A 50 years man is suffering from cancer head of pancreas causing upper intestinal obstruction. It is associated with huge dilation of the stomach & repeated vomiting.

vomiting.
Prior to intervention & in order to safely perform your block
1-What should you do in the operating theater ?.
2-Figure 1 & 2 show the first intervention
What is the approach expected ?
Why is it safer than the classic David Moore technique?
Describe the site & level of entrance & the length of the needle used?
Mention the volume & concentration of the solute used ?
3-Figure 2 & 3 show the second intervention
Which levels are aimed at ?
On the leteral view, where should the tip of the model of and?
On the lateral view, where should the tip of the needle end?
Mention the volume & concentration of the solute used ?
Wendon the volume & concentration of the solute asea?

TICK ONE CORRECT ANSWER IN EACH GROUP:

- 1- All of the following are characteristics to COMMON migraine except:
 - a- It is a unilateral pain.
 - b- presence of aura.
 - c- pain is throbbing.
 - d-pain is moderate to severe intensity
- 2- Pathophysiology of migraine include all the following except:
 - a- Cortical spreading depression.
 - b- Low serotonin level.
 - c- Muscle tension around head and neck.
 - d- Trigimino vascular theory.
- 3- All of the following are contraindicated and precautions in using Ergots in treatment of acute migraine attacks except:
 - a- presence of coronary artery disease.
 - b- Uncontrolled hypertension.
 - c- Use of beta blockers as prophylactic treatment of migraine.
 - d- Pregnancy.
- 4- Cluster headache abortive treatment include one of the following:
 - a- Inhalation of 100% oxygen up to 15 L/min.
 - b- Use of pregablin capsules 300 mg.
 - c- Use of a selective Beta blocker drug
 - d- Use of two types of Triptans during the attack.

A 45 years lady is suffering from back & leg pain.

Pain is mainly on walking & shoots to front & lateral side of the leg on both limbs.

On examination + SLR & + reverse SLR on both limbs.

Describe the dermatome corresponding to the nerves aimed at in the associated figures ?

Describe how to perform reverse SLR?

In the associated figures, the intervention is considered Selective Nerve Root or intraforaminal block & why?

Lady was requested to walk on her heel or on her terminal planter surface.

Which walking is more difficult & Painful & Why?

A 42 years lady is suffering from standing & sitting. Walking for half an hour is pain free. She has a history of lumbar fixation 10 years ago for spondylolisthesis between L5 & S1. Unfortunately she fell on the ground 2 years ago with resultant broken nail in situ.

On examination: + reverse SLR on the left side (shooting to the front of left thigh to the medial side of left knee) & left paravertebral tenderness mainly at lumbar 5 level. Back pain was also elicited on medial rotation of both legs while standing.

What is the somatic specific nerve root deserving block & why?

Figure 1 &2 show anterior & lateral view for RF intervention:

- Which vertebra is aimed at?
- Which scientific numerical nerve branch is RF targeted at these site?

In order to alleviate the pain of L4/L5 facet which scientific numerical medial branch is also required to denervate?

What is the expected pelvic spastic muscle suffering in such condition?

Tick one correct answer:

- 1- Disc pathology at level of C4-5 causing C 5 nerve root affection can cause all the following except:
 - a- numbness over lateral upper arm or over deltoid region
 - b- weakness in wrist flexion
 - c- Biceps and brachioradialis reflexes diminished or absent
 - d- weakness of deltoid and biceps muscles
- 2- In a case of acute Herpes zoster in thoracic region ,all of the following are correct except
 - a- Muscle relaxant may have a role
 - b- Early treatment in first 72 hours can prevent post herpetic neuralgia
 - c- Antiviral treatment is crucial
 - d-Intercostal nerve block is useful.
- 3- As regard intercostal nerve block In a case of acute Herpes zoster in thoracic region , ,all of the following are correct except
 - a- Decrease pain intensity
 - b-Improve healing of herpetic eruption
 - c- Can prevent incidence of post herpetic neuralgia
 - d- No need to use antiviral treatment with the nerve block
- 4- Post thoracotomy pain syndrome can be caused by all the following except:
 - a- Injury of division of nerve root in corresponding intercostal space
 - b- Muscle splitting or cutting
 - c- Intercostobrachial nerve injury
 - d- Neuroma formation in the surgical scar

An 86 years thin osteoporotic non diabetic lady is suffering from pain on sitting & mainly on standing. Pain is relieved on lying flat.

On examination : Tenderness is maximum on L4 lumbar vertebra ,+ve Right SLR .

Plain xray shows conization at L4 lumbar vertebra

Figure 1 shows a lateral view of lumbar spine.

What is the expected procedure?

What is the possible gauge of the needle used?

Figure 2 & 3 & 4 show anterior view of intervention:

- Which vertebra is aimed at?
- What is the length of the needle usually used?
- What is the site & name of the procedure in figure 4?

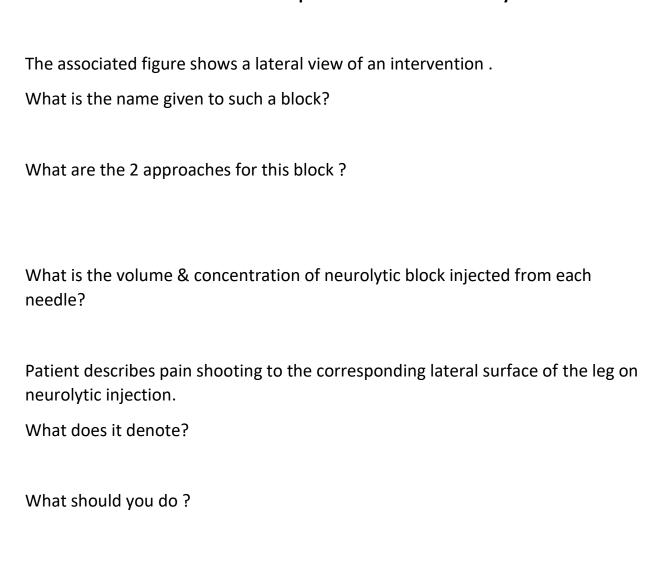
One month later, a recent A/P & Lat. plain xray were performed (fig 5 & 6):

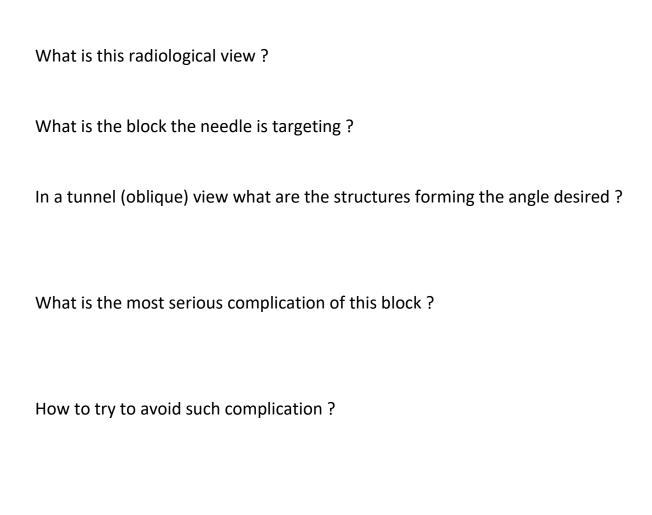
Why was patient still in agony?

Which position exacerbates her pain?

STATION 8

A Patient suffering from advanced recurrent cancer colon is having lower abdominal pain despite pelvic radiotherapy. He is permanently catheterized due to adhesions between colon & posterior surface of urinary bladder.





A 33 years young lady is suffering from right radicular pain. She is working in a laundry. Pain reaches her middle finger.
Mention one pharmacological ideal drug with details for administration for the first week ?
Intervention is decided, see associated picture :
What is the ideal body & neck position?
Is Middle line or paramedian approach adopted ?
What is the space targeted ?
In such a level how can you visualize the depth clearly radiologically?

Mention the volume & concentration of the drugs injected.

CHOOSE/ TICK ONE CORRECT ANSWER

Which of the following statements is (are) true regarding PEC 1 & PEC 2 PEC 1 Block :

Needle insertion in-plane & local anaesthetic spread between pectoralis major & pectoralis minor . $\{T\}$

Involves the block of medial &lateral pectoral nerves . {T} {F}

Useful in more extensive breast surgery like mastectomy {T} {F}

PEC 2 Block

Needle insertion is medial to PEC 1 block {T} {F}

Local anaesthetics is deposited between pectoralis minor & serratus anterior muscles{T} {F}.

Aims to block the lateral branch of the T2-4 spinal nerves .{T} {F}

It is performed usually at the level of the third rib . {T} {F}

CHOOSE ONE CORRECT ANSWER ABOUT

Transversus Abdominus Plane (TAP) Block:

Clinical Anatomy & Pharmacology:

A-Is best performed using high concentration low volume technique.

B-Is best performed using low concentration high volume technique.

C-Can be used reliably as the sole mode of analgesia including visceral pain.

D-It blocks the posterior primary rami of intercostal nerves.

TAP Block:

A-The transversus abdominus plane is between the deep fascia of internal oblique & the superficial fascia of transversus abdominus muscles.

B-There is no need to visualize the spread of local anaesthetic with this technique.

C-When advancing the needle during TAP blocks, the needle tip is best seen with an out of plane needle view.

D-The transversus abdominal plane is best visualized in the midline of the abdomen

In the associated TAP block Ultrasound figure, what is the name given to the structure labelled:

A -

B -

C -

D -

Where should be the ideal site for deposition of local anaesthetic X or Y or Z?

For post-operative pain relief in caesarian section, mention the volume & concentration of Bupivacaine deposited on each side of the abdomen?

1-What is the name of needle in structure A?
& which structure is associated?
Mention a procedure using above structures.
2-What is the name given for needle B?
& What apparatus is used with it?
Mention a practical example using above structures?

50 years opioid tolerant patient is to undergo Total Shoulder Replacement.

1-Describe a relevant nerve block using nerve stimulator OR ultrasound machine with the valuable end points targeted in either procedure.

2- 2ml /hr fixed volume-maximum 300ml- PCA is also provided, mention the details of maximum priming.

3-Prescribed additional oral Pain killers for one week.

What is the name of this needle ?
Where to you use it in interventional pain?
What is the name of the catheter used with it ?
Explain its use in caudal neuroplasty in order to cause root anxiolysis?
In the associated figure what is the terminal site targeted ?

Patient is suffering from mesothelioma.

Which opioid is more suitable to relief his pain Morphine (MST) or Oycodone (Oxycontin)? & Why?

or dyeddone (dxyednem): a wmy :
Prescribe a proper prescription for advance chronic mesothelioma ?
Intervention is decided (see associated figure)
What is the target to relieve neuropathic thoracic pain?
Describe the set up for thermal Radiofrequency ?
Why conventional thermal radiofrequency is acceptable for thoracic neuropathion pain?