Station 1

GM aged 43 is suffering from severe pelvic and perineal pain. He has a history of malignant rectal ulcer resected surgically followed by radiotherapy 3 months ago.

Fig. 1, 2 & 3 show intervention for his visceral pain.

What is the expected intervention?

……..

What is the type of solution and concentration potentially used?

……..

Figure 4 shows another intervention

What is the expected intervention ?

How can you technically perform it?

Station 2

A 63 years old lady TY is suffering from unbearable pain on sitting. She has a history of diabetes, hepatitis C and is on Insulin, Eltroxin and liver support.

On examination tenderness elicited on middle line pressure on lower thoracic spine.

At the same level right paravertebral pain travels to the corresponding right iliac crest.

Plain X-Ray shows wedge fracture at T12 level.

What is the intervention performed in Fig 1, 2 & 3?

What is the gage of the needle used?

What is the material and volume injected on average on each side?

What is the likely diagnosis of the right paravertebral tenderness reaching right iliac crest ?

Station 3

A 59 years old diabetic physician is suffering from back and leg pains. He has pain mainly in the right posterior thigh and lateral part of the right leg. He has also bilateral sole numbness.

Plain X-Ray shows spondylolisthesis between L4 & L5.

Fig. 1:

What is the level and type of intervention?

Fig. 2:

What does it show radiographically and what is the safety rule in order to avoid spinal block?

Fig. 3:

What is the intervention performed? And how can you explain its occurrence?

Can you improve his sole numbness by the above interventions?

Station 4

A 58 years old lade is suffering from advanced head of pancreas cancer with liver metastasis affecting mainly the right lobe.

Pain is both in her back and epigastric region.

Her investigations include albumin 3.5gm/ dl and INR 1.3.

How can you clinically elicit and confirm pain source from retro-peritoneal structure?

What does INR mean?

What is the acceptable value for central neuro-axial intervention?

Fig. 1 & 2 show intervention while the patient is in prone position. What is the likely technique?

Why is this technique safer than the old classic David Moore technique?

Which neurolytic drug is used and why?

Fig. 3/ 4 and Fig. 5/6 represent additional similar blocks.

What is the name of those blocks and at which level are they performed?

Which side deserves more volume based on the above history?

Station 5

A 33 years old lady is suffering from right side back pain. Pain is also present in the back of her right thigh.

X-Ray reads: spina bifida S2.

Fig. 1 & 2 show 2 sacral interventions.

What is the likely intervention performed by needle 1?

What is the dose (volume and concentration) required for post-operative pain relief for a 20kg child undergoing orchidopexy?

What is the safety required in intervention performed by needle 2 and why?

Station 6

A 39 years old male is suffering from progressive spastic gate. This is associated with bilateral radicular arm weakness and pain reaching both thumbs.

A neurosurgeon operated upon by inserting two cages (titanium mesh) at 2 levels.

(see associated picture).

What is the cervical nerve root level supplying the thumb?

Is it an anterior or posterior approach?

Which level the 2 cages were inserted?

The posterior border of both cages stops short from the corresponding posterior surface of the cervical vertebrae.

Explain why?

Station 7

A 39 years old physician suffers from right burning and shooting pain in the right middle and small fingers. Pain increases by the end of the day, at night, and on touch.

What is the type of associated X-Ray?

What is the type of pain described?

What is the ideal pharmacological group of drugs to be prescribed?

Patient failed to respond to the above pharmacological medication.

What is the possible beneficial therapeutic intervention to be performed?

Describe all safety measures related to such intervention.

Station 8

Describe in details the main measures for acute pain service in an opioid tolerant patient undergoing resection for oesophageal cancer based on ERAS principals/ recommendations.

Station 9