoulder pain. In cervical DRG Bipolar Pulse RFT, treatment using two parallel RF cannulas has recently been reported to be more effective in reducing pain than monopolar PRF.

Cervical epidural injections are indicated for the treatment of radicular and non-radicular pain. There are two main methods of administration for drug delivery into the epidural space; interlaminar or transforaminal. In the literature, we don't have many studies on the comparison of these procedures. However, we have to keep in mind that transforaminal cervical epidural corticosteroid injections may have more serious complications than the traditional technique.

We know that neuromodulation is always at the top of the pain management algorithm. Different methods can be applied for neuromodulation in the cervical region; Peripheral nerve stimulation, occipital nerve stimulation, cervical epidural neurostimulation and high cervical epidural neurostimulation.



Christ Declerck, MD, FIPP
Biographical Sketch

Dr Declerck is a doctor of medicine, surgery and obstetrics. He also specialized in anesthesiology and intensive care. He is a member of the European Society of Intensive Care Medicine (ESICM) and the European Society of Regional Anesthesia and Pain Therapy (ESRA). Dr Declerck is a Fellow of International Pain Practice by the World Institute of Pain (WIP) and he has been working in pain management for several years. He regularly teaches at workshops and presents at conferences, one of which is Pain School International in Budapest.

Session: Principals and goals of pain medicine (21 October 2022, 08:20 – 10:00)
Lecture: USG; horizons and limits for the use of ultrasound in pain management

In this presentation I would like to discuss two hot topics , for evaluation of tendinopathies there is a checklist to perform in US exam whereby we should take a closer look to neovascularistion .
More specifically, the neovascularism arises with tendon degeneration. What is the benefit of neovascularism and neoinnervation in tendinopathy?
Which scoring systems should we adept for vascularity assessment using slow microflow imaging and conventional doppler imaging in different musculoskeletal disorders Sonoelastography is a new imaging technique for examine tissue stiffness and is considered as worthy of using doppler. Sonoelastography displays the different values (Pascals) of tissue stiffness in a color coded display. The disadvantage is that the ultrasound algorithm is manufacturer-bound. In general, SEL is mainly used for diagnostic purposes in liver, thyroid and prostate tumors. In the recent literature, progress is being made for the use of shear wave elastography in the evaluation of musculoskeletal pathology.

Finally, in connection with the next speaker, I would like to point out that US and fluoroscopy is not an either-or story, but a symbiosis of tools to arrive at qualitative pain interventions, based on a few examples.

Session: USG Session (21 October 2022, 14:30 – 17:30)
Lecture:

- **Caudal epidural steroid injection**
- **Sacroiliac joint injection**
- **Impar ganglion block**



Cüneyt Özaktay, MD
Biographical Sketch

Dr. Özaktay, senior pain care specialist, joined anesthesia pain care consultants in July 2008, Florida, USA. He graduated from university of istanbul, cerrahpasa medical school in 1988. Upon graduation, he studied "low back pain; mechanisms of injury and understanding the pain pathways" for 12 years, as a research scientist in USA. After receiving his degree in anesthesiology at Wayne State University, detroit medical school in michigan and Dr. Özaktay completed his fellowship in pain medicine at the prestigious dartmouth-hitchcock medical center. He specializes in implantable opioid/baclofen pumps and spinal stimulation.

He has received multiple honors and awards of his work and is recognized as "internationally recognized outstanding researcher by the u.s.a. immigration and naturalization service." Dr. Özaktay is a noted lecturer and has held various teaching appointments throughout his career. Dr. Özaktay has contributed 17 peer-reviewed journal articles and over 40 presentations in various meetings. He has also been on the "reviewer board " for various journals including the journal of spine.

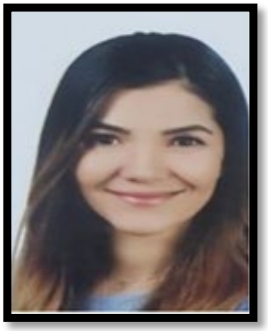
Session: Recent developments in radiofrequency and neuromodulation therapies (21 October 2022, 10:30 – 12:30)
Lecture: Drg stimulation; evidence?

Attempt to capture and control pain from their originating sources to the perceived central nervous system has been challenging especially due to the different etiologies. Peripheral, and Central (Epidural or Deep Brain) Nerve Stimulators have been clinically successful in significant portions of these patients. Dorsal Root Ganglions (DRGs) are also evolving as new targets for a certain group of neuropathic pain patients. Since DRGs are positioned as the gate to the sensory perception pathway, the anatomical correlation of pain patterns may be targeted with more precise.

Recent studies and case reports have been complimentary to an emerging role of DRGs in CRPS and Causalgia managements1, Chronic Low Back Pain patients2, or as a “Salvage” therapy3 . The anatomical advantages of DRG stimulators are cited as; (i) the lack of CSF between dura/DRG interface providing "no electrical shunting", delivered currents in micro-amperes (a) as opposed to milliamperes (mA), and (ii) relatively less posture independent placements hence simplified programming options.

North reports, "Because unrelieved pain and suffering are too costly for society and for patients and their families, and because the implantable technologies are known to be efficacious when used appropriately in the context of the pain treatment continuum, not using these technologies because they are deemed too costly by some makes no sense ...and ultimately increases patients' and society's costs.”

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Derya Guner, MD
Biographical Sketch

Education:
1. Akdeniz University Faculty of Medicine, 2003-2009, Antalya, Turkiye
2. Izmir Tepecik Education and Research Hospital, Neurology Department, 2009-2014, Izmir Turkiye
3.Ankara University Faculty of Medicine, Pain (Algology) Department, 2015-2017, Ankara Turkiye
4.Still working at Izmir Tepecik Education and Research Hospital Pain Department as a Pain Physician (Algologist).

Certificates:
1.Turkish Neurology Board Certificate, Turkish Neurology Society, 2014, Turkiye
2.European Neurology Board Certificate, Berlin,2015
3.Turkish Algology Board Certificate, 2019, Turkish Algology Society, Turkiye
3.Certified Interventional Pain Sonologist (CIPS) Certificate, 2019 –World Institue of Pain Society, Istanbul, Turkiye

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Session: USG Session (21 October 2022, 14:30 – 17:30)
Lecture:

- **Intercostal block**
- **Erector spina plan block**
- **Piriformis muscle injection**

Ultrasound guided intercostal nerve block is a selective superficial block, with a very low incidence of complications and effective in different indications such as postoperative pain, multiple rib fractures and postherpetic neuralgia. The typical middle intercostal nerves (3-6) continue anteriorly, running between the innermost intercostal and the internal intercostal muscles just below the costal groove, running inferior to the intercostal vessels. During the block, the intercostal nerve between the internal and innermost muscles is targeted with the in-plane technique, accompanied by imaging with a linear probe. Imaging and preservation of the pleura during US-guided intercostal block prevents the development of complications such as pneumothorax.

Erector Spinae Plane (ESP) block is a paraspinal fascial plane block in which the needle placement is between the erector spinae muscle and the thoracic transverse processes, and a local anesthetic is administered, blocking the dorsal and ventral rami of the thoracic and abdominal spinal nerves. This blockage of the dorsal and ventral rami of the spinal nerves helps to achieve a multi-dermatomal sensory block of the anterior, posterior, lateral thoracic and abdominal walls. The ESP block can be used to deliver regional analgesia for a wide variety of surgical procedures as well as for the management of acute and chronic pain syndromes.

Piriformis syndrome is a clinical condition of sciatic nerve entrapment at the level of the ischial tuberosity. The clinical presentation often reporting pain in the gluteal/buttock region that ache down the back of the leg, sciatic like pain. Ultrasonography allows visualization of the anatomy of the piriformis and its relation with the sciatic nerve. US guided piriformis muscle injection has the advantage of being well tolerated by the patient and can be performed with minimal risk and the opportunity for a real-time assessment of the patient's response to the injection.

Session: USG Session (22 October 2022, 14:30 – 18:00)
Live model: Ultrasound anatomy for hip, knee and ankle joint and procedures



Dominic Hegarty,MD,FIPP
Biographical Sketch

Consultant in Pain Management and Neuromodulation, Mater Private Hospital Cork, Ireland.
Senior Clinical Lecturer UCC & ASSERT, Ireland.
Honorary Consultant, Guy's & St. Thomas' Hospital, London, England.
Clinical Lead Neuromodulation Research, Tyndall National Institute, Ireland.
President Elect World Institute of Pain (WIP)

He is a Consultant in Pain Management & Neuromodulation at the Mater Private Hospital, Cork, Senior Clinical Lecturer and faculty member of ASSERT training at University College Cork where he promotes educational training in pain medicine.

At present he is the incoming President Elect of World Institute of Pain (WIP), Immediate past Honorary treasurer of WIP and on the Advisory Board of PainCast. In 2017 Dr. Hegarty hosted the WIP World congress in Dublin. He has gone on to be Clinical Lead of Neuromodulation Research, at Tyndall National Institute, UCC and has developed new device design Dr. Hegarty is a faculty member on several international organization including WIP, IASP and ERSA. He is an active researcher & has published extensively on pain management. He is an examiner on the FIPP fellowship exams. As a fellow at Guy's & St.

Thomas' Hospital, London he developed his skills in neuromodulation and is presently an Honorary Consultant there. Dr. Hegarty is the Clinical Director of Pain Relief Ireland (www.painreliefireland.ie) and the senior medial advisor to a number of med-tech companies who believes in providing multidisciplinary and interventional options for his patients in a timely fashion. He truly believes that neuromodulation offers great potential therapy options for certain individuals and we need to develop patient pathways to identify and manage these individuals.

Relevant disclosures

Dr. Hegarty has active research interests in several pain related areas. He is a clinical advisor to Capri Medical, Platform 14 and Senior Medical Advisor with Platform14. He has received honorium and unrestricted educational grants form Medtronic, Boston Scientific, Pfizers, and Grunenthal in this area. Dr. Hegarty will not be speak directly on the use of any specific products.

Session: Common interventional procedures; how do we perform it? (22 October 2022, 08:00 – 10:00)
Lecture: Recent advances in interventional treatment of facial pain

Craniofacial pain, including trigeminal neuralgia, trigeminal neuropathic pain, and persistent idiopathic facial pain (PIFP), is difficult to treat and can have severe implications for suffering in patients afflicted with these conditions.



In recent years, clinicians have moved beyond treating solely with pharmacological therapies, which are generally not very effective, and focused on new interventional pain procedures.

Newer interventional modalities such as pulsed radiofrequency ablation (PFR) of the sphenopalatine ganglion, peripheral nerve field stimulators (PNFS), and botulinum toxin injections have promising results

However, as technology advances and our understand of how to use bioelectronic pain therapy improves, so have our treatment options and early results have demonstrated efficacy in small patient cohorts with a variety of craniofacial pain states. Some of the most promising interventional pain procedures include peripheral nerve field stimulation, high-frequency spinal cord stimulation, sphenopalatine ganglion stimulation, and deep brain stimulation.

This presentation focuses on a better understanding of craniofacial pain and emerging interventional pain therapies.



Eleni Episkopou, MD
Biographical Sketch

- MD in Albert Szentgyorgyi Medical University 1998
- University thesis 1998
- MD in Dodecannisa 1999 to 2001 islands in Greece as emergency doctor
- ATLS PHTLS ALS PLS and course director
- Emergency Doctor program from EU for one year 2015
- Anesthesiologist 2006 in KAT trauma hospital
- 2010-2016 workshops in Regional Anesthesia & Pain medicine Innsbruck Anatomy Department
- 2013 Private practice office for pain management
- 2018 2019 PSI student
- 2019 CIPS
- 2020 Interventional Radiology Postgraduate two year course in Athens KAPODISTRIAN university
- 2020 Start working in Interventional Radiology Department for pain management

Session: USG Session (21 October 2022, 14:30 – 17:30)
Lecture:

- **Stellate ganglion block**
- **Cervical median branch block**
- **Cervical root block**
- **Greater occipital nerve block**

Session: USG Session II (22 October 2022, 14:30 – 18:00)
Lecture: Live model: Ultrasound anatomy for shoulder, elbow and wrist joint and procedures

By the end of this lecture, the participants of CIPS EXAMS will know the anatomy,sonoanatomy , and the steps to be followed for a successful CIPS exam in cervical procedures



Elias Atencio, MD, FIPP
Biographical Sketch

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ACADEMICS

- 2014 Fellow of Interventional Pain Practice (FIPP) , World Institute of Pain (WIP)
- 2003 – 2004 MSc in Education (Higher Education), Columbus University, City of Chitré, Panamá.
- 2002 – 2003 MSc in Pain Management, The Caja de Seguro Social (Ministry of Health); Panamá City, Panamá.
- 1995 – 1998 MSc in Anesthesiology, The Caja de Seguro Social (Ministry of Health), City of David and Panamá City, Panamá.
- 1991 – 1992 Master of Science in Medicine (Ph.D.), Universidad Autónoma de Centroamérica (UACA), City of San José, Costa Rica.
- 1989 – 1991 License in Medicine, Universidad Autónoma de Centroamérica (UACA), City of San José, Costa Rica.
- 1987 – 1989 Bachelor of Medical Science / Doctor of Medicine, Universidad de Panamá, School of Medicine; Panamá City, Panamá.
- 2007 – 2014 Doctor in charge of the pain management unit at The Complejo Hospitalario Metropolitano, Arnulfo Arias Madrid (Main Social Security Hospital); Panamá City, Panamá.
- 2002 Anatomy & Neuroanatomy professor at the School of Psychology; Columbus University, Azuero Campus.
- 1998 Anesthesiologist in Clinics at the City of Chitré, Panamá; San Juan Bautista and Venancio Villareal.
- 1998 Anesthesiologist at the “Hospital El Vigia” (Social Security Hospital), City of Chitré, Panamá.
- 1997 Member of the “Operación Sonrisa Foundation”, developing functions as an Anesthesiologist.
- 1995 Intern at the “Hospital El Vigia” emergency ward.



- 1993 - 1995 Medical Intern at The Hospital Santo Tomas (Largest public hospital in the country) and at "The Children's Hospital", Dr. José Renán Esquivel (Largest pediatric hospital); Panama City, Panamá.
- 1991 – 1992 Medical Intern at Universidad Autónoma de Centroamérica (UACA), City of San José, Costa Rica.
- 1990 – 1991 Physiology & Pathophysiology Assistant instructor "AD HONOREM" at the Universidad Autónoma de Centroamérica (UACA), School of Medical Science.

TRAINING AND CERTIFICATES

- Doctor of Medicine in Anaesthesia, certificate and permission

Session: Recent developments in radiofrequency and neuromodulation therapies (21 October 2022, 10:30 – 12:30)
Lecture: Radiation safety in interventional pain procedures

The use of the fluoroscope in the treatment of pain has been established as a technique of Good practice in our daily practice. Fluoroscope is an essential technique for performing blockages in the treatment of pain but, despite being used daily, a large percentage of specialists have not received specific training.
Types of radiation:
Radiation is defined as the process of transmitting wave sor particles through space or some médium. In the case of wave transmisión, we call it electromagnetic radiation. It has a spectrum that, depending on wavelength, is classified into gamma rays, X rays, visible ultraviolet light, infrarred light, rada, microwaves and radio waves.
Electromagnetic radiation, when passing through the material on wich it acts, is capable of altering atoms, so that it can pullo ut electrons, producing ion (positive or negative). In this way, ionizing radiation is generated. Ionizing radiation is X rays, Alpha, beta and gamma radiation.
Radiation non-ionizing are no capable of roducing ions when interacting with the atoms of a material. This case electromagnetic fields and optical radiation, such as lasers, infrarred rays, visible light and ultraviolet radiation. This non-ionizing radiation can cause heat and photochemical effects on the body.
¿ How X rays are generated?
X rays are generated in a vacuum glass tuve with two electrodes at its ends. The cathode (positive) is a tungsten filament through wich a current passes and the anode is acopper plate. The electrodes generated in the cathode are focused and acccelerated by means of high voltaje towards the age.
Biological effects and damage of ionizing radiation:
X rays act on the tissues in two ways: 1- Compton effect, producing dispersed radiation. 2- Photoelectric effec produces a radiation emisión known as secondary radiation.
The harmful effects of radiation are: deterministic and stochastic.



Ender Sir, MD, FIPP

Biographical Sketch

PERSONAL INFORMATION

Associate Professor of Algology and Pain Medicine, University of Health Sciences, Gulhane Medical Faculty, Department of Algology,Ankara, Turkey

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WORK EXPERIENCE

19 July 2016 - Now Attending Anesthesiologist and Pain Physician
2014 - 2016 Fellow in Department of Algology and Pain Medicine, Gulhane Military Medical Academy, Ankara, Turkey
2007 - today Research Activities in Algology, Pain Medicine and Anesthesiology at Gulhane Military Medical Academy, Ankara, Turkey

EDUCATION AND TRAINING

August 2017 Board Certification, Fellow of Interventional Pain Practice (FIPP)
2014 - 2016 Fellowship: Department of Algology and Pain Medicine, Gulhane Military Medical Academy, Ankara, Turkey
2007 - 2011 Residency: Department of Anesthesiology and Reanimation, Gulhane Military Medical Academy, Ankara, Turkey
1998 - 2004 School of Medicine, Gulhane Military Medical Academy, Ankara, Turkey

Session: USG Session II (22 October 2022, 14:30 – 18:00)
Live model: Ultrasound anatomy for hip, knee and ankle joint and procedures



Fatma Sarıcaoğlu, MD
Biographical Sketch

Prof at Hacettepe University Dep. of Anesthesiology and Reanimation, ANKARA
Education: Gazi University Medical Faculty ANKARA: 1993

- Hacettepe University Dep. of Anesthesiology and Reanimation, ANKARA: 1994-99, Prof: 2011
- Giessen University Germany and Zurich University in 2006 for 4 months.
- Pain Therapy subspecialist: 2012
- Acupuncture Training Certificate: 2014
- General Secretary at Anesthesiology and Reanimation Specialist Society: 2010-2016
- General Secretary Of Society of Regional Anesthesia: 2016-19
- General Secretary Of Regional Anesthesia Society 2016-2019
- President of Regional Anesthesia Society 2022-2025
- General Secretary of Turkish Anesthesiology and Reanimation society 2021- 2023
- ESRA Executive Board Member 2022

Session: Principals and goals of pain medicine (21 October 2022, 08:20 – 10:00)
Lecture: Regional anesthesia in the prevention of chronic postoperative pain

Chronic postsurgical pain (CPSP) develops after a surgical procedure but increases its intensity and persists beyond the healing process without another cause. The incidence ranges from 5–85%, according to the type of surgery. Patients who develop CPSP may have a late ambulation, cardiac and pulmonary complications and increased morbidity. Many risk factors have been found related to the development of CPSP: female gender, young age, genetic, and psychosocial illness. Several guidelines recommend the use of multimodal analgesia to treat postoperative pain, and the perioperative management seems to have a preventive role in the development of CPSP. Regional anesthesia (RA) either neuraxial or peripheral nerve blocks, by modulating signaling created by a surgical incision, play a key role in the prevention. By blocking nociceptive input to the central nervous system, central sensitization processes can be reduced if not prevented.

The ability of RA to target many areas of the surgically induced pain pathways makes it a powerful tool in reducing neural activation from surgical injury, making it the centrepiece of a well-rounded multimodal approach. Larger randomised controlled trials that include high-risk patients are needed to better assess the efficacy of RA in the prevention of chronic postoperative pain. Future studies should also assess the impact of a variety of factors, including biopsychosocial variables which may be assessed pre-operatively, on the preventative efficacy of chronic postoperative pain. These strategies include a combination of techniques, ranging from modifying surgical technique to be less invasive, the thoughtful use of multimodal analgesic techniques including RA, and behavioural interventions to improve coping with pain. It is suggested that reducing acute pain, avoiding opioid-induced hyperalgesia and identifying at-risk individuals play important roles in preventing chronic postoperative pain.



Gözde Dağıstan, MD, FIPP

Biographical Sketch

Date of Birth / Place of Birth: 14.07.1985 / İzmir
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Türkbirliği Primary School – İzmir (1991-1996)
Karşıyaka Secondary School – İzmir (1996-1999)
Karşıyaka Anatolian High School - İzmir (1999-2003)
İstanbul University / İstanbul Medicine Faculty – İstanbul (2003-2009)

Anaesthesiology Residency:
Akdeniz University Faculty of Medicine / Anesthesiology and Reanimation Department - Antalya (2009-2014)

Pain Fellowship:
Akdeniz University Faculty of Medicine / Anesthesiology and Reanimation Department / Algology Division – Antalya (2015-2017)

Work Experiences:
Hopa State Hospital - Artvin (2014-2015)
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Aydın State Hospital - Aydın (2019-2020)
Current Position:
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Certification:
World Institute of Pain (WIP)
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Turkish Algology Society
Board Certificate (2018)

Publications:
Akbas M, Dagistan G. 'Traumatic Sciatic Nerve Injury and Effectiveness of Spinal Cord Stimulation'. Journal of Anesthesia Critical Care Open Access 2016; 5(3):00186. DOI: 10.15406/jaccoa.2016.05.00186
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Akbas M, Elawamy AR, Salem HH, Fouad AZ, Abbas NA, Dagistan G. 'Comparison of 3 Approaches to Percutaneous Epidural Adhesiolysis and Neuroplasty in Post Lumbar Surgery Syndrome'. Pain Physician 2018; 21:501-508.
Dagistan G. Ultrasound- versus Fluoroscopic-Guided Genicular Nerve Radiofrequency: Which is the Future? Pain Physician 2019; 22:665.
Dagistan G, Akbas M. What is the Reason for Pain Relief? The True Effect of Saline or Washing Out Effect Caused by Saline? Pain Physician 2021; 24:260.

Session: Recent developments in radiofrequency and neuromodulation therapies (21 October 2022, 10:30 – 12:30)
Lecture: Safety and efficiency of percutaneous neurolysis

Chronic, refractory axial and/or extremity pain is a common problem. Percutaneous epidural neuroplasty (PEN) is performed for controlling axial and/or extremity pain due to bulging of the disc, with or without radiculopathy, spinal stenosis, epidural fibrosis, and failed neck and back surgery syndrome.
PEN has been shown to be more effective than cervical epidural steroid injection because it results in a more localized selective block of the lesion causing pain. PEN allows for the mechanical (via catheter), chemical (hyaluronidase), or hydrostatic (contrast media and saline) adhesiolysis removal of adhesion around the irritated nerve. PEN has been shown to be more effective compared to not only physical therapy, but also to caudal epidural steroid injections for the treatment of chronic lower back and leg pain.
Dural puncture was the most often reported side effect of percutaneous procedures. There have been reports of transient neurologic deficits, arachnoiditis, and catheter shearing. Percutaneous adhesiolysis complications are often minimal and self-limiting, and their frequency is low.

The most important factor in the success of these procedures is to perform interventional pain treatment by a specialist who has experience and manage the process by an experienced team. So this will increase the safety and reduce the complications also these procedures should be performed in specialized centers by trained physicians.
Percutaneous adhesiolysis of epidural adhesions to treat refractory axial and/or extremity pain is a technique whose efficacy has been documented by multiple RCTs. It is a safe and effective procedure, with minimal complications when performed by trained practitioners. A meta-analysis documents its efficacy for pain relief and improved function.



Prof.Dr.Hakan Sabuncuoğlu, MD, MBA

Biographical Sketch

He was born in Ankara, Turkey in 1965. He was graduated from TED High School and then Ankara University School of Medicine. He had completed residency program in Yıldırım Beyazıt Training and Research Hospital and research fellowship program in Barrow Neurological Institute, Arizona, USA. His interest area is endoscopic spine and oncology. He had over 40 papers in neurosurgical literature and many lectures in national or international congresses. He won runner up prize in the best spine research award of Turkish Neurosurgical Society" in 2007. He is a member of Turkish Neurosurgical Society, North American Spine Society (NASS), Board Member of Turkish Neurosurgical Academy and Congress Member of Beşiktaş Gymnastics Club. He worked as chief in Neurosurgery Department of Ufuk University School of Medicine between 2017-2021. Dr. Sabuncuoğlu has a Master of Business Administration (MBA) degree. He is married and has a daughter.

Session: Miscellaneous interventional procedures for chronic pain management (22 October 2022, 10:30 – 12:30)
Lecture: Percutanoeus lomber transforaminal discectomy

Prolapsed intervertebral disc is the most common cause of the lumbosacral pain, which affects the quality of life and functional activity. After the first description of percutaneous posterolateral nucleotomy by Kambin in 1973, percutaneous transforaminal lumbar discectomy was developed and its use has been increasing in recent years. During the last decades, different types of minimal invasive procedures including the endoscopic ones have been created for surgical treatment of herniated lumbar disc, one of them is percutaneous lumbar transforaminal discectomy. This approach has many advantages over open surgery. It is a minimally invasive technique for the treatment of lumbar foraminal or extraforaminal and foraminal disc herniations that represent up to 11% of all lumbar herniated discs with little pain, less blood loss, less hospital stay and the surgery can be done in local anesthesia, which was started during late 20th century. Along with advanced instruments now the surgery can be performed only giving a small skin incision of 7 - 9 mm and is as effective as the conventional method of surgery and open microdiscectomy surgery for the treatment of symptomatic lumbar disc herniation. In open surgery, due to partial facetectomy it always has a risk for potential instability and

postoperative chronic low back pain can present due to muscle dissection. This technique provides enough observations of all foraminal anatomy, so that it is not necessary to remove facets for visualization and partial facetectomy is not even performed. Although percutaneous lumbar transforaminal discectomy is a minimal invasive method and offers many benefits to the patient, it takes a long time to master this procedure. The percutaneous transforaminal lumbar discectomy has been advanced over the last decades and become an accepted, safe and successful choice for management of lumbar disc prolapse and associated sciatica in lumbar degenerative disc disease patients.



İsmet Topçu, MD
Biographical Sketch

Ismet Topcu is currently Professor of the Department of Anesthesiology and Intensive Care at Manisa Celal Bayar University Medical Faculty in Turkey. He is currently the director of the orthopedic anesthesia of the same department. His professional interest includes acute postoperative pain, trauma, and regional anesthesia-analgesia. He is board member of Society of Turkish Regional Anesthesia. He has two children.

Session: USG Session II (22 October 2022, 14:30 – 18:00)
Live model: Ultrasound anatomy for thoracic and abdominal facial plane blocks

5TH INTERVENTIONAL PAIN ISTANBUL CONGRESS AND HANDS ON CADAVER WORKSHOP

21-23 OCTOBER 2022, ISTANBUL, TURKEY

Organized by WIP Turkish Registered Section
(Affiliated to WIP)
Endorsed By
World Institute of Pain
Turkish Society of Algology and
Turkish Society of Regional Anesthesia



Prof. Dr. Jan Van Zundert
Biographical Sketch

is anesthesiologist and chair of the Multidisciplinary Pain Centre, Ziekenhuis Oost-Limburg (ZOL), Genk/Lanaken, Belgium. He is also Professor Pain Medicine at the Maastricht University Medical Center, Maastricht, The Netherlands.
He obtained the doctoral degree in Medicine (MD) in 1990 at the KU Leuven, Belgium and completed a 5 years' residency in anesthesiology and reanimation at the University hospital Antwerp (UZA). Additional specialization in pain medicine at the Radboud University Nijmegen in 1995.

He obtained in 2015 his PhD at the Maastricht University with the thesis: "The use of pulsed radiofrequency in the treatment of chronic pain". He also followed a postgraduate training in Health Policy and Management at the Catholic University of Leuven and wrote a thesis on "The treatment of (chronic) low back pain in a multidisciplinary pain center: effects and costs". He also completed a postgraduate training in Health Law and Health Ethics at the University of Antwerp and wrote a thesis on "The scope and enforceability of practice guidelines"
He authored more than 150 publications in PubMed indexed journals. He was (co)author of 42 book chapters. His Hirsh factor is 31. He holds functions in the editorial board of several journals and is the past editor of the Dutch and English version of the guidelines "Evidence based interventional pain medicine according to clinical diagnoses".
His research interests focus on clinical and translational research in interventional pain medicine. He is member of several national and international associations for anesthesiology and pain medicine.

Session: Recent developments in radiofrequency and neuromodulation therapies (21 October 2022, 10:30 – 12:30)
Lecture: Radiofrequency innovations in pain medicine

The minimal invasive treatment option for chronic pain uses high frequency current, also called radiofrequency (RF) current.
The introduction of small-diameter thermocouple electrodes resulted in a better control of the lesion size. RF generates heat that causes thermocoagulation of the nerve, thus preventing the transmission of the painful stimuli. The observation that the sensory loss is transient, while pain relief may be of much longer duration, led to the conclusion that the temperature is not the only mode of action. This led to the development of the pulsed radiofrequency (PRF) treatment. With PRF the current is applied in bursts of 20 msec followed by a silent period of 480 msec.
PRF has been used in a wide variety of pain syndromes.

When a larger lesion is desired, RF may be applied twice during the same session. Cooled radiofrequency (CRF) treatment consists of active water cooling of the probe tip thus preventing it from attaining excessively high temperatures and allowing a continuous flow of RF energy to create larger thermal and spherical lesions. CRF has proven to be effective amongst other indications, in the treatment of knee pain, and sacroiliac joint pain.

Another way to increase the lesion size is the use of bipolar RF, where two electrodes are placed parallel. The second electrode acts as the passive electrode. The small surface area and the large current density surrounding the second electrode results in lesion formation around the second electrode. Bipolar RF has been used for the treatment of sacroiliac joint pain.
Bipolar PRF was studied for the treatment of lumbosacral and cervical radicular pain, knee pain, trigeminal neuralgia, and others.

High-voltage PRF has been proposed. The higher energy delivered would result in better treatment outcome and longer duration of action.



Javier de Andres, MD, PhD, FIPP (Spain)
Biographical Sketch

Dr. Javier De Andrés Ares is a board-certified Anesthesiologist since 1997. He graduated from Universidad Complutense-Madrid in June 1990, completed his anesthesiology residency at Complejo Hospitalario de Toledo 1996 and is Fellow in Interventional Pain Practice from the World Institute of Pain 2008. He obtained Hassenbusch Award in 2008 from the World Institute of Pain. He received his PhD after six years study on Facetogenic Low back Pain from Universidad Autónoma de Madrid. He currently is the Head of Pain Unit at Hospital Universitario La Paz-Madrid and is co-director at "Clínica del Dolor Hospital Santa Elena-Madrid". He is an Assistant Clinical Professor in Universidad Miguel de Cervantes and collaborates with Universidad Rey Juan Carlos. He is Head of Spanish Pain Radiofrequency Interest Group, from the Spanish Pain Society (IASP). He is an active member of several societies, including the World Institute of Pain, Spine Intervention Society, and Spanish Pain Society.

He has more than 20 years' experience as a pain clinic director in public and private practice and speaks nationally and internationally on topics of pain medicine and interventional pain management. He has special interest in Spinal and Facial Pain.
Dr. De Andrés Ares is the current Chair of WIP Iberian Section (Portugal & Spain).

Session: Principals and goals of pain medicine (21 October 2022, 08:20 – 10:00)
Lecture: Fluoro vs. Ultrasound

Patients who suffer uncontrolled chronic pain may require interventions including different nerve blocks and spinal injections to manage their pain. Interventional procedures have evolved and improved over time since epidural injection was first introduced for low back pain and sciatica in 1901. The main contributor in the improvement of these interventions is the advancement of imaging guidance techniques. It first started with landmarks for performing these techniques, which were highly dependent on the clinician.



The utilization of image guidance has dramatically improved the accuracy and safety of these interventions. The first image guidance technology adopted by pain specialists was fluoroscopy. This was followed by CT scans and afterwards ultrasound (US). Fluoroscopy can be used to visualize bony structures of the spine and joints. It is still the most commonly used guidance technology in Pain Clinics. In the recent years, ultrasound guidance has been increasingly adopted by anesthesiologists and interventionists to perform various injections. Because its ability to visualize soft tissue, vessels, and nerves, this guidance technology appears to be a better option than fluoroscopy for interventions, when visualization of the vessels may prevent intravascular injection. The current evidence indicates the efficacies of these interventions are similar between US guidance and fluoroscopy injections, but there is still a concern when performing procedures for spinal pain. For facet injections and interlaminar epidural steroid injections, it is important to visualize bony structures in order to perform these procedures accurately and safely. However, obese patients may present challenge for ultrasound guidance due to its poor visualization of deep anatomical structures. Regarding transforaminal epidural steroid injections, there are limited evidence to support that US guidance technology has equivalent efficacy and less complications comparing to fluoroscopy. However, further studies are required to prove the efficacy of US-guided transforaminal epidural injections. SI joint is unique due to its multiplanar orientation, irregular joint gap, partial ankylosis, and thick dorsal and interosseous ligament. Therefore, it can be difficult to access the joint space with fluoroscopic guidance and US guidance. Another great disadvantage of US is dye, it has not got a proper contrast agent. Dye spread is very important in interpreting how drugs will distribute in the spine.
CONCLUSION: US is the best choice for peripheral interventional techniques while Fluoroscopy appears to be a better option in spinal interventional procedures.

OBJECTIVES

Upon completion of this session attendees would be able to
• Outline the importance of image guided techniques.
• Describe the benefits and drawbacks of ultrasound.
• Describe the benefits and drawbacks of fluoroscopy.
• Underline the latest evidence of different interventional techniques under US and Fluoroscopy.

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Kris C. P. Vissers, MD, PhD, FIPP
Biographical Sketch

Kris Vissers is an accredited anesthesiologist – pain specialist and consultant in palliative care, professor in Pain and Palliative Medicine and chairman of the Radboud Expertise Center of Pain and Palliative Medicine of the Radboud University Nijmegen Medical Centre in the Netherlands. As a principal investigator of the Radboudumc , his research program is connected to the Health Care Improvement Science program (HCIS) of Radboud University.

He obtained his graduation in Medical Sciences at the University of Antwerp (Belgium) and his graduation as an Anesthesiologist at the University of Antwerp and the Catholic University of Leuven (Belgium). He specialized in pain medicine in Leuven (B) and Nijmegen (NL), with Prof. Dr. H. Adriaensen, Prof. Dr. H. van Aken, Prof. Dr. L. Booij and Prof. Dr. B. Crul. As of 1995 he was staff member of the University affiliated Hospital East-Limburg, Genk, Belgium where he founded the Multidisciplinary Pain Center in 1995. He was visiting consultant for the palliative care unit and hospital team. As such he was responsible consultant for the home care organization in Palliative Care “Pallium”.
He obtained the degree of doctor in the medical sciences Ph.D. in 2004 at Radboud University Nijmegen Medical Center, The Netherlands. He also graduated as Fellow in Interventional Pain Practice of the World institute of Pain in 2004.
Since 2005, he is Professor in Pain and Palliative Medicine at the Radboudumc University Nijmegen. He is ex officio board member of the Benelux Chapter of the World Institute of Pain and was the first chairman of the Dutch Society of Multidisciplinary Palliative Care Professionals, chapter of the European Association of Palliative Care (EAPC) and is the immediate past president of the Pain Alliance in the Netherlands, oldest chapter of the IASP. He is Past President of the World Institute of Pain. Currently, he is the chair of the Board of Examination of the World Institute of Pain for FIPP/CIPS certification.

His main research interests are (1) translational approach and research on neuropathic pain, (2) practical and ethical application of palliative sedation, (3) proactive care and identification of patients in a palliative trajectory, (4) quality indicators of the organization and practice of pain and palliative medicine, (5) e-health and telemedicine in transmural care programs (6) decision making in

palliative care and end-of-life and (7) the description of competences and performances for the education and training in pain and palliative medicine.

He succeeded in getting external funding resources for major research projects in pain and palliative care (Europall, 7th framework, ZonMw, NWO, KWF, H2020, H2021).
He is author of more than 250 publications in international peer reviewed journals and contributed to more than 20 textbooks. He contributes to local and national education with regular articles in Belgian and Dutch journals for physicians and for the lay public. He is frequently asked as speaker during national and international congresses and teaching courses. He was promotor of 35 PhD affiliates who completed their training. Currently, he is training about 36 PhD affiliates. He organized 10 international congresses and workshops. He was member of several scientific committees of congresses. Regularly, he is consultant and adviser for the ministry of Health of the Netherlands.

Session: Common interventional procedures; how do we perform it? (22 October 2022, 08:00 – 10:00)
Lecture: Interventional techniques for cancer pain

Pain is the most frequently reported symptom in patients with cancer. Pain is present at all stages of the disease and increases towards the end of life. Appropriate pain management can only be achieved when the quality of life and the specific pain characteristics are extensively documented and followed as a guide for treatment adaptations on a daily basis.
Pain is a multidimensional experience including biopsychosocial and spiritual dimensions all influencing the total pain concept in cancer patients. Nowadays, the treatment of pain in cancer patients is still challenging and is strongly influenced by the different new oncological cancer modalities such as dendritic cell therapy and immunotherapy. Pain specialists should be aware of possible interactions between commonly used analgesics to treat pain and oncological treatments. Knowledge about the cytochroom P450 and opioid metabolisms is imperative to avoid serious adverse events in opioid dosing and switching. The WHO pain ladder has the merit of having drawn the attention to a stepwise treatment schedule for cancer pain. However, newer treatment modalities do not have a clear position in this ladder, questioning its use for the future. The newer developments clearly indicate a place for the adjuvant – anti neuropathic drugs and minimal invasive interventional procedures for pain. The need for a multidimensional, multidisciplinary management of the different aspects of pain including physical, emotional and social factors, is now accepted. The interventional pain management techniques offer an important possibility to reduce pain while reducing the need for pain medication and its side effects in patients with complex diseases and difficult to treat pain. On top the use of strong opioids is also more and more questioned in long-term survivors of cancer. Hence, the use of those interventional techniques should be considered earlier in the treatment plan of patients with cancer. During the lecture, evidence and the different clinical practice recommendations for optimal cancer pain treatment will be reviewed.



Marshall Devor, MD
Biographical Sketch

Marshall Devor is the Alpert Professor of Pain Research at the Hebrew University of Jerusalem, Israel (HUJI). He was born in Toronto, Canada in 1949. His bachelor's degree is from Princeton University (1970) and his PhD from MIT (1975). He was a postdoctoral fellow with the pain research pioneer Prof. P.D.
Wall at University College London and subsequently at HUJI. There he progressed from Research Associate (1977) to Senior Lecturer, Associate Professor and finally Professor in 1988. His research has focused on the neurobiology of neuropathic pain, and more recently also on mechanisms involved in loss of consciousness and pain-free surgery. His laboratory has published extensively in the pain field, with work of a notably integrative nature involving neurophysiology, computer simulations, neuroanatomy (light and electron microscopy), genetics, and behavioral models. He is author of ~300 publications, career citations ~25,000, h-index = 78.

Session: Principals and goals of pain medicine (21 October 2022, 08:20 – 10:00)
Lecture: Pain-free surgery: How can anesthetic mechanisms lead to better analgesics?

General anesthesia permits pain-free surgery. As such it is the most powerful pain suppressing modality of all. How do small-molecule agents suppress consciousness, and pain, while preserving life-sustaining autonomic and housekeeping functions, and a good deal of primary sensory processing? It is widely presumed that anesthetics, particularly GABAergic agents like barbiturates and propofol, cause global suppression of neuronal activity due to an inhibitory action on GABAA-receptors distributed in the cortex and throughout the brain. I will present evidence for a radically different explanation; that the actual target of GABAergic anesthetics is a small group of GABA-receptive neurons in the brainstem mesopontine tegmentum. Some of these have executive control over cortical functions via dedicated ascending axonal pathways; others control pain and muscle tone via dedicated descending axonal pathways. If we could derive a novel pharmacological agent, or a procedure, that would access the descending pain control pathway selectively, it might be possible to obtain surgical quality pain suppression without the sedation, atonia and amnesia that otherwise characterize general anesthesia.



Meltem Uyar,MD, FIPP

Biographical Sketch

I graduated from Gazi University, Faculty of Medicine in 1985. Between 1987 and 1991, I completed my specialty at Ege University Faculty of Medicine, Dept. Of Anesthesiology and Reanimation. I worked as a specialist in Algology Branch of the same department between 1991 and 1996. I became an Asst. Assc. Prof in 1996, and an Assc. Prof. in 1997 and a full-time professor in 2003.
I have proficiency certificates of World Institute of Pain - Fellow of Interventional Pain Practice, (FIPP 2007) and Turkish Society of Algology (2007). I had my subspecialty proficiency in Algology branch in 2011. I am also a member of WIP Turkey chapter (treasure) and WIP Registered Turkish Section (Affiliated to World Institute of Pain)
I am a member of Turkish Anesthesiology and Reanimation Society, Turkish Society of Algology (board member), International Association for the Study of Pain (IASP), European Society of Regional Anesthesia (ESRA), Turkish Palliative Care Society (chief of board).
I am a member of editorial board of Turkish Anesthesiology and Reanimation Society Journal, Adnan Menderes University, Faculty of Medicine Journal, Ege Medicine Journal, Izmir Tepecik Hospital Journal, Izmir State Hospital Journal, Turkish Society of Algology Publication, Society of Anesthesia specialists.

I am a board member of Turkish Society of Algology (since 2005), Turkish Society of Algology Proficiency Board (since 2007), Turkish Palliative Care Society (since 2007) and chief of Ege University Faculty of Medicine Palliative Care Center. I have 30 international publications, 50 national publications and 35 chapters of national books.

Session: Common interventional procedures; how do we perform it? (22 October 2022, 08:00 – 10:00)
Lecture: Pain management in palliative care

The main aim of Palliative care is to provide the bespossible quality of life to the person approaching the end olife and also support their families and caregivers. Palliative care is a holistic approach to provide care and support. Palliative care is like an umbrella which takes into account emotional, psychological and spiritual needs as well as physical needs.
The core concept of palliative care is pain control. When we look at Portanoy's model we see the "total pain" concept including several aspects. Financial concerns and/ physical disabilities will often trigger the same areas of total pain.
Pain in cancer patients is multidimensional and should be designated as"total pain" with severe impact on the quality of life and social functioning
Opioids are indispensable for the management of moderate and severe pain in patients with advanced medical illness or cancer.
Opioid analgesics are now considered as the standard of care in most of the World.
The SUPPORT study found that the prevalence of pain in colon cancer patients increased from 25 % at 6 months prior to death to 40% at 3 days prior to death.

On advanced cancer patients indicate pain prevalences ranging from about 30 to 90%.In patients with end-stage congestive heart failure,about 75% of patients experience pain.The SUPPORT investigation also found that serious pain was reported by quarter of COPD pain and one-third of end stageliver disease patients in the last 6 months of life.
However, accessing specialist palliative care improves pain management for patients living at home. There are no standardised guidelines for the management of pain in patients with advanced cancer and not all guideline recommendations are evidence-based.
Various publications shed light on strategies for conservative medical management for cancer pain and a few international publications have reviewed limited interventional data. Multi-institutional working group was assembled to review and highlight the body of evidence that exists for opioid utilization for cancer pain, adjunct medication such as ketamine and methadone and interventional therapies. Pain specialist discuss neurolysis via injections, neuromodulation including targeted drug delivery and spinal cord stimulation, vertebral tumor ablation and augmentation, radiotherapy and surgical techniques. In the United States, there is a significant variance in the interventional treatment of cancer pain based on fellowship training. As a first of its kind, this best practices and interventional guideline will offer evidenced-based recommendations for reducing pain and suffering associated with malignancy and non malignancy pain in the palliative care.



Mert Akbaş, MD, FIPP

Biographical Sketch

Mert AKBAS is an associative professor of Anesthesiologist and Pain management physician at Akdeniz University, School of Medicine in Turkey. He joined the Akdeniz University faculty in 1993. He is the associative professor and clinical instructor at division of Algology. He earned his medical degree at Akdeniz University, School of Medicine in 1999. He completed his anesthesia residency in Akdeniz University, Antalya, and started his pain management fellowship program first as an observer doctor at Texas Tech University Health Sciences Center in Pain Management Clinic, Lubbock/TX-USA and later on as a clinical doctor in Istanbul University Faculty of Medicine, Division of Algology, Istanbul/TURKEY between the years 2004 and 2006. He is Algology Board certified and pain specialist in Turkey is since 2007, and FIPP since 2006. His areas of clinical interest are neuromodulation and decompressive neuroplasty. Dr. Akbas is the current chair of WIP Turkish Section and a member of WIP, INS and Turkish Society of Algology as well as the Liason for WIP in the recently established Turkish Affiliated Section of World Institute of Pain organizing this meeting.

Session: Miscellaneous interventional procedures for chronic pain management (22 October 2022, 10:30 – 12:30)
Lecture: Percutaneous cordotomy

Cancer pain is One of the most frequent and distressing side effects of cancer.
Pain may be caused by the progression of the tumor or the treatment itself, including surgery, chemotherapy and radiation.

Cordotomy is a procedure used to destroy the lateral spinothalamic tract in patients with cancer pain.
This ascending tract carries information chiefly about pain and temperature and relays some tactile information.
When do we have to prefer Cordotomy?
Cancer pain
Better unilateral
Not good for midline-pain
The best candidates for cordotomy
Patients with unilateral somatic cancer pain and
Compression of the plexus, roots, or nerves
Unilateral upper body pain (secondary to lung carcinoma, mesothelioma, or Pancoast tumors)
Bilateral somatic intractable pain in the lower body and extremities
The best candidates are those
with unilateral localized intractable nociceptive-type somatic cancer pain,
as seen in mesothelioma of the chest wall or malignancy of the lower extremities and those with unilateral localized pain
Unless the patient is in agony, we believe that cordotomy is effective and should be preferred as soon as possible in patients who fail to respond to the classic analgesic therapy and has to be chosen in all cancer patients even if they have only a few weeks of survival
CT-guided percutaneous cordotomy is an effective procedure that should be used in the treatment of cancer-related pain problems.
The safety of the procedure depends on correct patient selection and the experience of the physician.



Miles Day, MD
Biographical Sketch

Miles Day is currently the Traweek-Racz Tenured Endowed Professor in Pain Research, Medical Director of The Pain Center at Grace Clinic, and Pain Fellowship Program Director in the Department of Anesthesiology and Pain Medicine at the Texas Tech University Health Sciences Center in Lubbock, Texas. After completing a surgical internship and anesthesiology residency at Texas Tech, he completed a one-year pain medicine fellowship under the guidance of Gabor Racz, MD and P. Prithvi Raj, MD, at the same institution. He has served many roles in various pain organizations and is currently the Honorary Secretary for the World Institute of Pain. He has published extensively and lectured worldwide in various topics of modern pain medicine. He has a special interest in the treatment of head and facial pain.

Session: Principals and goals of pain medicine (21 October 2022, 08:20 – 10:00)
Lecture: Future of pain medicine

The future of pain medicine is a broad topic. This lecture will focus on the education of current and future pain medicine specialists as well as reviewing advancements in technology to help patients manage their pain.

Competency-based education is gradually replacing traditional didactic or apprenticeship models. The use of simulation has been shown, in Anesthesiology and other fields, to facilitate education of technical and nontechnical skills among providers [1]. Simulation is well suited for competency-based education [2]. In addition, the development of computer-based, interactive, procedural skills training programs can benefit trainees who are unable to attend traditional cadaveric training sessions.

From a patient perspective, virtual reality programs have proven beneficial to assist patients in the management of their pain [3].



Prof. Monique Steegers, MD, PhD, FIPP
Biographical Sketch

Monique Steegers is a professor since 2019 for pain- and palliative care at the Amsterdam University Medical Centers location VUmc and is connected as an anesthesiologist pain-specialist to the anesthesiology department. She wants to improve the quality of life especially for patients with acute and chronic pain and for those patients having pain and cancer in every stage of their life. This is by improving pain practices by education and research. She is internationally known as the registrar of an interventional pain-exam since 2015, the FIPP and the CIPS from the WIP, and she is the chair of the Benelux chapter of the INS.
Before working in Amsterdam she worked more than 27 years at the Radboud university medical center, in the end as an associate professor and a junior principal lecturer.
Main interest of research and education: multidisciplinary education of pain and supportive medicine, the mechanism of chronification, the treatment of acute- and chronic neuropathic pain and pain caused by cancer.

Session: Common interventional procedures; how do we perform it? (22 October 2022, 08:00 – 10:00)
Lecture: Lumbar and sacral spinal interventions

Low back pain is a very common syndrome with a lot of causes. Nearly 80% of the population will suffer LBP some time of their lives. Nearly 20% aged between 20-59 years old suffer from chronic low back pain. A lot of pain generators as the disc, bone, joints, ligaments, muscles and nerve roots are found in the lower back. Risk factors for low back pain are smoking, obesity, age, little exercise, life style, osteoporosis and psychological factors.
After diagnosis and excluding red flags, examining the pain for diagnosis, treatment must be when conservative treatments did not work, Interventional treatments can be considered. In the FIPP on the lumbar and sacral level are examined: lumbar selective nerve

root block, lumbar facet block, lumbar discography, lumbar ramus communicans block, , caudal neuroplasty, sacral nerve root block and sacroiliac joint injection.
These procedures must be performed in a safe and effective way. In this presentation all these interventions will be coverd about the way these interventions are being observed and evaluated by the examiners.
The learning goal is to perform the lumbar and sacral spinal interventions in a safe and effective way to finally successfully perform this on your exam.



Prof.Dr. Pakize Kırdemir, MD, FIPP
Biographical Sketch
Graduated from Istanbul University Cerrahpasa Medical School in 1985. In 1995 Kırdemir completed her residency in Anesthesiology at Ankara
University. Her interests remain in pain management. She trained in Chronic Pain Medicine at MD Anderson Cancer Center for Cancer Pain and at Hermann Hospital for Chronic Pain Management at University of Texas, USA. She has certification as FIPP since 2006. She is an anesthesiologist currently chief of the Anesthesiology and the Pain Clinic of Suleyman Demirel University, Isparta.

Session: Common interventional procedures; how do we perform it? (22 October 2022, 08:00 – 10:00)
Lecture: Thoracic sympathetic blocks

The sympathetic nervous system has been implicated in numerous pain syndromes. Neuropathic pain, Vascular pain , Visceral pain, Other painful conditions (such as headaches and musculoskeletal pain). Local anesthetic blockade of sympathetic ganglia has become common practice among pain practitioners to diagnose and treat sympathetically mediated pain. Having pain relief with the initial block, for prolonged analgesia chemical and thermal neurolysis are performed

During the 20th century, many physicians introduced their own variations on the best approach to the sympathetic trunk (including Mandal, Kappis, Brunn, Adriani, Loeser, Arnulf, Seabelund). 1979 Wilkinson devised a percutaneous technique with 33 Indications: CRPS I and II, peripheral neuropathy, brachial plexalgia, sympathetically maintained pain, vascular disorders. Complications include neuraxial injection, intravascular injection, nerve injury, Pneumothorax

Preganglionic sympathetic axons synapse with postganglionic fibers in sympathetic ganglia.

The upper extremity Preganglionic sympathetic axons synapse with postganglionic fibers mainly in the T2 ganglia and also T3 ganglia, Stellate ganglia (C7, T1), Middle cervical ganglia.

T2 through T5 paravertebral sympathetic ganglia and middle cervical and stellate ganglia form the cardiac plexuses to supply the heart muscle and great vessels. T2 through T7 paravertebral sympathetic ganglia form the pulmonary plexuses (include both vagal and sympathetic postganglionic fibers)

In some situations, Stellate ganglia block (SGB) may be ineffective in diagnosing or treating sympathetically maintained pain in the upper extremity. 1927 Kuntz explained that in 20% of people, nerves from the 2nd and 3rd thoracic SG directly join the brachial plexus called "Kuntz fibers."

The intercostal approach to the thoracic sympathetic ganglia uses 2 radiologic landmarks: the tubercle of the costotransverse articulation, head of the rib, tubercle (articular eminence and a nonarticular eminence), and curved body of the shaft. The costal groove contains intercostal vessels and nerves.

The costal articulations with the tubercle and head of each rib, comprise the radiologic landmarks used in this technique. A line drawn from the tubercle to the head of each rib is almost parallel with the neck of each rib. For approach, the patient is placed prone pozition, chest roll that allows the scapula to move laterally whether the arm is supported by an arm board or allowed to hang dependent. After correct positioning, sterile preparation and draping. Fluroscopy is positioned at anteroposterior (AP), Fluroscopy is then rotated cephalad until its axis is in the same plane as the neck of the target rib. Then to an oblique position; till costotransverse articulation superimposed on the costovertebral articulation. The entry point for a 10-cm, 21-gauge needle or RFA cannula.

Conclusion:

Early TSB should be performed in patients with chronic pain in the upper extremities.



Ricardo Plancarte, MD, FIPP
Biographical Sketch

Specialist in Anesthesiology and Interventional Pain Management.
Chairman and founder of Pain Clinic Department in National Institute of Cancer on México (IN-Can)
Main Professor of Pain Medicine and Interventional Pain Management postgraduate courses, which are dictate at the National Cancer Institute and endorse by Universidad Nacional Autonoma de México (UNAM). Contributing to the formation of 5-6 human resources per year in each of the courses, with 180-trained fellows in 34 years from Mexico and different countries of Latin America. Additionally, he has participated as main author or co-author of research works carried out as part of the academic requirements of these two courses.

Academic Director of the Latin American Academy of Pain Interventionists (ALMID). Full member of the National Academy of Medicine and the National System of Researchers, México (SNI). Member of the Editorial Committees of Pain Practice Journal in Spain, Inter Institutional Boding and Divulgation Council of the National Academy of Medicine and of the submission committee of Surgery for



Academy Medicine in Mexico.

He has 86 articles published in various indexed journals and participated in the broadcasting of his work in workshops, conferences, and national and international symposiums.

Author of nine books in anesthesiology, pain medicine and palliative care, as well as 90 chapters of texts to these areas.

Tools for evaluating scientific production:

- Google Scholar Citation Report, show that their work has been up to date, referred to at least 2836 times, with H index = 20 and i10 index= 36, Ranked in 390 positions of the scientists in Mexican Institutions, according to Webometrics (Ranking of scientists in Mexican Institutions according to their GSC public profiles (Ranking Web of Universities).

Session: Miscellaneous interventional procedures for chronic pain management (22 October 2022, 10:30 – 12:30)
Lecture: Vertebroplasty, femoroplasty, sacroplasty

The purpose of this lecture is to share our knowledge of interventional procedures used in our institution for the management of chronic cancer pain. The aim of the lecture is to discuss a brief history of vertebroplasty, femoroplasty and sacroplasty, as well as their use in managing pain. Recent and Important work published regarding these procedures will be presented. Femoroplasty, vertebroplasty and sacroplasty are procedures used for the treatment of bone cancer pain and the prevention of pathologic fractures. These procedures also provide important improvement in the management of pain almost immediately after they are performed in the affected areas. The correct approach with the use of fluoroscopy and computed tomography will be described. A look at patient selection, safety measures, contraindications as well as the results obtained using these procedures in recent and relevant published work will be reviewed. (1,2,3)

Our experience in humeroplasty will be discussed. The aim of this section is to share the correct approach using fluoroscopy, specifically in the context of multiple myeloma. A recent publication of a series of cases in which this procedure was successfully performed will be described. Lastly, conclusions and a brief look into what the future holds for these procedures will be mentioned. (4)

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5TH INTERVENTIONAL PAIN ISTANBUL CONGRESS AND HANDS ON CADAVER WORKSHOP

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Organized by WIP Turkish Registered Section
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World Institute of Pain
Turkish Society of Algology and
Turkish Society of Regional Anesthesia



Ricardo Ruiz-Lopez, MD, FIPP
Biographical Sketch

President, Founder and CEO of CLINICA VERTEBRA, Barcelona Spine & Pain Surgery Center, (1987) Barcelona, Spain
Executive Member of the Board of Directors of HOSPITAL DELFOS, (since 1997) Barcelona, Spain
Founder (1993) and President (2011-2013) of the WORLD INSTITUTE OF PAIN, USA,

He is both a neurosurgeon and pain specialist, very well known. His personal expertise is on radiofrequency lesioning, an innovator on this field as well as regenerative treatment in chronic pain syndromes.

Session: Principals and goals of pain medicine (21 October 2022, 08:20 – 10:00)
Lecture: Progress in regenerative procedures for chronic pain

Regenerative medicine (RM), including platelet-rich plasma therapy and stem cell therapy involves delivering specific types of cells or cell products to diseased tissues or organs, where they will ultimately restore tissue and organ function.
RM has been applied to the treatment of pain as an optional and promising approach for the treatment of degenerative disc disease, osteoarthritis, neuropathic pain and musculoskeletal pain which does not respond to conventional medicine. RM therapy utilizes the body innate capacity to heal itself using the body own biology to elicit a healing response.
Degenerative diseases of the lumbar spine are a common cause of pain and disability.
In addition to becoming increasingly prevalent, chronic pain resulting from spinal degenerative disease significantly increases the socioeconomic burden'. This disorder is commonly correlated with the complex heterogeneous condition of spine degeneration?. The clinical approach to managing degenerative spinal pain can be highly variable'.
Treatments are aimed towards pain relief and return to an acceptable level of function. Over the past 3 decades, epidural corticosteroid injections have become a standard part of the multimodal pain management algorithm for the treatment of low back pain, whether as a result of chronic spinal deformities or conditions associated with acute radicular pain. They are also frequently used in the treatment of chronic degenerative spine pain?. Despite the widespread use of epidural corticosteroid injections as a modality for chronic degenerative spine pain, its effectiveness remains controversial. 3,4 Platelet-rich Plasma (PRP) is a biological blood-derived. product with platelet concentrations 3 to 5 times greater than the physiological baseline.5 PRP has the potential to enhance the body's natural healing response through the various actions of its related growth factors. In recent years, PRP injections have gained considerable attention as a treatment modality for musculoskeletal conditions, such as tendinopathies, muscle strain injuries, ligament tears, and osteoarthritis. 7-11 Although the therapeutic role of PRP in discogenic pain and facet joint pain is promising, the role of epidural PRP injections is less clear. 12,13 This presentation will include a first published prospective randomized controlled clinical study aimed to compare the efficacy and safety of leucocyterich PRP (LR-PRP) against the long-acting depot-corticosteroids by

caudal route for chronic degenerative spine pain of nonmalignant origin in which conservative therapies have failed or primary invasive therapies are not indicated 14.

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Session: Miscellaneous interventional procedures for chronic pain management (22 October 2022, 10:30 – 12:30)
Lecture: Percutaneous endoscopic discectomy

Despite a paucity of studies examining the mechanical compression of nerve roots in lumbar foraminal spinal stenosis (LFSS), it has been assumed that LFSS results in damage to microvascular structures and continuous compression of nerve roots, subsequently causing ischemia, edema, demyelination, and C-fiber hyperactivation (1, 2). One hypothesis of the physiopathology in the LFSS is that numerous lumbar oraminal ligaments cause low back pain and radiculopathy (3, 4). Lumbar foraminal ligaments fix the lumbosacral spinal nerves to the intervertebral foramen and protect the nerve and blood vessels from being damaged. However, if abnormal adhesion or too many foraminal ligaments exist, they may result in pain through compression of the nerve root (5). In order to achieve effective decompression of LFSS by resecting foraminal ligaments and to facilitate the spread of medication around the target nerve, a specially designed instrument for percutaneous lumbar extraforaminotomy (PLEF) was invented to allow a minimally invasive procedure.

Indications

* Lumbar radicular pain with or without low back pain
* Herniated nucleus pulposus
* Foraminal stenosis with or without central stenosis
* Perineural fibrosis
* Facet arthritis
* Hypertrophy of the ligamentum flavum,
* Previous failure of conservative management (exercise therapy, physical therapy, analgesic medication, lumbar transforminal epidural steroid injection, percutaneous epidural adhesiolysis etc.)

Contraindications

* Local or systemic infection
* Uncorrected Coagulopathy
* Allergies to local anesthetics or contrast dyes
* Spondylolisthesis (relative)
* Severe degenerative change (relative)
* Patient refusal



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ORAL ABSTRACTS

5TH INTERVENTIONAL PAIN ISTANBUL CONGRESS AND HANDS ON CADAVER WORKSHOP

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Organized by WIP Turkish Registered Section
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Turkish Society of Regional Anesthesia

Presenter: Didem Tuba Akçalı
Profession: Algoloji (Ağrı Tıbbı)
Organization / Country: Gazi Üniversitesi / Turkey
Preferred Presentation Type: Oral
Abstract Topic: Tedavi Yaklaşımları: Girişimsel
Abstract Title: Epidural Hyaluronidase Administration for Painful Epidural Port Injection
Abstract:

Background
Management of widespread abdominal pain due to cancer is one of the most challenging problems in pain medicine. Epidural drug delivery catheter malfunctions are a principal cause of therapy interruption. In this case report; we present the treatment of a patient with cancer pain during epidural port injection with hyaluronidase.
Methods:
In this case report, a 53-year-old female patient with peritoneal carsinomatozis had severe abdominal and back pain. Medical treatment consisting of 100 mcg fentanil patch and 150 mg/day pregabalin was inefficient. An epidural port was placed on the patient at the thoracic level, guided by fluoroscopy.
Three months after the procedure, the patient started to complain of pain in his back during the drug injection. It was thought that the pain might be due to epidural fibrosis.
Epidural steroid was administered to the patient, but there was no reduction in pain. Afterwards, epidural hyaluronidase was applied to the patient. There was a significant decrease in the patient's pain (VAS: decreased from 7 to 1). After 2 months, the injection pain started again, and the hyaluronidase injection was re-administered and the patient again benefited.
Results
Epidural catheters and port systems are beneficial for long term analgesia however there are important complications such as painful epidural injection and epidural fibrosis.
In cases of painful epidural injection and epidural fibrosis, epidural steroid injection is used to reduce pain.
Hyaluronidase moves barrier between tissues by hydrolyzing glucosaminicbonds between hyaluronicacid, a major inter cellular material, and connective tissues to dissolve the bonds and relieve fibroplasia in tissues.
It is also known that hyaluronidase acts to relieve swelling and edema in tissues.
Hyaluronidase is being used to treat spinal stenosis and failed back / epidural adhesions in algology.
In this case, we tried fibrinolytic effect of hyaluronidase for epidural fibrosis.
Conclusions
We concluded that epidural hyaluronidase can be an option when other methods have failed in the treatment of injection pain in a cancer patient with an epidural port.

Keywords: Hyaluronidase, Cancer Pain, Painful epidural injection



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Organization / Country: Clinical Research And Development Center (CRDC), Shahid Beheshti Hospital, Qom University Of Medical Sciences, Qom, Iran / Iran
Preferred Presentation Type: Poster
Abstract Topic: Treatment Approaches: Interventional
Abstract Title: IPACK block as a bridge for the new treatment modalities of knee osteoarthritis
Abstract:

Pain is undertreated in chronic pain patients in many counties. However, pain management is known as a core ethical duty in modern medicine.(1) Chronic pain in definition is a condition lasting more than three months.(2) Knee osteoarthritis is a common chronic pain condition affecting the aging population.(3) The higher prevalence of the disease in adults, especially in people over 65 years of age, causes a great economic burden.(4) Knee osteoarthritis therapies include a wide range of modalities, including conservative and lifestyle changes, and major surgeries such as joint replacement therapies.(5) Cell based therapy is an emerging treatment modality despite of lake of sufficient documents.(6) There is no cure or definitive therapy for knee osteoarthritis and most physicians recommend weight loss and exercise as a basic management strategy.(3-5)
A large number of patients with knee osteoarthritis in need of treatment are elderly people who suffer from debilitating pain for a long time. In many cases, these patients do not receive adequate treatment and may not have taken oral medications to control their pain and inflammation for a long time. Performing minimally invasive procedures, such as cell-based therapies, may not be very satisfying for the patient in a short term because these procedures are associated with delayed optimal effect. In such cases, there is a vacancy for a treatment modality that can fill this gap.
The Infiltration between the Popliteal Artery and Capsule of the Knee (IPACK) block is a new anesthetic method for controlling postoperative pain in major knee surgeries.(7) IPACK block is a better postoperative pain control method than periarticular multimodal drug injection in total knee arthroplasty patients.(8) Performing IPACK block with relatively long lasting medications such as corticosteroids in chronic knee pain patients in a same session following therapeutic procedures such as intraarticular injection of platelet rich plasma or orthokine can help reduce the patient's pain until the ideal effect of the performed method to take place. Proving that this method of pain control is effective and finding an ideal drug regimen require further investigation.

Keywords: IPACK block, knee osteoarthritis

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World Institute of Pain
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Organization / Country: Clinical Research And Development Center (CRDC), Shahid Beheshti Hospital, Qom University Of Medical Sciences, Qom, Iran / Iran
Preferred Presentation Type: Poster
Abstract Topic: Pain Epidemiology, Economics and Healthcare Systems
Abstract Title: Online Pain Clinic, A Growing Need During Coronavirus and Other Infectious Disease Outbreaks
Abstract:

New coronavirus infections have been rapidly spreading all over the world since December 2019 and it is becoming a public health emergency of international concern (PHEIC). Quarantine measures were implemented on January 23, 2020 in Wuhan, China for the first time during the current coronavirus disease 2019 (COVID-19) outbreak (1). In the early weeks of the epidemic, no similar decision has been made in many countries to restrict the movement of people. But because of the growing number of suspected and documented COVID-19 patients referred to hospitals, many elective clinics, such as chronic pain clinics, have been closed. Restrictions on access to health care services and frequent home quarantine recommendations have prevented many patients with chronic pain from visiting the clinic at their scheduled time. Pain clinics ideally are designed to improve the pain and function of chronic pain patients (2). Meeting these goals requires periodic evaluations at regular intervals for patients, particularly those who have just recently begun their treatment. On
the other hand, a large number of chronic pain patients are elderly people who, according to recent findings, are at greater risk of death from the virus than others (3).
Because practice recommendations such as staying at home to prevent SARS-related coronavirus-2 (SARS-CoV-2) infection prevent chronic pain patients from being able to visit pain clinics at regular intervals (4), the need to establish online pain clinics is increasingly felt. Another reason for emphasizing this need is the continuation of the current situation for the next few months, in the most optimistic case (5). At this critical time, it is the role of pain physicians to define and provide a framework for online pain management services while also reducing the frequency of unnecessary referrals to clinics.
Keywords: Pain Clinic, COVID-19



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Preferred Presentation Type: Poster
Abstract Topic: Cancer and Palliative Care
Abstract Title: Impact of COVID-19 on Advanced Cancer Patients' Pain Care: Warning About Chloroquine and Hydroxychloroquine
Abstract:

In recent few months, the world has experienced a new and unique situation with the spreading of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (1, 2). Signs and symptoms include fever, sore throat, cough, fatigue, headache, nausea, vomiting, diarrhea, and shortness of breath (3). Close contact with infected people and touching contaminated surfaces are the most important ways of coronavirus spreading (4). Old age is known as a risk factor for poor prognosis of COVID-19 and ICU admission. Old age is not only a major risk factor for COVID- 19 infection but also a risk factor for many cancers (5, 6). Cancer patients receive diverse palliative care medications, especially for the control of pain, some of which such as methadone can prolong QTc interval (7). The QTc interval prolongation can be seen in up to 20% of patients. However, its clinical importance is not so significant (8, 9). Many protocols are described for the treatment of COVID- 19 (10). Two of the most prevalent drugs used for COVID- 19 treatment are chloroquine and hydroxychloroquine (11- 13). Chloroquine and hydroxychloroquine can be associated with electrocardiographic QT interval prolongation. The QT interval prolongation is a risk predictor of developing potentially lethal Torsade de Pointes dysrhythmia (14). Since old age is a risk factor for both cancer and COVID-19, it is important to pay special attention to fatal drug interactions in elderly cancer patients with SARS-CoV-2 infection. From this point of view, in any patient with cancer or noncancer chronic pain, even a young person who is infected with SARS-CoV-2 at the same time, it should be noted that drug interactions do not affect his/her outcome.
Keywords: COVID-19, Pain, Hydroxychloroquine, Cancer, QT Interval



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Preferred Presentation Type: Poster
Abstract Topic: Treatment Approaches: Psychosocial and Cognitive
Abstract Title: Love as an Analgesic
Abstract:

It has been almost three centuries since René Descartes proposed the theory of dualism. It seems that biopsychosocial model of pain have much in common with Cartesian theories.(1) According to the recently revised definition by International Association for the Study of Pain (IASP), pain is "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage."(2) Chronic pain by definition is pain that persists far enough beyond healing time of damaged tissue, and sometimes pain that occurs without any obvious tissue damage and makes the patient suffer. There have been many advances in the management of chronic pain in recent years.(3) Today, multidisciplinary or multimodal approach to chronic pain management is universally accepted and targeting the patient's depression and anxiety is the basis of treatment.(4) In this approach, ability to love is a measure of response to treatment.(5) In some theories, it is believed that chronic pain is a kind of attention seeking behavior in an unloved person.(6)
In a world where some authors think of medicalizing love (7), and love alongside trust is one of the two preconditions of holistic healing (8), it is not unexpected if we think about its beneficial physiological effects in patients with chronic pain. There are even hypotheses regarding getting help from romantic love to treat drug addiction.(9) Perhaps further studies using newly developed brain imaging techniques can capture the analgesic effect of love in the near future.(10)

Keywords: Love, Chronic pain, Analgesic

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Presenter: Shahzad Anwar
Profession: Algology (Pain Medicine)
Organization / Country: Superior University Lahore / Pakistan
Preferred Presentation Type: Oral
Abstract Topic: Neuropathic Pain
Abstract Title: COMPARISON OF CLINICAL EFFECTIVENESS OF LASER ACUPUNCTURE AND AMITRYTYLINE IN DIABETIC PERIPHERAL NEUROPATHY (DPN) A SHAM CONTROLED RANDOMIZED CLINICAL TRIAL
Abstract:

Background: Painful neuropathy is a very common complication in diabetic patients. Various treatment strategies like manual therapies, conservative management, drug therapy and exercise have been opted for this problem. Studies have shown clinical effectiveness of laser acupuncture as well. On the other hand, Amitriptyline is also a commonly used treatment for this disease. We aim to compare the efficacy of both treatments.
Objective: To assess the effect of laser acupuncture in patients suffering from painful diabetic neuropathy and its comparison with standard of care.
Patients and Method: This study was conducted in Diabetic and Endocrine Management Center (DEMC) Lahore General Hospital, Lahore, Pakistan. A randomized control trial (RCT) was opted and a total of 164 patients were chosen using Non-probability purposive sampling technique. Pain was graded by using a patient friendly Visual Analogue Score (VAS), scoring from 0 to 10. Treatment was done involving organized fortnightly follow ups. Data of all patients was recorded on Performa and was entered and analyzed for descriptive statistics in PASW 18 (IBM®. SPSS).
Results: A total of 164 subjects were included in the study who were subdivided into three groups labeled as A, B and C for laser therapy treatment, amitriptyline treatment and controls respectively. The mean age of subjects was 51.54310.46 in Group A, 49.38310.56 in Group B and 51.70311.43 in Group C. The difference of mean ages in all study groups was statistically insignificant (p-value= 0.469). The average pain score in patients who received laser therapy was 5.9530.91 before treatment, whereas after treatment it was 4.3130.98. The mean pain score in subjects having Amitriptyline before starting the treatment was 6.8730.71 and after treatment, it was 6.2330.98. The mean score for daily life activities in subjects who received laser therapy was 9.5632.37 before treatment, while after treatment it was 7.5631.54. The average score for daily life activities in patients having Amitriptyline before starting the treatment was 9.0531.93 and after treatment, it was 8.1131.71. Average depression and anxiety score in patients receiving laser therapy was 9.2932.28 before treatment, whereas after treatment it was found to be 7.4231.91. Similarly, the mean depression and anxiety score in patients of Amitriptyline group before starting the treatment was 9.3832.21 and after treatment, it was 8.3832.14.
Conclusion: The mean score in our study reveals that laser therapy shows better outcomes in improvement of pain relief, depression, anxiety and daily life activities compared to amitriptyline in patients of diabetic neuropathy

Keywords: Diabetic peripheral neuropathy, Acupuncture, Laser acupuncture, Sham acupuncture, Low level laser therapy, Tricyclic anti depressants

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Presenter: Shahzad Bhatti
Profession: Other
Organization / Country: Mayo Hospital / Pakistan
Preferred Presentation Type: Oral
Abstract Topic: Low Back and Spinal Pain
Abstract Title: Ozone therapy for Disc Herniation, a non surgical option
Abstract:

Back ground and purpose. Ozone is a combination of oxygen and ozone and is used in treatment of low back pain due to herniated disc. It is a minimally invasive procedure using biochemical properties of ozone resulting in reduced volume of disc. When it is used with peri ganglionic
Injection of local anesthetic and steroid, the effects are more pronounced causing reduction of both disc volume and inflammation resulting in significant pain relief.
Material and Methods Percutaneous injection of ozone was given without any form of anesthesia to lumber disc under angio floro guidance at the concentration of 27 micrograms/ml to 45000 patients along with combination of local anesthetic and steroid in peri ganglionic space from January 2008 to March 2020. All the patients presented with clinical signs and symptoms of lumber disc herniation which was verified by MRI lumbo sacral spine. Their pain score was calculated with modified Macnab method.
Results A satisfactory therapeutic outcome was obtained. 55% of the patients showed complete recovery with resolution of symptoms. 20% of the patients complained of occasional episodic pain with no limitation of occupational activity. 15% of cases showed insufficient improvement. 5% of cases had insufficient improvement and went for surgery. 10% of cases never turned up after the first visit.
Conclusion Intradiscal ozone for the treatment of herniated discs has revolutionized percutaneous approach to nerve root compression making it safer, economical and easier to repeat without any side effects than treatments currently used in Pakistan.

Keywords: ozone, back pain

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Presenter: Edip Gonullu
Profession: Algology (Pain Medicine)
Organization / Country: Izmir Bakircay University, Faculty Of Medicine / Turkey
Preferred Presentation Type: Oral
Abstract Topic: Treatment Approaches: Neuromodulation
Abstract Title: OUR SCS APPLICATIONS IN PERIPHERAL ARTERY DISEASE
Abstract:

Background: Peripheral arterial disease (PAD) is a chronic and progressive deterioration of the extremity arterial blood circulation due to systemic atherosclerosis. If peripheral ischemia cannot be corrected, it usually results in amputation. In Turkey, it is reported that the incidence is between 20-30% with increasing age. Spinal cord stimulation (SCS) prevents the transmission of pain in the targeted area to the central nervous system by sending low voltages to the patient's spinal cord through electrodes placed in the epidural space. Analgesic effect with SCS application; It is thought to occur through the mechanism of activation of the synaptic gate system by the increase of some neuromodulatory neurotransmitters such as endogenous opioids, GABA and serotonin at the spinal cord level, suppression of excitatory amino acid levels and activation of the synaptic gate system. In this article, we aimed to present the patients who underwent Spinal Cord stimulation treatment due to peripheral artery disease.
Methods: In this study, lumbar sympathetic block (LSB) was first performed to 4 patients followed for PAD. Afterwards, for SCS therapy, bilateral 8-contact leads were placed in T10-12 levels in patients who responded positively to the block (Figure 1a).
Results: Case 1 was a 71-year-old man with DM and HT, and an ulcerated lesion on the right sole of the foot (Figure 1b). Case 2; She was a 94-year-old woman with HT and had a necrotic wound on her right heel (Figure 1c). Case 3; A 44-year-old female patient with HT. Case 4 was a 57-year-old male with PAD. According to the Fontaine classification, the staging of the cases were stage 4, stage 4, stage 2 and stage 3, respectively. At the end of the 1st week after the SCS application, pain decreased by more than 50%, and at the end of the 6th week, the VAS scores decreased by approximately 80% in all patients. The ulcerated lesions of case 1 and case 2 shrank by half (Figure 1bb, Figure 1cc). Use of pain medication was also decreased in all patients.
Conclusion: Our findings indicate that spinal cord stimulation makes a significant contribution to improving treatment and quality of life in patients with peripheral arterial disease. We suggest that it is an important indicator of the success of SCS in patients who respond to LSB positively. It should also be known that every implanted device requires strict follow-up, wireless charging of the device and reprogramming. Additionally wound follow-up and physician and patient cooperation should be provided in SCS implanted cases due to PAD.

Keywords: Peripheral Arterial Disease , Spinal Cord Stimulation
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Preferred Presentation Type: Oral
Abstract Topic: Treatment Approaches: Interventional
Abstract Title:

Efficacy of Lumbar Sympathetic Blockade in Compensatory Hyperhidrosis after Thoracic Sympathectomy

Abstract:

Introduction

Secondary local hyperhidrosis is a condition that can develop secondary to medical disorders and most commonly affects the hands, axillary region and feet. Invasive procedures such as endoscopic thoracic sympathectomy are used in the treatment of hyperhidrosis, and the most common complication of this procedure is compensatory sweating.

In some studies, the effect of surgery can be observed earlier, especially in patients who underwent T2 resection in the early postoperative period Görür R et al. Analysis of 530 sympathectomy operations performed for palmar hyperhidrosis and long-term results but T2 resection has been reported to increase compensatory sweating1. Today, RF TK method is frequently used in various indications in the field of algology. The lumbar part of the sympathetic chain and ganglia is located in the fascia layer adjacent to the anterior lateral edge of the vertebral body, and separates the somatic and sympathetic nerves from the psoas muscle and fascia. Injection application with local anesthetic drugs and/or RF thermocoagulation technique has become popular in the treatment of hyperhidrosis. In this case report, we achieved successful results by applying RFTC in a person with hyperhidrosis.

Case Report

A twenty-six-year-old male patient who had undergone endoscopic thoracotomy and sympatheticotomy at T2-T3-T4 levels 8 years ago due to excessive sweating and cauterized on the Kuntz nerve applied to our clinic with the same complaints. It was learned that the patient's sweating in the waist, abdomen and feet started again in the 6th month postoperatively. When she applied to our clinic, she had widespread sweating, especially on her hands. Conventional radiofrequency ablation at 85 °C for 90 seconds at bilateral. Lumbar 2-4 level was applied to the patient, followed by sympathetic blockade with dexamethasone and isobaric bupivacaine. The patient's complaints regressed 100% in the first 48 hours after the procedure. It was observed that there was a 70-80% relief in the 2nd week control, and at the end of the 4th week, there was a half reduction in her complaints.

Conclusion

Hyperhidrosis is a condition that can cause psychological and social problems by directly or indirectly affecting a person's life. The vast majority of these patients seek the most appropriate treatment option for a long time. However, in patients who cannot respond to medical treatment options, the ETS method, which has a high success rate and patient satisfaction, is a treatment option that can be applied safely today. However, the beneficial effects of RFTC applied to the lumbar region sympathetic nerves were observed in the presented case.

References

1Görür R, Yıldızhan A, Türüt H, Şen H, Yiyit N, Candaş F, et al. Analysis of 530 sympathectomy operations performed for palmar hyperhidrosis and long-term results Turk Gogus Kalp Dama 2009;17:28-32.
Keywords: Lumbar Sympathetic Blockade , Compensatory hyperhidrosis, Thoracic Sympathectomy

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Profession: Algology (Pain Medicine)
Organization / Country: Izmir Bakircay University, Faculty of Medicine / Turkey
Preferred Presentation Type: Oral
Abstract Topic: Headache and Orofacial Pain
Abstract Title: Gasserian ganglion nerve block in a case with Trigeminal Neuralgia who has congenital jaw malformation
Abstract:

Background and Aim
Trigeminal Neuralgia is characterized by involvement of uni- or bilateral branches of trigeminal nerve. It is known that the most common involvement is in the maxillary and mandibular branches1,2. It has been reported that TN accompanies most of the Multiple Sclerosis (MS) patients2. The treatment of the disease is mostly medical, and surgical and interventional methods are used in cases that do not respond to the conventional management.
Methods: We present a case in which we performed trigeminal ganglion radiofrequency thermocoagulation (RFTC) who had a malformation in the maxillofacial region and did not respond to medical treatment.
Results: A 42-year-old female patient with a diagnosis of MS and TN, using carbamazepine, but with very severe and recurrent facial pain, was admitted to our clinic. The patient had a malformed appearance in the jaw structure and teeth (Figure 1a). He had severe pain in the left half of his face related to TN. She stated that she had applied RFTC twice in an external center before, but she did not see any benefit. In the cranial imaging performed in another center, there was no pathological appearance except for MS plaques. Trigeminal ganglion RFTC and sphenopalatine RFTC were administered simultaneously to the patient under fluoroscopy (Figure 1b). Although the application was difficult due to the irregularity in the tooth and jaw structure, optimal success was achieved. It was learned that the patient did not have an attack at the controls 3 months later.
Conclusion:
RFTC application of the trigeminal nerve ganglion is an effective treatment method in the early period in cases resistant to medical treatment. Due to the possibility of damage to the surrounding structures during the procedure, it is of great importance to perform the intervention under the guidance of anatomical markers. However, in problems with the jaw and tooth structure where the anatomy is complex, the intervention is difficult and requires strict attention.

Keywords: Gasserian ganglion nerve block, Trigeminal Neuralgia, congenital jaw malformation
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Presenter: Edip Gonullu
Profession: Algology (Pain Medicine)
Organization / Country: Izmir Bakircay University, Faculty Of Medicine / Turkey
Preferred Presentation Type: Oral
Abstract Topic: Treatment Approaches: Neuromodulation
Abstract Title: Spinal Cord Stimulation Our Experiencies with 4-Port Battery
Abstract:

Background and Aim
Spinal cord stimulation (SCS) sends low voltages to the patient's spinal cord through electrodes placed in the epidural space, preventing the transmission of pain in the targeted area to the central nervous system. Analgesic effect with SCS application; It is thought that the increase in some neuromodulatory neurotransmitters such as endogenous opioids, GABA and serotonin at the spinal cord level, suppression of excitatory amino acid levels and activation of the synaptic gate system and the activation mechanism of the synaptic gate system. Classical neuromodulation batteries are designed for 2 lead inputs, here we wanted to share our experiencies of 5 cases where we implanted 4 port batteries.
Table 1: Demographic and clinical features of the cases
Age Gender Indication Procedure Patient Follow-up Results
Case 1 71 Male Uncontrollable pain in arm and leg after postlaminectomy syndrome (lumbar and cervical surgery) Level of Cervical 2:1 lead
Level of Thoracal 8-11:2 lead
30% improvement in neck and arm pain and 50% improvement in leg pain in the 4th month
Case 2 35 Male Neuropathic pain in the pelvis and lower extremity
Spinal cord injury at T12 level
(paraplegic patient with
urinary and stool incontinence)
Level of Thoracal 11-12:2 lead
Level of Sacral 2-4:1 lead
3. Sacral foramen:1 lead
60% improvement in pain level in the 5th month
Case 3 58 Male Uncontrollable pain in arm and leg after postlaminectomy syndrome (lumbar and cervical surgery) Level of Cervical 2:2 lead
Level of Thoracal 8-11:2 lead
50% improvement in arms and 40% improvement in legs in 1 month
Case 4 33 Female -Uncontrollable pain in arm after postlaminectomy syndrome (cervical surgery)
-Lumbar radicular pain (L3-4), bulging (L4-5), foraminal stenosis Level of Cervical 2-6:2 lead
Level of Thoracal 8-11:2 lead



70% improvement in neck pain, 20% improvement in low back pain

Case 5 55 Female Uncontrollable pain in arm and leg after postlaminectomy syndrome (lumbar and cervical surgery) Level of Cervical 2-6:2 lead

Level of Thoracal 8-11:2 lead

40% improvement in arm and leg pain

Conclusion: We demonstrated the positive results of our four-port SCS applications on pain symptoms in patients with diffuse cervical and/or lumbar pain due to various causes in our small patient group.

Keywords: Spinal Cord Stimulation,4-Port Battery

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Presenter: Şebnem Rumeli
Profession: Algology (Pain Medicine)
Organization / Country: Mersin Üniversitesi / Turkey
Preferred Presentation Type: Oral
Abstract Topic: Pain Diagnosis and Evaluation
Abstract Title: Patient Evaluation of the Effectiveness of Patient-Controlled Analgesia in Sickle Cell Disease
Abstract:

BACKGROUND & AIM: Sickle cell anemia (SCA) is the most common pathological hemoglobin mutation in the world. It is characterized by reduced quality of life and ultimately shortened life expectancy due to pathological hemoglobin produced throughout life.This study evaluated SCA patients' perceived effectiveness of PCA implemented using the Mersin Algology Protocol (MAP).
Methods: After obtaining approval from the local ethics committee, 109 patients who were diagnosed with SCA and used PCA with the MAP between 2018 and 2020 were recruited for the study. The patients answered a 28-item questionnaire regarding their annual number of pain crises, location of pain sites, knowledge about PCA, the number of times they used PCA, and the positive and negative aspects of the PCA method.
Results: The mean age of the participants was 28.80311.5 years. All 109 (100%) of the patients found the PCA method easy to use. Fifty-three (48.6%) of the patients who waited for their pain to worsen before administering the demand dose expressed fear of taking high doses of medication. As the number of times a patient used PCA increased, pain scores on the numerical rating scale at the time of demand dosing decreased from 7–10 to 4–6 (p=0.013). Eighty-two patients (73.2%) believed that pain treatment using the PCA method with MAP was terminated when they became pain-free and not bedridden. Eighty-five (78%) of the patients reported having no problems related to the device or drug while using PCA.
Conclusion: Our finding that PCA was used more correctly by patients who had more experience using the device may be attributed to patients not understanding the method sufficiently based on verbal information and/or the inability to eliminate patients' fears related to the drug.

Keywords: Painful Crisis, Patient Controlled Analgesia, Sickle Cell Disease.

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Preferred Presentation Type: Oral
Abstract Topic: Pain Epidemiology, Economics and Healthcare Systems
Abstract Title: ALLIED HEALTH PERSONNEL'S KNOWLEDGE ABOUT PAIN DEFINITION AND MANAGEMENT METHODS
Abstract:

Introduction and Aim: The aim of this study is to determine the pain management knowledge of allied health personnel and their training needs on pain management after graduation.
Materials and Methods:After the approval of the ethics committee, a questionnaire consisting of 37 questions was applied to all allied health personnel (nurse, midwife, health officer, anaesthesia technician) working in all wards of our university hospital before giving pain training. 368 of 578 respondents answered the questionnaire. Results:The mean age of the participants was 31.836.9 years. The rate of those who received training on pain before was 16.3% (n=60).The rate of those who made the correct definition of pain was 25.8% (n=95). While 39.4% (n=145) stated that they had heard the term visual analogue scale (VAS), the rate of those who correctly defined VAS was 37% (n=136).The proportion of those who had heard of patient-controlled analgesia (PCA) before was 62% (n=228).The rate of those who heard the term peripheral nerve block before was 50.5% (n=186). 42.4% (n=156) of the participants knew that local anaesthetic agents provided analgesia in peripheral nerve blockade. The rate of those who knew all the opioid administration routes correctly was 30% (n=112). 21% (n=78) of the participants thought that opioids were given intravenously only.Only 14% (n=52) knew that drugs containing meperidine/pethidine should not be used in patients with chronic pain.
Conclusion:Previous research has shown that inadequate education about pain management can affect the success of pain management. We believe that healthcare professionals need repetitive training after graduation about that pain management.
Keywords: Pain education, pain management methods, allied health personnel



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PENTA ELEKTRONİK MEDİKAL SİSTEMLER A.Ş.



Boston Scientific

Company Profile: Boston Scientific is a global international company and 40th years after establishing. Boston Scientific Neuromodulation products in pain area Spinal Cord Stimulators with personalizing pain therapy & RF Generators with technology leading in ablation.

Medtronic

Company Profile: As a global leader in medical technology, services and solutions, Medtronic improves the lives and health of millions of people each year. We use our deep clinical, therapeutic, and economic expertise to address the complex challenges faced by healthcare systems today. Let's take healthcare Further, Together. Learn more at Medtronic.com

Abbott Medikal

Company Profile: Abbott is a global healthcare leader that helps people live more fully at all stages of life. Our portfolio of life-changing technologies spans the spectrum of healthcare, with leading businesses and products in diagnostics, medical devices, nutritionals and branded generic medicines. Our 103,000 colleagues serve people in more than 160 countries.

Catak Medikal

In order to share our experiences and knowledge which we were gained through long ages, we established our company in Ankara in 2006. Our company in the direction of its objectives, has been and will continue to be a value that makes a difference in medical sector. Our goal is to be customer oriented and with improved customer relations based on scientific basis before and after sales, bring our patients, healthcare personnel and hospitals together at the right point with our products and experience in our portfolio. In respect to our activities, our company has reached to the final stage of production and has received quality certificates of products. We aim to contribute to both of our country and our sector with producing our new brand very soon.

Pi Ortopedi Tıbbi Urunler Ltd.

Pi Ortopedi Tıbbi Urunler Ltd. is focused on marketing, contract manufacturing and consultancy in heathcare business located in Izmir, Turkey. Pi started and continue in main business lines Orthopedics, Neurosurgery, Interventional Spine, Pain Management, Regenerative Medicine and General Surgery. We successfully provide a number of hi-tech products and services of the brands RF Lesion electrodes and canullars, percutaneous intradiscal plasma , epiduralysis catheters, CD blunt transforaminal needles, SVF/ADSC stemcell, PRP, HA, Vertebroplasty and IONM.

Pi team have medical and technical backround to provide best service and solution.



GE

Türkiye'de GE Sağlık
GE, 1948'ten beri, Türkiye'deki varlığını sürdürerek birçok sağlık kuruluşuyla geçmişe dayanan güçlü iş birlikleri kurmuştur. GE Healthcare hasta bakımında yeni bir dönemi şekillendiren dönüşümcü tıbbi teknolojiler ve hizmetler sunar.

Tıbbi görüntüleme ve bilgi teknolojileri, tıbbi tanı, hasta izleme sistemleri, ilaç keşfi, biyofarmasötik üretim teknolojileri, performans geliştirme ve performans çözümleri hizmetlerindeki geniş uzmanlığımız dünya genelinde daha çok kişiye daha düşük maliyetle daha iyi bakım sağlamaları için müşterilerimize yardımcı olmaktadır. Bunlara ek olarak, sağlık hizmeti liderleriyle iş birliği yaparak sürdürülebilir sağlık sistemlerine geçişi başarılı bir şekilde uygulamak amacıyla küresel politika değişikliklerinin gerçekleşmesi için çalışmaktayız.

Geleceğe yönelik "healthymagination" vizyonumuzla, dünya genelinde sürekli olarak maliyetleri azaltmaya, erişimi artırmaya ve kaliteyi geliştirmeye odaklı yenilikler yapma yolculuğumuza tüm dünyayı davet ediyoruz.

Genel merkezi İngiltere'de bulunan GE Healthcare, bir General Electric Company (NYSE: GE) birimidir. GE Healthcare çalışanları, dünya çapında 100'den fazla ülkede sağlık profesyonellerine ve onların hastalarına hizmet vermek için bağlılıkla çalışmaktadır.

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