

Results or Clinical Course: At baseline patients who participated in the more intensive Full pain program had significantly greater levels of pain severity and pain interference than Half Day program patients (P 's < .05). Full program patients also had greater levels of emotional distress (CES-D 10 and PASS-20) and more frequent use of catastrophizing (CSQ-r), compared to Half Day patients (P 's < .05). Half Day patients had higher levels of pain acceptance (CPAQ) and General Activity than Full program patients (P 's < .05). Patients in both programs performed similarly on all measures a discharge.

Conclusions: Patients referred for more intensive full day treatment reported greater baseline pain, emotional distress, and pain interference. Those patients selected for less intense treatment, had higher levels of acceptance and higher daily function than those patients in recommended for full treatment. Clinical outcomes were similar in both groups. Decisions related to level of care for interdisciplinary care should include assessment of pain, pain interference, emotional distress, and level of acceptance.

Poster 455

Successful Post-Operative Management of Neuropathic Pain and Neurogenic Bladder in a Sacral Chordoma Patient.

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Disclosures: L. Atanelov, No Disclosures: I Have Nothing To Disclose.

Case Description: We present a 52 year-old man status post sacro-coccygial chordoma resection with poorly controlled neuropathic pain on hydromorphone 0.5mg IV q3h, oxycodone 15 mg PO q3h, tramadol 50mg PO q3h and pregabalin PO 150mg BID.

Setting: Tertiary care academic hospital.

Results or Clinical Course: After several trials to titrate his opioid intake, initiate non-opioid treatment, and balance his urinary retention, a successful oral regimen was developed. His pain was well controlled on duloxetine 60mg PO nightly, morphine 15mg PO bid, morphine 7.5mg PO PRN pain > 7/10 q3h (used at most twice a day), topical capsaicin cream BID and 4% lidocaine cream BID. His atonic neurogenic bladder function improved with the limitation of agents promoting urinary retention and initiation of continuous intermittent catheterization.

Discussion: Chordomas are rare midline bone tumors often affecting the sacral spine and occasionally compromising bladder function. Surgical en-bloc excision has been an important arm in chordoma management. Managing neuropathic pain in this patient population presents a challenge as several medications indicated for neuropathic pain may adversely affect the already compromised bladder function. Duloxetine was selected over tricyclics (normally first line for neuropathic pain) to avoid their anticholinergic side effects including worsening urinary retention. Duloxetine, normally affecting bladder function by modulating neurotransmitter release in the sacral chord, was expected to exhibit minimal bladder side effects in a post-operative sacral chordoma patient. To our knowledge this is the first report documenting successful post-operative management of neuropathic pain in a sacral chordoma patient while also balancing a neurogenic bladder.

Conclusions: Successful post-operative management of neuropathic pain and neurogenic bladder in sacral chordoma patients may require balancing urinary side effects of medications commonly used to treat neuropathic pain.

Poster 456

Trainee Involvement in Transforaminal Epidural Steroid Injections Associated with Increased Incidence of Vasovagal Reactions.

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Disclosures: B. J. Schneider, No Disclosures: I Have Nothing To Disclose.

Objective: To evaluate if PM&R trainee involvement (Resident and fellow) during transforaminal epidural steroid injections (TFESI) results in higher rates of vasovagal reactions.

Design: Prospectively collected consecutive data from 3/8/2004 to 1/30/2009

Setting: Single Academic Medical Center with multiple attending physicians and trainees.

Participants: 2642 consecutive subjects undergoing 4482 TFESI were analyzed

Main Outcome Measures: Pearsons chi square test was used to determine the relationship between vasovagal reactions and level of trainee involvement.

Results or Clinical Course: A total of 4482 TFESIs were performed, with 157 (3.5%) of procedures complicated by a vasovagal reaction. An attending physician performed 2884 (64.3%) procedures without trainee involvement, with 79 (2.7%) resulting in a vasovagal reaction. A fellow was involved in 723 (16.1%) procedures, with 30 (4.1%) noted to have a vasovagal reaction. A resident was involved in 875 (19.5%) procedures, with 48 (5.5%) having a vasovagal reaction. Overall, trainees were involved in 1598 (35.7%) cases, of which 78 (4.9%) were complicated by vasovagal reaction. When a trainee was involved in the case, there was a higher incidence of vasovagal episodes ($p < .001$, $X^2 = 16.047$). Although there was a trend towards higher vasovagal rates with residents over fellows, this did not reach statistical difference.

Conclusions: Vasovagal reactions can occur with spine procedures and may result in premature procedure termination or other adverse events. Trainee involvement in a TFESI is associated with a higher incidence of vasovagal reaction ($p < .001$, $X^2 = 16.047$).

Poster 457

The Identification of Biomarkers That Are Predictive of Response to Interventional Spinal Procedures for Axial Low Back Pain: A Pilot Study.

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Disclosures: P. Jayabalan, No Disclosures: I Have Nothing To Disclose.