

Irish **Pain Society**

26th ANNUAL SCIENTIFIC
MEETING 2026

*Neuropathic Pain –
From Mechanisms to
Personalised Care*



10th October 2026



O'Brien Centre, UCD, Dublin



7

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Irish Pain Society

Annual Scientific Meeting 2026

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Irish Pain Society

Welcome from the President of the Irish Pain Society



Dear colleagues,

It is my pleasure to welcome you to the Irish Pain Society's 26th Annual Scientific Meeting at University College Dublin.

Our theme, *Neuropathic Pain: From Mechanisms to Personalised Care*, asks how a deeper understanding of pain can lead to better care for each person who lives with it. Today's programme follows that journey, bringing together pain science, clinical practice and the experiences of patients and families.

For the first time, women's health has a dedicated place in our meeting programme. This is an important step towards giving women's experiences of pain, and the research needed to improve their care, the attention they deserve. We are also keeping the future of pain medicine and pain research at the forefront of our agenda, with discussions on emerging approaches and the evidence needed to bring them into practice.

I am grateful to our sponsors, speakers, chairs, presenters and organising committee for their contributions, and to all of you for joining us. I hope today brings thoughtful discussion, new connections and ideas you can take back to your own work.

Prof Siobhain O'Mahony
President, Irish Pain Society

IrishPainSociety

26th Annual Scientific Meeting

Saturday 10th October 2026

George Moore Auditorium

O'Brien Centre, UCD

Theme: Neuropathic Pain – From Mechanisms to Personalised Care

This programme is designed around the patient journey, bringing together world-leading scientists, clinicians, psychologists and people with lived experience to explore the latest advances in neuropathic pain and future directions in personalised care.

Programme

8.30-9.00am	Registration & Coffee Trade exhibition
9.00-9.15am	Prof. Siobhain O'Mahony (President, Irish Pain Society) Opening remarks and overview
Session 1	Understanding Neuropathic Pain Chairperson: Prof David Finn
9.15 – 10.00	Pain Medicine Prof. Ralf Baron, <i>Professor of Neurology and Head, Section for Neurological Pain Research and Therapy, University Hospital Schleswig-Holstein, Campus Kiel, Christian-Albrechts University of Kiel, Germany.</i> Advances in Neuropathic Pain: From Mechanisms to Clinical Practice
10.00-10.45	Pain Science Prof Daniel Ciampi de Andrade, <i>Professor and Clinical Neurologist, Centre for Neuroplasticity and Pain, Faculty of Medicine, Aalborg University, Denmark.</i> How experimental and clinical pain affect cortical connectivity measured by TMS-EEG and how this could be used to inform therapy for neuropathic pain
10.45-11.15	Coffee break Trade exhibition and Poster presentations
Session 2	Living with Pain Chairperson: Patrick Finan
11.15-12.00	Psychology Dr Line Caes, <i>Associate Professor in Psychology, University of Stirling, Scotland, specialising in paediatric pain and the social and developmental influences on young people's pain.</i> Paediatric Pain Management Beyond the Patient: Family, Emotion and Cognition

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12.00-12.45	Nursing Prof Michelle Briggs, <i>Clinical Professor of Nursing, University of Liverpool, and Director of Nursing (Research and Academic Development), Liverpool University Hospitals NHS Foundation Trust, UK.</i> Neuropathic Pain: From Nerves to Narratives—Recognising the Social Experience of Pain
12.45-13.45	Lunch break Trade exhibition and Poster presentations
Session 3	Women's Health, Pain and Patients Perspective Chairperson: Dr Joanne O'Brien
13.45-14.30	Medicine Prof Andrew Horne, <i>Professor of Gynaecology and Reproductive Sciences and Director, Centre for Reproductive Health, University of Edinburgh; Honorary Consultant Gynaecologist, NHS Lothian, Scotland.</i> The Future of Endometriosis Pain Research: From ENDO1000 to Personalised Care
14.30-15.15	General Practice Dr Sinead Hussey, <i>GP; Clinical Director, Women's Health Hub; Clinical Lead in Women's Health at Centric Health Ireland</i> Building the Future of Endometriosis Care in Ireland: An Integrated, Multidisciplinary Model for Women's Health
Session 4	Fireside Chat: Women's health and Chronic Pain Moderator: Dr Conor Hearty
15.15-16.00	Panel: Prof Andrew Horne, Dr Sinead Hussey, Dr Louise Collins, <i>Senior Lecturer and Principal Investigator, Department of Anatomy and Neuroscience, School of Medicine, University College Cork, Ireland.</i> Topics include endometriosis, chronic pelvic pain, menopause, migraine, sex differences in pain, the microbiome and future priorities for women's pain research.
16.00-16.15	Coffee break Trade exhibition and Poster presentations
Session 5	The Next generation Chairperson: Dr Michelle Roche
16.15-17.00	Young Investigator Data Blitz Rapid presentations showcasing innovative pain research from early career investigators, followed by audience voting for the Best Data Blitz Award
Session 6	The Future of Pain Research and Pain Management Chairperson: Prof Siobhain O'Mahony & David Moore
17.00-17.30	Panel Discussion Panel: Prof James Shannon, Prof Daniel Ciampi de Andrade, Prof Kieran O'Sullivan, Prof Line Caes, Prof Michelle Briggs, Dr Olga Baron Biomarkers, AI, Microbiome Science, Digital Therapeutics, Precision Medicine and Next Generation Clinical Trials.
17.30	Prize Giving - Pain Research Awards and Closing Remarks
18.00	AGM

Irish Pain Society Council 2026

Name	Role
Prof Siobhain O'Mahony	President
Dr Michelle Roche	Past President
Dr Tadgh Lynch	Honorary Treasurer
Anna Marie Kiernan	Honorary Secretary
Prof David Finn	IPS Rep on EFIC Council
Prof. Brian McGuire	IPS Representative on SIP
Dr. Joanne O'Brien	EFIC Executive Board Member
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Dr James Duncan	Council Member
Dr. John Browne	Council Member
Prof. Kieran O'Sullivan	Council Member
Ms. Mary Patricia Molyneaux	Council Member
Prof Mary O'Keeffe	Council Member
Dr Moustafa Moustafa	Council Member
Dr. Olga Baron	Council Member
Patrick Finan	Council Member
Dr Zaeem Siddique	Council Member

Meeting Information

Registration: All delegates are asked to register on arrival at the venue to collect their name badges. Onsite registration is also available at the registration desk.

Getting to the Venue: Detailed travel information can be accessed.

Finding the George Moore Auditorium: Once inside the **O'Brien Centre for Science**, please follow the event signage for: **George Moore Auditorium**

Mobile phones

Please remember to keep mobile phones switched off or on silent during sessions.

WiFi: There is no WIFI code only for EDUROAM users

Poster Presentation

Posters may be viewed at any time over the course of the meeting. Authors whose work has been accepted for a poster are expected to be available at their posters at the poster presentation times where poster judging will take place.

Pain Research Prizes

Clinical and Non-Clinical Research Medals will be awarded for the best posters at the meeting. There will be a medal for the Best Short Oral Presentation.

The Hugh Raftery NCHD Prize will be given for best poster by a non-consultant hospital doctor. Prof Laserina O'Connor Medal awarded to best presentation by a nurse.

Trade Exhibition

The trade exhibition is an important part of the meeting and we encourage all participants to visit the various trade stands. As an additional incentive, delegates will receive a stamp on each time they visit a trade stand, and will be eligible to enter a competition for Air pods.

Evaluation Forms

In order to identify sessions and topics that have been of particular interest, all participants are asked to complete a digital evaluation form. The link for this can be found around the location with QR code link.

Continuing Education and Professional Development

6 CPD points and **7 NMBI CPD points** are awarded on receipt of a completed evaluation form

Certificate of Attendance

Certificate of attendance are available following this ASM

LinkedIn

Please feel free to use LinkedIn to promote the meeting

Parking

Parking is available on campus, subject to availability. **UCD University Club Car Park (N2)** is one of the closest car parks to the O'Brien Centre.

UCD operates a mixture of **Pay & Display** and **Premium Pay & Display parking** on campus. Please check the parking signage when you arrive and ensure that the appropriate parking fee is paid.

Parking can be limited, particularly during busy periods, so delegates are encouraged to allow additional time or use public transport where possible.

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1. DTM RCT. Fishman M, Cordner H, Justice R, et al. Pain Pract. 2021 Nov;21(8):912-923.
2. Inceptiv IFU with MRI labeling. M010773C002, M009826C003A, M939858A047A.
3. Evolve SCS System User Manual. Saluda Medical. D102706 Revision:8.00



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Biographies and Conference Abstracts

Opening remarks and overview

9.00am: Prof. Siobhain O'Mahony, President, Irish Pain Society

Session 1: Understanding Neuropathic Pain

Chairperson: Prof. David Finn

- **9.15-10.00am Prof Ralf Baron** – Advances in Neuropathic Pain: From Mechanisms to Clinical Practice
- **10.00-10.45am: Prof Daniel Ciampi de Andrade** – How experimental and clinical pain affect cortical connectivity measured by TMS-EEG and how this could be used to inform therapy for neuropathic pain

Prof. David Finn

Chair Session 1



David Finn is Established Professor of Pharmacology & Therapeutics and Founding Co-Director of the Centre for Pain Research at University of Galway, Ireland. Professor Finn graduated with a BSc in Biotechnology from University of Galway and a PhD in Neuroscience from University of Bristol. His research focuses on the affective and cognitive dimensions of pain, stress-pain interactions, and neuroinflammatory processes, with an emphasis on the endocannabinoid system. He is Past-President of the International Cannabinoid Research Society (ICRS) and of the Irish Pain Society and was a member of the Task Forces for Cannabis, Cannabinoids and Chronic Pain of both the International Association for the Study of Pain (IASP) and the European Pain Federation (EFIC). He is a member of the EFIC Working Groups for Translational Pain Research and Pain Research Strategy and the IASP Task Force for Use of Animals in Pain Research. Professor Finn is a member of the Editorial Boards of multiple international scientific journals including *Pain*. He has published over 200 peer-reviewed journal papers and book chapters and frequently lectures at international conferences.

Prof. Ralf Baron

Advances in Neuropathic Pain: From Mechanisms to Clinical Practice



Ralf Baron Professor Dr Med FFPMCAI is Head of the Division of Neurological Pain Research and Therapy at the Department of Neurology, Christian-Albrechts-Universitaet Kiel, in Germany. From 1999-2004, he served as General Secretary of the German Interdisciplinary Pain Society (DIVS) from 2005-2016 he served as a Management Committee Member of the Neuropathic Pain Special Interest Group (NeuPSIG) of the International Association for the Study of Pain (IASP) and from 2008-2010 as a board member of the Deutsche Schmerzgesellschaft. He has been a councilor of the International Association for the Study of Pain (IASP) from 2020-2016. His main research interest is in the pathophysiology and therapy of neuropathic pain states. He has intensive scientific collaborations with several researchers worldwide, e.g. Professor HL Fields, San Francisco, USA, and Professor TS Jensen, Aarhus, Denmark.

He has been the recipient of the annual award of the German Pain Society, Heinrich-Pette award of the German Neurological Society, German Pain Award and Sertürner Award. He was awarded the Kugelberg Lecture of the Australian and New Zealand College of Anaesthetists, David Niv Lecture of the Pain Relief Foundation Liverpool, J. Edmond Charlton Lecture of NeuPSIG, Rynd Lecture of the Faculty of Pain Medicine Ireland, Gabor Racz Lecture of the World Institute of Pain and the Presidents Lecture of the British Pharmacological Society.

In 1998 he was awarded a Feodor Lynen fellowship by the German Humboldt Foundation and was visiting professor at the Department of Neurology, University of California, San Francisco.

Professor Baron has authored more than 440 publications with his outstanding and motivated research team, and has lectured at numerous conferences and symposia worldwide.

Prof. Daniel Ciampi de Andrade

How experimental and clinical pain affect cortical connectivity measured by TMS-EEG and how this could be used to inform therapy for neuropathic



Daniel Ciampi de Andrade is a neurologist, Full Professor, and Principal Investigator at the Center for Neuroplasticity and Pain (CNAP), Department of Health Science and Technology, Aalborg University, Denmark, and a neurologist at the Department of Neurology, Aalborg University Hospital. His research focuses on the clinical characterisation of chronic pain, pharmacological and non-pharmacological treatments, and the use of cortical neurophysiology to investigate the mechanisms underlying chronic pain. He holds an ERC Consolidator Grant for the PersoNINpain project and has authored more than 220 scientific publications. Within the European Pain Federation (EFIC), he has served as Vice-Chair of the Research Committee since 2023 and will chair the EFIC Congress in Glasgow in 2027. He is also a Section Editor of the European Journal of Pain and Associate Editor of PAIN, PAIN Reports., npj Pain (Nature Portfolio) and a pain-related Current Opinion journal.

Session 2: Living with Pain

Chairperson: Patrick Finan

- **11..15-12.00hrs: Dr Line Caes** – Paediatric Pain Management Beyond the patient: Family, Emotion, and Cognition.
- **12.00-12.45hrs: Prof Michelle Briggs**, Neuropathic Pain: From Nerves to Narratives – Recognising the Social Experience of Pain

Patrick Finan

Chair

Session 2



Dr Patrick Finan is a senior Clinical Psychologist working in the Pain Management Education Programme at Sligo University Hospital. Patrick has worked in Community based Adult Mental Health teams since 2001. the Sligo University Hospital PMEP started as a Slainte Care funded Pilot Project in 2020, and has been operational full time since then.

Dr. Line Caes

Paediatric Pain Management Beyond the patient: Family, Emotion, and Cognition.



Dr. Caes is an Associate Professor at the Division of Psychology, at the University of Stirling, Scotland, UK. Dr Caes completed her PhD, focused on understanding parental responses towards child pain, at Ghent University, Belgium and undertook her postdoctoral training at the Centre for Pediatric Pain Research, Canada. She was a lecturer at NUI Galway, Ireland, before joining the Division of Psychology, at the University of Stirling.

Dr Caes' research aims to further our understanding of how social and cognitive developmental processes impact young people's pain experiences and management, as well as how these influences change throughout the lifespan.

Prof Michelle Briggs

Neuropathic Pain: From Nerves to Narratives- Recognising the Social Experience of Pain



Professor Michelle Briggs is Clinical Professor of Nursing at the University of Liverpool and Director of Nursing (Research and Academic Development) for the University Hospitals of Liverpool Group. Her internationally recognised programme of research focuses on improving the assessment and management of pain, reducing inequalities in pain care, and harnessing digital innovation to enhance patient outcomes and experiences. Working across academia and the NHS, she leads interdisciplinary research that combines clinical, behavioural and digital approaches to improve the lives of people living with pain. Her work spans the development and evaluation of digital health technologies, patient-reported outcome measures, and evidence-based interventions that support person-centred pain management.

Session 3: Women's Health, Pain and Patient's Perspective

Chairperson: Dr Joanne O'Brien

- **13.45-14.30: Prof Andrew Horne:** The future of Endometriosis Pain Research: From ENDO1000 to Personalised Care
- **14.30-15.15: Dr Sinead Hussey:** Building the Future of Endometriosis Care in Ireland: An Integrated, Multidisciplinary Model for Women's Health

Dr Joanne O'Brien

Chairperson



Dr Joanne O'Brien Kelly, PhD, RGN, RNP, RANP, FFNMRC SI

Dr Joanne O'Brien Kelly is a Registered Advanced Nurse Practitioner with 25 years' experience managing acute and chronic pain. In 2022, she completed a PhD with RCSI, funded by an Irish Research Council Employment Based Scholarship, developing FibromyalgiaMatters.ie, an eHealth resource for fibromyalgia patients. In 2023, she co-developed with a multi-disciplinary team, the Slaintecare-funded **iPainCentre**, Ireland's first Integrated Community Based Pain Service, and sits on the national working group developing Ireland's Model of Care for Pain Management.

A past president of the Irish Pain Society and past Irish Councillor to EFIC, Joanne became the first nurse elected to EFIC's Executive Board in 2023. IN 2026 she was re-elected to the board as Hon. Treasurer and is also Vice Chair of the Advocacy Committee.

Prof Andrew Horne

**The Future of Endometriosis Care in Ireland:
An Integrated, Multidisciplinary Model for
Women's Health**



Professor Andrew Horne PhD FRCOG FRCP Edin FRCSEd FRSE FMedSci

Professor Andrew Horne is a Scottish clinical academic gynaecologist and Director of the Centre for Reproductive Health at the University of Edinburgh, where he holds a Personal Chair in Gynaecology and Reproductive Sciences. His clinical and research career focuses on improving the diagnosis and treatment of women's health problems, particularly endometriosis. After graduating in medicine from the University of

Edinburgh, he completed a PhD in reproductive biology at Imperial College London, investigating endometrial receptivity. He has since led an extensive programme of translational and clinical research, publishing over 230 peer-reviewed papers and securing major grants to study mechanisms, biomarkers and new therapies for endometriosis, including non-hormonal treatment approaches. Professor Horne co-founded EXPPECT Edinburgh, a multidisciplinary hub that brings together clinicians, scientists, patients and industry partners to develop evidence-based interventions for pelvic pain. He serves in multiple national and international leadership roles, including President of the World Endometriosis Society, Trustee of Endometriosis UK, and Specialty Advisor for Obstetrics and Gynaecology to the Chief Medical Officer for Scotland. Elected a Fellow of both the Royal Society of Edinburgh and the Academy of Medical Sciences, he is recognised globally for his commitment to improving outcomes and experiences for women with gynaecological conditions.

Dr Sinead Hussey

Building the Future of Endometriosis Care in Ireland: An Integrated, Multidisciplinary Model for Women's Health



Dr Sinéad Hussey is a GP, women's health specialist, Founder and Clinical Director of the Women's Health Hub, and Clinical Lead in Women's Health at Centric Health, with over 15 years clinical experience in women's health across the reproductive and menopausal life course. Her clinical expertise spans endometriosis, complex menopause, PMOS, fertility and reproductive medicine, hormonal migraine and obesity medicine.

Dr Hussey is a clinical leader in the development of integrated, multidisciplinary models of women's healthcare, with a particular focus on bridging primary and secondary care, improving access and continuity, and reducing delays in diagnosis. She is actively engaged in research and academic collaboration, translating evidence into clinically meaningful models of care and improved outcomes for women.

She is an advisory steering committee member for two PhD studies at UCD, including MenoFit, examining the role of exercise in health and wellbeing during the menopausal transition. She is an external member of the Centre for Women's Health Research at DCU and Lead Knowledge User for an HRB APA Women's Health Research Grant application, collaborating with key clinical and academic leaders from DCU, RCSI, Rotunda Hospital, Beaumont Hospital and Centric Health to support the development and delivery of a national multidisciplinary endometriosis framework through primary care hubs. The application has been shortlisted for international panel review.

Her national leadership includes the National Headache/Migraine Subgroup Committee and Rotunda GP Liaison Committee, alongside a strong commitment to professional education through the MedCafe Women's Health Webinar Series and Centric Health's women's health educational initiatives. She also contributes to integrated primary care initiatives with Beaumont Hospital and the Mater Hospital supporting the design and

implementation of multidisciplinary pathways for endometriosis, PMOS and medically supervised weight management programmes. This work is focused on the complex interplay between reproductive health and co-existing metabolic and neurological disorders, with particular emphasis on infertility, idiopathic intracranial hypertension (IIH), and migraine.

Dr Hussey is committed to advancing women's health through evidence-led clinical practice, research and service innovation, championing a biopsychosocial, patient-centred approach that recognises the complexity of women's health and seeks to deliver the right care, in the right place, at the right time across the life course.

Session 4: Fireside Chat: Women's health and Chronic Pain

Moderator: Dr Conor Hearty

- **Panel: Prof Andrew Horne, Dr Sinead Hussey, Dr Louise Collins**
- Topics include, endometriosis, chronic pelvic pain, menopause, migraine, sex differences in pain, the microbiome and future priorities for women's pain research.

Dr Conor Hearty

Moderator



Dr Conor Hearty, Dean of the Faculty of Pain Medicine is a Consultant in Pain Medicine at the Mater Misericordiae University Hospital and the National Orthopaedic Hospital Cappagh. He obtained his undergraduate degree from University College Dublin in 2001. He subsequently completed his Anaesthesiology training in Ireland in 2011 after a short career in General Medicine in 2002.

During his Anaesthesiology training he developed a subspecialty interest in Pain Medicine which led to an interventional fellowship at St James' Hospital in 2008. He was appointed as a Consultant in Anaesthesiology and Pain Medicine at the Mater Misericordiae University Hospital and the National Orthopaedic in 2012 Cappagh, after completing a further Pain Fellowship at the Royal Adelaide Hospital in South Australia in 2011. He was involved in the development of techniques for cancer pain management and a regular contributor to acute pain practice. Dr Hearty passed the Australian and New Zealand College of Anaesthetists (ANZCA) Pain Faculty Examination in 2011.

His current work at the Mater Misericordiae University, where he is Lead Clinician of the Department of Pain Medicine, involves the development of interdisciplinary pain management services and interventional pain therapies including neuromodulation. Since his appointment at the Mater Misericordiae University Hospital he has championed the ACT pain management program, and is currently involved in ongoing research in this arena. Dr Hearty is an examiner with the Faculty of Pain Medicine. He is a member of the

World Institute of Pain, the International Association for the Study of Pain (IASP) and a Fellow of Interventional Pain Practice (FIPP) in 2008. He has been invited to speak at both national and international pain medicine meeting including the 2018 European Society of Regional Anesthesia, Pain meeting. He has acted as Faculty at several fluoroscopically guided interventional pain medicine cadaveric training courses. He has published peer-reviewed papers and presented posters on a variety of pain-related topics. Active areas of research include the study of botulinum toxin for the management of neuropathic pain.

Dr Louise Collins
(Panel)

Women's health and Chronic Pain



Dr Louise Collins is a Senior Lecturer (Associate Professor) and Principal Investigator in the School of Medicine at University College Cork. Her research in translational molecular medicine examines the mechanisms underlying chronic disease, with particular interests in neurodegeneration and women's health. Her current endometriosis research evaluates potential therapeutic strategies to inhibit the proliferation, migration and invasion of endometriotic lesion-derived cells. As someone living with stage IV endometriosis and adenomyosis, Louise also advocates for greater investment in endometriosis research to address persistent gaps in disease understanding and treatment and to ensure that lived experience informs research priorities.

Session 5: The Next Generation

Chairperson: Dr Michelle Roche

16.15-16.45: Young Investigator Data Blitz

- Rapid presentations showcasing innovative pain research from early career investigators, followed by audience voting for the Best Data Blitz Award.

Dr Michelle Roche

Chairperson



Dr Roche is an Associate Professor in Physiology and Co-Director of the Centre for Pain Research at the University of Galway. Her research interests focus on enhancing understanding of the neurobiology and pathophysiology underlying pain, mood disorders, autism and their interactions. She has a particular interest sex differences and the role of the neuro-immune, endocannabinoid and opioid systems. Her research has resulted in over 90 research manuscripts, reviews and book chapters and supported by EU, national and industry funding. Dr Roche is currently European Pain Federation EFIC council member and immediate past-president of the Irish Pain Society (2023-2025).

Irish Pain Research Network (IPRN)

The Irish Pain Research Network (IPRN) is a special interest group (SIG) of the Irish Pain Society. The aim of the IPRN is to bring together all active pain researchers on the island of Ireland (North and South) for the purposes of sharing research results and ideas and facilitating cross-institutional collaboration in the area of pain research. The IPRN was launched formally by Professor Rolf Detlef-Treede, President of the International Association for the Study of Pain (IASP), at the 15th Annual Scientific Meeting of the Irish Pain Society on Saturday 26th September 2015.

The idea to establish the IPRN arose from the fact that while a number of academic institutions and hospitals in Ireland currently have a cluster or centre of pain researchers, there is currently no forum that brings all of these groupings together specifically for the purpose of discussing pain research and advancing collaborative pain research within Ireland. It was felt that the establishment of an all-inclusive research network would facilitate closer dialogue and collaboration between all active pain researchers based either in academic institutions, hospitals, other healthcare practices, or industry.

If you are active in pain research within Ireland, and not already a member of IPRN, then we would like to extend a very warm invitation to you to join. The aim is to have strong representation from every major pain research grouping across the Island. Pain researchers at any level of seniority are welcome to join, and we particularly welcome students and early-career researchers. Membership of the IPS is a requirement for those who wish to join IPRN; all registered delegates at the Annual Scientific Meeting will automatically become members of the IPS for the subsequent year and are therefore eligible to join IPRN if they wish. There is no additional fee to join IPRN.

For more information and to join the IPRN, please complete the short Application Form at <https://irishpainsociety.ie/iprn/>

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Session 6: The Future of Pain Research and Pain Management
Panel Discussion

Chairperson: Dr Siobhain O'Mahony & Dr David Moore

16.45-17.30hrs: Prof James Shannon, Prof Kieran O'Sullivan, Prof Line Caes, Prof Michelle Briggs, Dr Olga Baron

Professor Siobhain O'Mahony

Chairperson
Session 6



Prof Siobhain O'Mahony, University College Cork, CEO, Founder of FemmeBiome

Professor Siobhain O'Mahony is an internationally recognised expert in the microbiome–gut–brain axis and a leading advocate for advancing women's health through rigorous, translational science. She is Professor of Neurobiology at University College Cork and a Principal Investigator at APC Microbiome Ireland, one of the world's leading microbiome research centres.

With more than two decades of research experience and over 200 scientific publications, Professor O'Mahony's work explores how the gut microbiome communicates with the brain and influences stress, mood, cognition, pain and resilience. A central focus of her research is understanding how these pathways are shaped by female hormones across women's lives, particularly during perimenopause and menopause, endometriosis and other under-researched women's health conditions.

She is the founder and CEO of FemmeBiome, a women's health innovation company emerging from research at University College Cork. FemmeBiome is developing clinically validated, microbiome-based solutions designed specifically for women's hormonal life stages, beginning with perimenopause and menopause. Its mission is to give women access to trusted products grounded in an understanding of their biology.

Through her research, leadership and entrepreneurship, Siobhain is helping close the evidence gap in women's health and translate world-class microbiome science into meaningful solutions that improve women's lives.

Dr David Moore

**Chairperson
Session 6**



Consultant in anaesthesia and pain management in Beaumont Hospital.
Clinical Lead for the design of the model of care for pain management services.
Clinical Lead for the iPainCentre - a slaintecare funded community-based pain management services in North Dublin.

**Prof. James Shannon
(Panel)**

**The future of Pain Research and Pain
Management**



Graduate of Univesity College Cork.
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**Prof. Kieran O'Sullivan
(Panel)**

**The future of Pain Research and Pain
Management**



Kieran O'Sullivan graduated as a Physiotherapist in 1999. In 2004 he completed an MSc in Manipulative Therapy at Curtin University of Technology, Perth, Western Australia. In 2005, he started lecturing at the University of Limerick. In 2008 he was awarded specialist member status by the Irish Society of Chartered Physiotherapists. From 2016-2019, he was Lead Physiotherapist at the Sports Spine Centre at Aspetar, Qatar. His research interest is musculoskeletal pain and injury, particularly persistent low back pain. He has published over 170 journal articles. He has obtained over €4m euros in research funding. He was awarded a Lifetime Fellowship of the ISCP in 2024.

Dr Olga Baron (Panel)

The future of Pain Research and Pain Management



Dr. Olga Baron is an Assistant Professor in Neuropharmacology at University College Dublin, where her research focuses on pain resolution and healthy neuronal ageing. She completed her PhD in Systems Neuroscience at Hannover Medical School, Germany, receiving the Kurt Alten Foundation Prize in Veterinary Medicine for her work on FGF-2 and dopaminergic neuron development.

She later joined King's College London, where she contributed to the discovery of karyoptosis, a novel mechanism of neuronal cell death in neurodegeneration. She later established an independent research programme, developing innovative *Drosophila* models to investigate the mechanisms underlying musculoskeletal pain, supported by NC3Rs and Versus Arthritis awards. She is a member of the German Neuroscience Society and a council member of the Irish Pain Society.

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Abstract No. 1

TITLE: TITLE: PARTICIPANT FEEDBACK ON THE PAIN EDUCATION PROGRAMME (PEP), SOUTH INFIRMARY VICTORIA UNIVERSITY HOSPITAL (SIVUH), CORK

Anna Igoe¹, Dr Caitriona O'Malley², Dr Marica Cassarino¹

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2. Department of Pain Medicine, South Infirmity Victoria University Hospital, Cork

Aim of the investigation: This service evaluation aimed to address this gap by analysing qualitative data from PEP patient feedback surveys collected as part of a PEP workshop for patients with chronic pain, as part of a multidisciplinary Pain Management Programme (PMP) in the Specialist Pain service in South Infirmity Victoria University Hospital (SIVUH), Cork City.

Methods: Qualitative responses from anonymous patient feedback surveys (N= 409) completed by PEP attendees between July 2024 and December 2025 were analysed using thematic analysis.

Results: Three main themes were identified: Understanding pain: workshop content & delivery, Adapting to pain: confidence, autonomy and acceptance and Pain Education: Emotional and Practical Support. Participants identified the style and format of content delivery, validation from staff and peer support within the group setting as particularly valuable. Responses also illustrated positive shifts in participants' understanding and outlook of pain following the workshop.

Conclusions: Overall, findings suggest that the PEP is an acceptable and valuable component of pain management provision, with patient feedback highlighting the importance of accessible pain education, validation, and peer support. Findings are broadly consistent with principles of PMPs and have informed recommendations for ongoing service development.

Ethics Approval: Ethical approval was granted by the University College Cork Clinical Psychology Research Ethics Committee in January 2026. Approval was also obtained from South Infirmity Victoria University Hospital, with procedures undertaken to ensure compliance with relevant organisational and ethical requirements prior to analysis.

Abstract No. 2

Title: RESPONSE TO CAPSAICIN 8% (QUTENZA) PATCH THERAPY IN A DEPARTMENT OF PAIN MEDICINE: A 2025 CLINICAL AUDIT

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Introduction: Capsaicin 8% (Qutenza) patches are used to treat peripheral neuropathic pain when conventional therapies provide inadequate benefit. Real-world response rates and predictors of benefit remain variably reported, and few audits examine variation in response by anatomical site of application.

Aim of the investigation: To determine the proportion of patients responding to Qutenza patch therapy within our service during 2025, and to explore whether response varied by anatomical site of application or baseline characteristics.

Methods: We retrospectively audited all patients receiving a first Qutenza application in 2025 at our Department of Pain Medicine (n=80). A responder was defined as a patient reporting both at least 5 weeks of sustained benefit and at least 50% pain reduction following any recorded application. Response rates were analysed by anatomical site and compared against baseline pain, mood and sleep scores.

Results: 42 of 80 patients (52.5%) met responder criteria; 31 (38.8%) responded to their first application and 11 (13.8%) only after a subsequent one. Response varied by site, from 75% at the shoulder/scapular region and 71% at the neck/trapezius to 17% at the chest/thoracic wall and 0% at the lower leg (n=1). Responders received more applications on average than non-responders (2.8 vs 1.8); baseline pain, mood and sleep scores were broadly similar between groups.

Conclusions: Just over half of patients responded to Qutenza patch therapy in this cohort, with response rate varying meaningfully by anatomical site of application. Site of application may merit further consideration when selecting patients likely to benefit from this treatment.

Ethics Approval: Registered as a clinical audit with the Department of Pain Medicine, Tallaght University Hospital. Formal research ethics committee approval was not required, as this was a retrospective service evaluation using routinely collected clinical data.

Acknowledgements: NA

Disclosures/Conflicts of Interest: None declared.

Key Words: Capsaicin 8% patch; Neuropathic pain; Clinical audit; Treatment response; Pain medicine.

Abstract No. 3

Title: PERINATAL EXPOSURE TO PARACETAMOL ALTERS THE PAIN SENSITIVITY AND LOCOMOTOR PROFILES OF ADULT OFFSPRING

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Introduction: Paracetamol is a key drug for pain and fever relief. Known under various names including Tylenol and paracetamol, it is one of the most widely used drugs in the world. Strikingly, the mechanism of action for paracetamol remains unknown after 150 years. We have recently reported a new target for paracetamol, the enzyme diacylglycerol alpha (DAGLa) that synthesizes 2-arachidonoyl glycerol (2-AG), one of the two endogenous cannabinoids. Inhibition of this enzyme is similarly analgesic and may account for some analgesic but not the fever-reducing properties of paracetamol. Because of its relatively solid safety record when taken as recommended, paracetamol is one of few available pain relievers considered safe for females during pregnancy. However, only a few studies have examined the consequences for offspring.

Methods: We examined the consequence of perinatal exposure to paracetamol in mice. Pregnant female mice ingested 200mg paracetamol daily for a three-week period from embryonic day 18 to postnatal day 10, a period chosen to span the bulk of murine brain development. We then tested physiological and behavioral responses of offspring after they reached adulthood.

Results: Female paracetamol-exposed mice display a significant increase in pain tolerance, comparatively to the vehicle treated counterparts, when assessed in a hot plate test. Both males and females exhibit increased locomotion relative to controls. Their olfactory responses appear to be intact since paracetamol-treated mice spend more time sniffing in an olfactory discrimination task. Paracetamol exposure does not alter marble burying or nestlet shredding behaviors.

Summary: Perinatal exposure to paracetamol results in shifted pain responses and locomotor profiles in adult offspring.

Abstract No.4

TITLE: CANNABINOID CB₁ RECEPTOR INVOLVEMENT IN THE BENEFICIAL EFFECTS OF ENRICHED ENVIRONMENT IN A RAT MODEL OF NEUROPATHIC PAIN

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Introduction: Preclinical studies suggest that enriched environments (EE) alleviate chronic pain-related behaviour and associated affective disturbances, although mechanisms remain unclear. The endocannabinoid system regulates nociception and is engaged by exercise.

Aim of the investigation: We evaluated the involvement of CB₁ receptors in the beneficial effects of EE on nociceptive and anxiodepressive behaviour in a rat model of neuropathic pain, and examined EE-induced alterations in endocannabinoid levels.

Methods: Adult male Wistar Han rats were housed in EE or standard housing and received daily intraperitoneal injections of AM251 (CB₁ receptor antagonist/inverse agonist) or vehicle from start of EE. After one week, rats underwent spared nerve injury (SNI) or sham surgery, and mechanical hypersensitivity was assessed (von Frey) on days 3, 7, 10, 14 and 16 post-SNI. Two weeks post-SNI, anxiety- and depression-like behaviours were evaluated. CNS endocannabinoid levels on day 19 post-SNI were quantified using liquid chromatography-mass spectrometry.

Results: EE increased nociceptive thresholds and reduced anxiety- and depression-like behaviours in elevated plus maze (EPM), sucrose splash (SST) and forced swim tests. AM251 attenuated these effects, increasing mechanical hypersensitivity and anxiety-like behaviour in EPM of EE animals compared to vehicle-treated counterparts. AM251 also decreased preference for sweet pellets and grooming time in SNI EE animals in sweet drive test and SST, respectively. EE increased 2-AG levels in vehicle-treated (but not AM251-treated) SNI rats in prefrontal cortex, amygdala and lumbar spinal cord.

Conclusions: These findings suggest that CB₁ receptors may contribute to the beneficial effects of EE on pain and related affective comorbidities.

Ethics Approval: This study was approved by Portuguese Directorate-General for Food and Veterinary Affairs and respective local organization (DGAV023875).

Acknowledgements: This work was funded by MSCA-ITN-2020, grant No 955684.

Disclosures/Conflicts of interest: Authors have no conflict of interest to declare.

Key Words: Environmental enrichment, CB₁ receptor, neuropathic pain

Abstract No. 5

Title: POST OPERATIVE PAIN MANAGEMENT IN PATIENTS UNDERGOING UPPER LIMB ORTHOPEDIC SURGERY IN THE MATER MISERICORDIAE UNIVERSITY HOSPITAL

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Introduction: Acute postoperative pain management following upper limb surgery is increasingly challenging amid rising concerns regarding opioid misuse. Pressure for timely discharge may influence prescribing practices in day cases. This raises the question of whether opioid use is increasing at the expense of guideline-based, stepwise and multimodal analgesia.

Methods: A retrospective chart review was conducted from 1 March to 30 April 2026. Two independent data collectors identified eligible patients using elective and trauma theatre lists. Clinical and perioperative data were extracted from our electronic data collection system and anaesthetic records and entered in an Excel spreadsheet. All orthopaedic upper limb surgery patients were included. Patients undergoing upper limb plastic surgery, polytrauma, and prolonged hospital stays were excluded.

Results: Forty patients met inclusion criteria, three polytrauma patients were excluded due to prolonged hospitalisation. The cohort had a median age of 36 years (range 16–84), with 72.5% male. Tourniquet use occurred in 22 patients, with a median duration of 59 minutes. At discharge, 97.5% received paracetamol, 77.5% NSAIDs, and 50% codeine. Most prescriptions were for 7–14 days. The longest procedure (>6 hours) did not result in a codeine prescription, whilst a shorter procedure (35 min) for the same injury did.

Discussion: Analgesic prescribing was largely consistent with multimodal, stepwise pain management, with widespread use of paracetamol and NSAIDs and selective opioid prescribing. No clear association was identified between tourniquet time or operative duration and codeine prescribing, suggesting variability in discharge opioid decision-making. Co-prescription of PPIs with NSAIDs and laxatives with opioids demonstrated good safety.

Ethics Approval: N/a

Acknowledgements: No Grant or Funding

Disclosures/ conflict of interest: None

Key words: Orthopedic, post-operative pain.

Abstract No.6

Title: TITLE: RATES OF REGIONAL AND NEURAXIAL ANALGESIA FOR OPEN HYSTERECTOMY IN A LEVEL 4 DUBLIN HOSPITAL

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Introduction: Post operative analgesia following major pelvic surgery remains challenging, with constraints on the use of epidural anaesthesia (EA) in some hospitals driving a need to determine alternative modes of post-operative analgesia. The most recent practice guidelines of the American Society of Anaesthesiologists recommended the use of fascial plane blocks in all patients undergoing open abdominal, pelvic or retroperitoneal surgery, but for procedures with known and substantive challenges to post operative pain management the role of neuraxial anaesthesia remains an important analgesic tool.

Aim of the investigation: To assess rates of usage of RA in patients undergoing mastectomies in a major Dublin hospital and compare this to international recommendations for fascial plane blocks. Accounting for international variance in standards, use of EA was also assessed.

Methods: An audit of all patients undergoing open hysterectomy in the six months following the publication of the 2026 ASA practice guidelines (1/1/26 – 1/7/26) was undertaken assessing if RA or epidural anaesthesia was performed, as well as the type of RA used, where relevant.

Results: Over the course of the six months, the majority of patients undergoing open hysterectomies received EA, 54%. Of the remainder, 16% received either a rectus sheath block or catheter insertion, which in two cases were performed specifically due to contraindications to EA. Of those, there were no documented complications from EA reported.

Discussion: While current practice guidelines advocate for the use of RA in patients undergoing open pelvic surgery, where resources permit and it can be facilitated, EA remains an important analgesic consideration for major abdominal surgery.

Ethics Approval: Approved by St. James' R&I Department, ID 635

Acknowledgements: N/A

Disclosures/Conflicts of Interest: N/A

Key Words: Acute Pain Management, Regional Anaesthesia, Persistent post-surgical pain

Abstract No. 7

Title: CONCOMITANT CAUDAL EPIDURAL AND LUMBAR PARAVERTEBRAL BOTULINUM TOXIN: A CASE REPORT.

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Background: Lumbar paravertebral muscle spasm is common in lumbar spine conditions. Caudal epidural is used to treat pain originating from lumbar disc protrusions. Botulinum toxin has been used to treat back pain associated with paravertebral muscle spasm. Lumbar paravertebral Botulinum toxin has not been reported to be used concomitantly with other spinal pain interventions.

Methods: Case Presentation: We present the case of a 60-year-old female with lumbar disc bulge at L5-S1. She got short-term benefit with caudal epidural (6 weeks).

Intervention: The patient underwent ultrasound-guided caudal epidural injection (Triamcinolone and saline 10mls). She also had a paravertebral lumbar botulinum toxin injection 200iu. both sides, two injection sites on each side in the multifidus muscle. The procedure was performed in a theatre setting.

Results; A sustained analgesic effect was reported when followed up at three months. Functional outcomes, including range of motion and daily activities improved substantially. No complications were reported.

Conclusion; Lumbar paravertebral Botulinum toxin has not been reported to be used concomitantly with other spinal pain interventions. In this case it provided longer-term persistent pain relief. In our patient's case, it was an effective pain-relieving therapy but more studies are needed to evaluate its efficacy.

Abstract No. 8

Title: PATIENT UNDERSTANDING OF POSTOPERATIVE DISCHARGE ANALGESIA: IDENTIFYING KNOWLEDGE GAPS TO INFORM TARGETED PATIENT EDUCATION

Authors: Eva O’Riordan¹, Sarah Kelly¹, Carey Benamer¹, Rachel Nolan¹, Deborah Evans¹, David Moore¹.

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Introduction: Effective postoperative pain management requires both appropriate prescribing and patient understanding of analgesic use. This shared decision making has been shown to improve postoperative pain management (Bello *et al.*, 2023). Despite this, education on discharge analgesia remains inconsistent.

Aim of the Investigation: To assess patients’ understanding of postoperative discharge analgesia and identify specific knowledge gaps.

Methods: This qualitative study included day-surgery patients at St. Joseph’s Hospital. Patients completed a structured questionnaire assessing understanding of postoperative analgesia. Thematic analysis of survey results was then undertaken.

Results: Twelve patients completed the questionnaire. Self-reported understanding of medications was high, at 91.7%. However, more granular questioning revealed 16% of patients were unsure of their duration of prescription. All patients reported awareness of potential opioid side effects; however, only 58.3% recognised constipation as an opioid-related adverse effect. This was compounded by 90.9% receiving no advice regarding laxative use. While 70% reported knowing how to manage leftover medication, only 75% of these patients identified pharmacy return as the appropriate method for unused opioids, with 25% unsure.

Discussion: Despite high self-reported understanding, clinically important knowledge gaps were identified regarding opioid-induced constipation, laxative use and safe medication disposal. This perceived understanding may prevent further seeking of information, thus putting the onus on prescribers to inform patients thoroughly pre-discharge. Targeted educational interventions such as leaflets are being designed by the authors to improve patient information and promote shared decision making around discharge analgesia.

Ethics Approval: This project was registered and approved as a clinical audit/quality improvement initiative. Formal research ethics committee approval was not required.

Acknowledgements: NA

Disclosures/Conflicts of Interest: None declared.

Abstract No. 9

Title: A DECADE OF A NURSE-LED INTRATHECAL PUMP SERVICE

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Introduction: Intrathecal drug delivery systems (ITDDS) provide long-term treatment for patients with severe spasticity and selected patients with intractable pain. Advanced nursing practice is central to delivering safe, effective and patient-centred care. A nurse-led intrathecal pump service was established in 2014 within a multidisciplinary governance framework.

Aim of Investigation: To evaluate ten years of activity, safety and service development within a nurse-led intrathecal pump service.

Methods: A retrospective service evaluation was undertaken using routinely collected clinical and operational data from 2016–2026. Data included patient demographics, clinical indications, pump refill activity, adverse events and quality-improvement initiatives. Descriptive statistics were used to assess service activity and performance.

Results: The service managed 57 patients with severe spasticity and/or intractable pain. Conditions included multiple sclerosis, cerebral palsy, cancer-related pain and chronic non-malignant pain. Approximately 150 pump refills were performed annually, totalling 1500 procedures over ten years. Nurse-led assessment and follow-up supported continuity of care and safe management within a multidisciplinary governance framework.

Conclusions: This ten-year evaluation demonstrates that a nurse-led intrathecal pump service can safely and effectively deliver complex, long-term specialist care. The model supports continuity of care and demonstrates the contribution of advanced nursing practice to specialist pain and spasticity management, providing a sustainable approach to intrathecal pump management within multidisciplinary services.

Keywords: Intrathecal drug delivery; advanced nursing practice; nurse-led service; spasticity; intractable pain.

Abstract No. 10

Title: ENDOEASE - BIOACTIVE FUNCTIONAL INTERVENTIONS FOR INFLAMMATION CONTROL AND PAIN MANAGEMENT IN ENDOMETRIOSIS

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Introduction: Endometriosis (EMS) is an estrogen-dependent, chronic inflammatory disorder involving ectopic endometrial tissue, chronic pain, infertility, and increased ovarian cancer risk. Current pain management relies heavily on hormonal therapy and opioids, which are often associated with adverse effects due to ovarian-cycle suppression and addiction concerns, respectively. Chronic inflammation is a defining feature of EMS and a central therapeutic target. Persistent endometrial-like tissue in the pelvic cavity sustains inflammation that drives pain through lesion expansion, cellular persistence, angiogenesis, and neurogenesis. A gap in the market currently exists for innovative non-hormonal treatments are therefore needed to reduce EMS-associated inflammation, alleviate chronic pain, and enable disease remission.

Aim: To develop a bioactive, non-hormonal anti-inflammatory strategy targeting pelvic inflammation to slow disease progression and provide safer chronic pain management.

Methods: 3D spheroids were generated by co-seeding equal numbers (1×10^5 each) of 12Z, HESC, and THP-1-derived macrophage-like cells in 96-well BIOFLOAT™ plates. Twenty bioactives (0–100 μ M) were screened; Resveratrol, Luteolin, and Sappanone A showed optimal activity. Untreated three-cell and two-cell spheroids served as controls. Surface area was quantified using Fiji, viability by Hoechst/Calcein AM/ethidium homodimer-1 staining ($n=3$), and inflammation by ELISA.

Results: Untreated three-cell spheroids expanded markedly over 15 days. Resveratrol, Luteolin, and Sappanone A (5–20 μ M) reduced spheroid size and inflammatory markers, significantly limiting Day-15 expansion versus untreated controls (mean $\pm$ SEM; $n=3$; $p<0.001$). Live/dead staining indicated retained viability, although quantitative cytotoxicity assessment is required.

Conclusion: Resveratrol, Luteolin, and Sappanone A show promise as adjunct, non-hormonal anti-inflammatory candidates for novel endometriosis interventions. Given the limited validation to date, further mechanistic and cytotoxicity studies are warranted, alongside investigation in other chronic inflammatory diseases.

Ethical Approval: NA

Acknowledgements: The authors gratefully acknowledge Enterprise Ireland for funding this work and the iBio Research Facility, University of Limerick, for providing research facilities and support.

Disclosures: The authors declare no conflicts of interest.

Key Words: Endometriosis, chronic inflammation, chronic pain, non-hormonal therapy, bioactive compounds.

Abstract No. 11

Title: PATIENT-CONTROLLED ANALGESIA EDUCATION AND SATISFACTION REAUDIT; CYCLE 2

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Introduction: Patient-controlled analgesia (PCA) is widely used for postoperative pain control, but effective and safe use depends on adequate patient understanding. A previous multicentre quality-improvement evaluation conducted at Mater Misericordiae University Hospital, Beaumont Hospital and Our Lady of Lourdes Hospital identified variability in PCA education, with only 60.2% of patients reporting receiving education and significant gaps in safety awareness. Interventions including a standardised educational video, patient information leaflet and QR-code access were subsequently developed.

Aim: To prospectively re-audit PCA education, understanding, confidence and satisfaction following implementation of a structured PCA education pathway.

Methods: A prospective re-audit will be conducted among postoperative surgical patients receiving intravenous PCA for ≥ 24 hours at Beaumont Hospital. Patients will complete a standardised questionnaire assessing PCA education, understanding, safety awareness, confidence and satisfaction. Outcomes will be compared with findings from the previous audit to assess changes following implementation of the quality-improvement interventions.

Results: The original audit included 344 patients and demonstrated that 60.2% received PCA education, while only 40.9% were aware of PCA side effects and 44.3% understood the risks of family or proxy PCA administration. Education was associated with improved confidence ($p=0.039$). The re-audit will assess whether these measures have improved following implementation of the structured education pathway.

Conclusion: This re-audit will evaluate the impact of standardised PCA education on patient understanding, safety awareness, confidence and satisfaction. Findings will identify whether improvements have been achieved and guide further refinement of PCA education across participating centres.

Ethical approval declaration: Ethical approval was not required to carry out this audit.

Acknowledgments: NA

Declaration of conflict of interest: No conflicts of interest declared

Keywords: pain, PCA, post-op, education, satisfaction

Abstract No. 12

Title: MANAGEMENT OF PAIN IN CHRONIC LIMB-THREATENING ISCHAEMIA: A SERVICE EVALUATION

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Introduction: Chronic limb-threatening ischaemia (CLTI) is a clinical syndrome defined by the presence of peripheral arterial disease in combination with rest pain, gangrene or a lower limb ulcer > 2 weeks. Previous international studies have highlighted inadequate pain management in CLTI.

Aim of investigation: To review the current practices for CLTI pain in patients reviewed by our inpatient pain consult service.

Methods: Our pain consult database was reviewed for a 6 month period from January to July 2026. Inclusion criteria was patients with pain related to CLTI. Outcomes of the consult were recorded in excel.

Results: 39 patients were reviewed in this period. All patients reviewed had medication advice given. The most commonly advised medications were short acting opioids, gabapentinoids and tricyclic antidepressants. Other recommendations included long acting opioids, lidocaine patches, ketamine and GTN patches. No patients had interventions undertaken.

Discussion: The results demonstrate a heterogenous approach to pain management in CLTI from our pain service. This evaluation highlights the need for a consensus guideline for CLTI pain for our service to allow for standardised, evidence based care to be delivered to this patient group.

Ethics Approval: N/A

Acknowledgements: N/A

Disclosures/Conflicts of interest: N/A

Key Words: Vascular pain, lower limb ischaemia pain, chronic limb threatening ischaemia

Abstract No. 13

Title: MANAGEMENT OF ANTITHROMBOTICS IN PATIENTS UNDERGOING INTERVENTIONAL PAIN PROCEDURES: A CLINICAL AUDIT

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Introduction: Inappropriate continuation of antithrombotic medications prior to interventional pain procedures may increase bleeding risk, with rare but potentially devastating complications such as epidural haematoma following high-risk procedures¹. Conversely, inappropriate interruption may increase thromboembolic risk. The 2018 joint ASRA/ESRA guidelines provide recommendations for periprocedural antithrombotic management according to procedural bleeding risk².

Aim: To assess the documentation of antithrombotic therapy in pre-operative anaesthetic assessment forms and to evaluate compliance with the 2018 guidelines in patients undergoing interventional pain procedures at Beaumont Hospital.

Method: A concurrent clinical audit is being conducted for patients undergoing interventional pain procedures from August - October 2026. Data is collected from pre-op anaesthetic assessment records using a standardised proforma. Record of documented antithrombotic status, agent, dose, indication, date of procedure, procedure risk level, date/time of last dose, and hold time compliance with guidelines are recorded. Results are being analysed descriptively.

Results: Data collection is ongoing. Preliminary results from 57 patients showed documented antithrombotic status in 95% of cases. 31% of patients audited were on antithrombotic medications (n=18). Among these, the antithrombotic agent was documented in 94%, dose in 17%, and date/time of last dose in 78%. For those receiving antithrombotics, 78% of hold times were consistent with the 2018 guidelines.

Discussion: Preliminary findings provide baseline data on antithrombotic management within the Beaumont Hospital interventional pain service and identifies areas of improvement in documentation and guideline adherence. Targeted teaching sessions on antithrombotic hold times and optimisation of pre-op anaesthetic forms will be considered, followed by reaudit.

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Ethical approval declaration: Ethical approval was not required to carry out this audit.

Acknowledgments: NA

Declaration of conflict of interest: No conflicts of interest declared

Abstract No. 14

Title: ALTERED NOCICEPTIVE RESPONDING IN A PRECLINICAL MODEL OF AUTISM IS ASSOCIATED WITH SEX-DEPENDANT TRANSCRIPTIONAL CHANGES IN THE DORSAL HORN OF THE SPINAL CORD

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Atypical pain sensitivity is frequently reported in autism. Prenatal valproic acid (VPA) exposure, an animal model of autism, is associated with thermal and mechanical hyposensitivity¹. This study further examined nociceptive behaviour in the VPA model, the underlying neurobiological mechanisms, and if such effects are sex-dependent. Male and female rats prenatally exposed to VPA (500mg/kg) or saline were assessed for mechanical, cold and thermal responding, anxiety-like behaviour and affective pain responding prior to and following Complete Freund's adjuvant (CFA, 50ul/intraplantar) or sham injection. Ipsilateral dorsal horn spinal cord (DHSC) tissue was collected for analyses.

Prenatal VPA exposure induced hyposensitivity to static and dynamic mechanical stimuli hyposensitivity, but no change in responding to heat or cold stimuli, when compared to saline-treated counterparts. Following CFA, VPA-exposed rats exhibited an attenuated CFA-induced mechanical hypersensitivity and diminished affective pain responding, while thermal and anxiety-like behaviours were unaffected. There was no effect of sex on any of the behavioural parameters assessed however, sex-specific DHSC transcriptional alterations were noted. Prenatal VPA-exposure increased *Calca*, *Slc12a5* and *Itgam* expression and reduced *tac1* expression in male, but not female rats. CFA increased *Calca* and reduced *Tac1* expression in Saline-males, and reduced *Calca* and *Itgam* expression in Saline-females. In VPA male rats, CFA reduced the expression of *Calca* and *Slc12a5*, and increased *Tac1*. In comparison, CFA reduced *Calca* and increased *Itgam* expression in VPA-females compared with VPA-Sham and SAL-CFA treated counterparts respectively. These data provide evidence for atypical pain responding and sex-dependant spinal gene expression in the VPA model of autism.

Acknowledgements: Supported by the Chinese Scholarship Council (to HS), the Hardiman Postgraduate Scholarship (to JC), Research Ireland – Grant number 13/RC/2073_P2 & and Co-funded by the European Union (EU) Grant Agreement n°101081457 and College of Medicine, Nursing and Health Sciences, University of Galway.

Disclosures: NA

Abstract No. 15

Title: EVALUATING ADHERENCE TO DOCUMENTATION GUIDELINES FOR REGIONAL ANAESTHESIA IN CORK UNIVERSITY HOSPITAL EMERGENCY DEPARTMENT

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Introduction: Cork University Hospital (CUH) hip fracture pathway requires that patients receive regional anaesthesia as part of their analgesia plan. This is carried out in CUH Emergency department (ED). A local documentation guideline was developed and implemented by the department of anaesthesiology, in line with Irish Society of Regional Anaesthesia documentation (ISRA) guidelines, for the documentation of these procedures.

Aim of the investigation: To assess adherence of CUH ED staff performing regional anaesthesia to the regional anaesthesia documentation guidelines.

Methods: A Retrospective chart review was carried out of all patients receiving regional anaesthesia in CUH ED. Data was manually input to an excel spread sheet. Descriptive statistics were used to analyse the data.

Results: Data Collection is ongoing, results to follow.

Discussion: Discussion will follow once data collection and analysis is completed.

Ethics Approval: No ethical approval was required.

Acknowledgements: NA

Disclosures/Conflicts of Interest:

NA

Key Words:

Pain

Regional anaesthesia

Ultrasound

Documentation

Patient safety

Abstract No. 16

Title: AUDIT OF ADHERENCE TO PROSPECT RECOMMENDATIONS FOR ANALGESIA IN MAJOR AND MINOR BREAST SURGERY

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Introduction: Cork University Hospital (CUH) is one of the largest breast care centres in Ireland. It provides advanced multidisciplinary care for patients with a wide range of benign and malignant breast conditions. The European Society of Regional Anaesthesia's PROSPECT guideline provide procedure-specific, evidence-based recommendations for postoperative pain management in Non-cosmetic breast surgery. Recommendations for major breast surgery were updated in 2026 and minor breast surgery in 2019.

Aim of the Investigation: To audit the adherence to the relevant PROSPECT recommendations for perioperative analgesia in patients undergoing major and minor breast surgery in CUH.

Methods: A audit was conducted via retrospective review of Anaesthetic and postoperative prescribing records. Patients were categorised according to the procedure as major or minor breast surgery. Data was manually input to an excel spread sheet. Descriptive statistics were used to analyse the data.

Results: Data collection is ongoing. Initial draft results show the guidelines are being followed in the majority of cases. Full results to follow once data collection has been completed.

Discussion:

To follow once data collection has been completed and analysed.

Ethics Approval: No ethical approval was required.

Acknowledgements: NA

Disclosures/Conflicts of Interest: NA

Key Words:

PROSPECT

Peri-operative Analgesia

Pain

Quality improvement

Abstract No. 17

Title: ACUTE PAIN SERVICES IN IRELAND: A NATIONAL SURVEY REVEALING STRUCTURAL INEQUITIES AND OPPORTUNITIES FOR STANDARDISATION

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Introduction: Acute pain services (APS) are essential for peri-operative care, yet their organisation remains poorly described at a national level. This study provides the first detailed evaluation of APS structure, staffing, governance and integration across Irish hospitals, with a focus on identifying system-level gaps and opportunities for standardisation.

Aim of the investigation: To characterise national APS structure, staffing, governance and integration.

Methods: A national survey of inpatient APS was analysed following duplicate exclusion. Seventeen hospitals were included 9 Model 4 (tertiary referral hospital), 6 Model 3 (general acute hospital), 2 paediatric hospitals, representing complete national coverage of tertiary centres. Data were analysed descriptively with stratification by hospital type. Free-text responses were interpreted to estimate consultant cover and specialist nursing staffing.

Results: APS capability was present across most hospitals, with universal daily review of high-risk analgesic techniques. However, marked heterogeneity in service maturity was identified. Only 6/17 hospitals (35%) had a formal APS policy and 9/16 (56%) prescribing guidelines. No hospital reported a transitional pain service, despite 13/17 (76%) having links with chronic pain services; 4/16 (25%) reported psychiatry/addiction links. Mean APS nursing staffing was 2.9 WTE in Model 4 versus 0.9 WTE in Model 3 hospitals. Consultant engagement was inconsistent, with frequent nurse-led or ad hoc models; weekend services were typically reactive.

Conclusions: APS in Ireland are clinically established but structurally heterogeneous, with marked disparities in specialist nursing provision, governance and multidisciplinary integration. National standardisation, workforce investment and integrated peri-operative and chronic pain pathways are required to improve equity and service maturity.

Ethical Approval: This national service audit collected institutional service-level data only; no patient-identifiable information was collected and no alteration to patient care occurred. Formal research ethics approval was therefore not required.

Acknowledgements: The authors thank all participating hospitals for their contribution to the national survey. Funding: N/A.

Disclosures/Conflicts of Interest: None declared.

Key Words: acute pain services; governance; workforce

Abstract No. 18

Title: FROM CONSERVATIVE TO CONFIDENT: IMPROVING RISK-STRATIFIED NSAID PRESCRIBING IN POSTOPERATIVE PATIENTS

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Introduction: Non-steroidal anti-inflammatory drugs (NSAIDs) are an effective component of multimodal postoperative analgesia, yet are frequently withheld over gastrointestinal, renal and cardiovascular concerns largely associated with chronic, high-dose use. Blanket avoidance risks opioid substitution.

Aim of the investigation: We audited whether postoperative NSAID prescribing at our institution reflected an evidence-based, risk-stratified approach.

Methods: A retrospective audit of adult inpatients within 48 hours of surgery was performed in January 2026 (n=100), assessing NSAID prescription, contraindications, renal function documentation, gastroprotection and stop/review dates against agreed standards. Findings were presented at departmental teaching in May 2026. A re-audit of 80 patients was completed in July 2026, additionally recording whether NSAIDs were administered intraoperatively, charted for regular use, or both.

Results: NSAID prescribing increased from 25% to 49% (39/80). No patient with an absolute contraindication received an NSAID; 11 recipients had relative contraindications only. Of patients prescribed NSAIDs, 33/39 were regularly charted (22 also receiving intraoperative doses) and 6 received intraoperative doses only. Among regularly charted NSAIDs, proton pump inhibitor co-prescription improved from 68% to 82% (27/33) and stop/review date documentation from 36% to 42% (14/33). Renal function documentation in NSAID recipients declined from 100% to 67% (26/39). A rationale for withholding NSAIDs was documented in only 1 of 41 patients not prescribed one.

Discussion: A single educational intervention nearly doubled NSAID prescribing without breach of absolute contraindications, and gastroprotection improved, supporting safer opioid-sparing multimodal analgesia. Persistent documentation gaps (renal function, stop/review dates, omission rationale) will be targeted with a prescribing aide-memoire and departmental guideline before further re-audit.

Keywords: Postoperative, NSAID, Analgesia

Ethics approval: This audit was registered and approved by the Beaumont Hospital audit department

Acknowledgements: N/A

Conflicts of interest: The authors declare no conflict of interest

Abstract No. 19

Title: MAINTAINING MOMENTUM IN OPIOID STEWARDSHIP: A FULL AUDIT CYCLE OF STOP/REVIEW DATE DOCUMENTATION AFTER SURGERY

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Introduction: Even short postoperative opioid courses can precipitate opioid-related harm, making stewardship essential. HSE guidance advises immediate-release (IR) opioids for a maximum of four days with a documented stop/review date. Pre-populated four-day stop-date labels were introduced at our institution to support this. We re-audited prescribing practice and the durability of this intervention.

Aim of investigation: To assess opioid prescribing practices in the immediate postoperative period after intervention.

Method: A retrospective cross-sectional audit of adult postoperative patients in the recovery area was performed, extracting data from the drug Kardex and anaesthetic record. A baseline audit (January 2026, n=105) was presented at departmental teaching. A re-audit (July 2026, n=80) assessed opioid prescription, formulation (IR versus patient-controlled analgesia [PCA]), recovery-only versus ward charting, presence of a stop/review date on ward-charted IR prescriptions, and whether stop dates were applied by pre-populated label (sticker) or handwritten.

Results: Opioids were prescribed in 76/80 patients (95%; baseline 96%). No sustained-release formulations were used; 69 prescriptions were Regular/PRN Opioids and 7 (9%) were PCA. Of 67 opioid prescriptions charted for ward use, a stop/review date was documented in 32 (48%), down from 63% at baseline. Among these, only 41% (13/32) used the pre-populated label, with 59% handwritten, reversing the baseline pattern of 77% label use.

Discussion: Postoperative opioid prescribing remained appropriately IR-based with no sustained-release use, but stop/review date documentation and, particularly, uptake of the pre-populated stop-date label declined since baseline. This suggests the benefit of a structural prescribing nudge erodes without reinforcement. Re-promotion of pre-populated labels alongside targeted education, followed by further re-audit, is recommended to sustain safe opioid prescribing.

Keywords:

Opioid, Post-operative, Stop/Review Date

Ethics approval:

This audit was registered and approved by the Beaumont Hospital audit department

Acknowledgements: N/A

Conflicts of interest:

The authors declare no conflict of interest

Abstract No. 20

Title: MULTIDISCIPLINARY INDUCTION IS ASSOCIATED WITH GREATER ANAESTHETIC REGISTRAR CONFIDENCE IN CHRONIC PAIN ASSESSMENT: A TWO-YEAR EVALUATION.

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Introduction: Anaesthetic registrars entering a chronic pain rotation lack training in biopsychosocial assessment. We introduced a multidisciplinary induction comprising consultant-led teaching on pain assessment and diagnosis, psychologist-led teaching on psychological assessment, and physiotherapist-led practical instruction in physical examination.

Aim: To evaluate changes in registrar confidence following the induction across two annual cohorts.

Methods: Across two annual cohorts, registrars completed anonymous pre- and post-programme surveys rating confidence on a 0-100 scale in eight domains. Available exports contained aggregate, unpaired responses; mean confidence scores, expressed as percentages, were compared descriptively. [

Results: There were 54 pre-programme and 27 post-programme respondents (item-level n=48-54 and 23-27).

Mean confidence was higher post-programme for every question: [

- New-patient assessment, 47.3% to 71.4%; [
- Neuropathic pain screening, 45.2% to 68.4%; [
- Questionnaire use, 32.2% to 73.2%; [
- Activity/physiotherapy assessment, 45.1% to 69.7%; [
- Psychological assessment, 43.7% to 67.4%; [
- Physical examination, 53.2% to 72.8%; [
- Diagnosis, 37.9% to 67.6%; and
- Treatment planning, 37.4% to 61.9%.

The unweighted mean of the eight domain scores increased from 42.8% to 69.1% (+26.3 percentage points).

Conclusions: Multidisciplinary induction was associated with higher confidence across all assessed domains. The largest gain was in questionnaire use (+41.0 points). Lower post-programme response numbers and unpaired aggregate data limit statistical and causal inference.

Ethical Approval: As these were anonymous surveys and no patient information was recorded, ethical approval was not required.

Disclosures / Conflicts of Interest: Nil

Acknowledgements: Clinical Psychology and Physiotherapy teams, South Infirmity Victoria University Hospital. No grant or external funding.

Key Words: Chronic pain; Medical Education; Anaesthetic Registrars; Multidisciplinary Education.

Abstract No. 21

Title: BASELINE ASSESSMENT OF OPIOID PRESCRIBING KNOWLEDGE AMONG NEW INTERNS (NCHDs): A PRE-TEACHING AUDIT

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Background: Opioid analgesics are frequently prescribed in acute hospital settings, yet inappropriate prescribing and inadequate awareness of associated risks and side effects contribute to preventable patient harm. New interns (NCHDs) represent a group particularly vulnerable to knowledge gaps at the start of their clinical practice. Assessing baseline knowledge prior to formal teaching allows educators to identify areas requiring targeted reinforcement.

Aim: To assess incoming interns' baseline knowledge of safe opioid prescribing practices using a live interactive quiz delivered at the start of intern induction/teaching.

Methods: An anonymous, interactive quiz comprising four short-answer questions on opioid prescribing was administered to interns (n=18–19 respondents per question) immediately prior to a teaching session. Questions covered: risks of co-prescribing opioids with serotonergic agents, specific drug interactions with tramadol, appropriate co-prescription for opioid-induced constipation, and recognition of opioid side effects and who prescribing falls upon.

Results: Knowledge of general opioid side effects (100% correct; e.g. constipation, respiratory depression, nausea, addiction) and the risk of serotonin syndrome (100% correct) was strong. Awareness of the specific laxative choice for opioid-induced constipation was moderate (71% correct), with correct responses centred on lactulose and senna. However, awareness of the specific interaction between tramadol and SSRIs was poor, with only 7% of interns correctly identifying SSRIs as the class of concern; incorrect responses included paracetamol, NSAIDs, antipsychotics, benzodiazepines, and other opioids. 88% answered that the intern most commonly prescribed pain medications and 96% answered that the intern most commonly completes the discharge prescription.

Conclusion: While new interns demonstrated good general awareness of opioid side effects and the risk of serotonin syndrome, a significant knowledge gap was identified regarding specific drug–drug interactions, particularly tramadol–SSRI co-prescribing, and appropriate laxative choice for opioid-induced constipation. These findings support the value of targeted, case-based teaching on opioid drug interactions at intern induction alongside weekly teachings and highlight the utility of pre-teaching quizzes in identifying specific educational needs. This is especially true considering the high volume of prescribing from interns regarding pain medications.

Ethical statement: Approved audit within Beaumont Hospital. Anonymised, unidentifiable data.

No conflict of interest.

Abstract No. 22

Title: AN AUDIT OF REVISED ANALGESIA PROTOCOL FOR ELECTIVE JOINT ARTHROPLASTY

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The authors do not have any conflict of interest.

Aims: Mayo University Hospital performs approximately 350 joint arthroplasty surgeries per annum. We revised our analgesia protocol in 2024 based on best current practice.

Methods: We conducted this audit from January to July 2025. All patients presenting for joint arthroplasty surgeries were invited to be included.

Results: Our audit included 147 patients; 94 patients had a total hip arthroplasty and 53 had a total knee arthroplasty. The average age was 69 years, and most patients were living at home independently before surgery. More than 36% (53/149) were on prescribed analgesics pre-operatively. The average pain score on day 1 was 4.8 for the hip arthroplasty patients and 5.5 for the knee arthroplasty patients. The total morphine requirements for the first 2 days were 48 mgs for the hip surgery patients and 65 mgs for the knee surgery patients. The median length of stay for all patients was 4 days. On follow up at 6 weeks, 91% (135/149) of patients were mobilising independently. Overall satisfaction of the patient's experience (0-10) was 8.7 for the knee arthroplasty patients and 8.8 for the hip arthroplasty patients.

Discussion: Overall, we were satisfied with our analgesic protocol, but we want to improve the day 1 and 2 pain scores particularly in the knee arthroplasty patients. We are discussing the introduction of adductor canal blocks pre-operative.

Ethical approval was obtained from the research and ethics committee at Mayo University Hospital

The authors do not have any conflict of interest.

Abstract No. 23

Title: REACH (RESOURCES FOR EMPOWERING ACTIVITY THROUGH CO-DESIGN AND HEALTH LITERACY) MOVEMENT FOR PEOPLE LIVING WITH CHRONIC PAIN

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Introduction: Generic "stay active" advice fails to account for fluctuating pain, driving patient frustration. Strengthening physical literacy through tailored movement and plain-language guidance is essential to bridge health literacy gaps and support long-term self-management.

Aim of Investigation: To explore physical literacy, barriers, facilitators, and educational preferences to co-design patient-centered resources that support physical health.

Methods: In partnership with Chronic Pain Ireland, five online focus groups and two semi-structured interviews were conducted (n=19, mean pain duration 14.5±9.6 years). Qualitative data was analysed, and a Public and Patient Involvement (PPI) and stakeholder group co-designed and finalised a collection of educational resources over the course of six months.

Results: Focus group themes highlighted 'Flipping the Coin' (unpredictable symptoms), 'The move from "classic tripe" to tailored movement' (desire for contextually relevant, enjoyable movement over generic advice), and 'Gaps in the System' (cost, rural barriers, and need for digestible resources due to fatigue and brain fog). To address these, three resources were co-designed and finalised: 1) a 'Stories that Move You' booklet sharing diverse narratives, 2) a 'Movement Decision Guide' for daily physical activity titration, and 3) three videos with tips and nudges on pacing and exercise doses.

Conclusions: Co-designed, tailored resources addressing specific barriers identified by end users hold the potential to help bridge physical literacy gaps and support self-management. This study highlights the value of academic-patient advocacy collaborations in co-designing sustainable, free-to-access, community-facing resources.

Ethical Approval: Ethical approval was granted by both Dublin City University Research Ethics Committee (DCUREC/2026/001).

Acknowledgements: This study was funded by Research Ireland New Foundations 2025 grant (NF/2025/12220).

Disclosures/Conflict of Interest: The authors have no financial relationships or conflicts of interest to disclose related to this work.

Key words: Chronic pain, Co-design, Physical literacy, Educational resources, Patient and Public Involvement (PPI)

Abstract No. 24

Title: VALIDATION OF THE MUSCULOSKELETAL PAIN LITERACY QUESTIONNAIRE (MSK-PLQ)

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Aim of the investigation: Health literacy is considered a key determinant of successful self-management in people with persistent MSK pain. However, instruments specifically designed to assess MSK pain literacy remain scarce. This study aimed to validate the preliminary version of the Musculoskeletal Pain-Literacy questionnaire (MSK-PLq) and to evaluate its psychometric properties in individuals with persistent MSK pain.

Methods: Item reduction followed a predefined sequence of psychometric criteria, including response variability, corrected item-total correlations, and principal component analysis (PCA). Structural validity, internal consistency, floor and ceiling effects, test-retest reliability, measurement error, and construct validity were evaluated. Construct validity was assessed through correlations with the European Health Literacy Survey Questionnaire, the Pain Self-Efficacy Questionnaire, and the Pain Beliefs Questionnaire.

Results: 151 participants completed the MSK-PLq and 102 completed the test-retest assessment. Item reduction resulted in an 8-item questionnaire organised into two domains. The final PCA supported a two-component structure explaining 53% of the total variance. Internal consistency was acceptable for the total score (Cronbach's $\alpha=0.71$), and test-retest reliability was good (ICC=0.87 [0.80-0.91]). Moderate correlations were found with pain self-efficacy ($r=-0.342$) and organic pain beliefs ($r=0.488$), whereas no meaningful association was found with self-reported health literacy.

Discussion: The MSK-PLq is a brief, valid, and reliable instrument for assessing MSK pain literacy in individuals with persistent MSK pain. The final two-domain structure appears to reflect fundamental understanding and beliefs about MSK pain and more advanced appraisal and application skills. Further research should confirm the dimensional structure in independent and culturally diverse populations

Ethics Approval: Approved by the Ethics Committee of HSE Mid-West, Ireland (UHL Study REC Ref: 0172) and the Research Ethics Committee of San Jorge University (N117/1/23-24).

Acknowledgements: This study was co-funded by the European Union. ERASMUS-EDU-2022-PI-ALL-INNO: Project n.101111708. The funders did not have any role in this study.

Disclosures/Conflicts of Interest: Pablo Bellosta-López, Julia Blasco-Abadía, and Víctor Doménech-García are supported by the Gobierno de Aragón (Spain) (Research Group MOTUS B60_23D). Julia Blasco-Abadía is supported by the Spanish Ministry of Universities. Pedro Berjano, Domenico Compagnone, Francesco Langella, and Alice Baroncini are supported by the Italian Ministry of Health. Søren Skou has received personal fees from Munksgaard, TrustMe-Ed, and Nestlé Health Science, and is cofounder of GLA:D, a not-for-profit initiative aimed at implementing clinical guidelines for osteoarthritis in clinical practice. These institutions did not have any role in this study.

Key Words: pain, health literacy, validity

Abstract No. 25

Title: DIGITALLY DELIVERED EDUCATION FOR HEALTHCARE PROFESSIONALS MANAGING PERSISTENT MUSCULOSKELETAL PAIN: A SCOPING REVIEW

Lara Coyne, Pablo Bellosta-López, Víctor Doménech-García, Julia Blasco-Abadía, Roisin Cahalan, Mairead Conneely, Morten Hoegh, Karen McCreesh, Mary O’Keeffe, Nathan Skidmore, Thorvaldur Skuli Palsson, Steffan Wittrup McPhee Christensen, Kieran O’Sullivan

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Aim of investigation: Digital platforms are increasingly used to facilitate continuing professional development for Healthcare Professionals treating persistent musculoskeletal pain. This review aimed to examine how digital education for Healthcare Professionals managing persistent musculoskeletal pain is delivered.

Methods: Following the Joanna Briggs Institute methodology, six electronic databases were searched using three keyword categories (Healthcare Professionals, Musculoskeletal Pain, digital education). Eligible studies were written in English, included a minimum of 10 participants, used fully digital formats to deliver pain education, to qualified healthcare professionals, involved in treating adult populations. Studies were charted and evaluated using the e-Health extension of the Template for Intervention Description and Replication (TIDieR) checklist. All outcomes were classified using the New World Kirkpatrick Method: Reaction, Learning, Behaviour, and Results-level outcomes.

Results: 23 studies were included. Participants were mostly Physiotherapists (16/23). Digital education varied widely in format, duration and content. TIDieR scores ranged from 6/12 to 12/12, with limited reporting of tailoring and modification (4/23) to healthcare professionals' needs or preferences, and limited actual measures of fidelity or adherence (8/23). The reaction-level outcomes (n = 19/23) were broadly positive on acceptability, satisfaction, and feasibility. Learning-level outcomes (n=20/23) - commonly self-reported - were mixed. Behavioural outcomes were assessed in only 9/23 studies. Only two studies evaluated patient outcomes.

Discussion: Digitally delivered education for clinicians managing persistent musculoskeletal pain varied widely in format, duration, and content. Intervention descriptions were often incomplete, and few studies incorporated interactivity or tailoring to learner needs and preferences. Few studies considered clinical outcomes.

Ethics Approval: N/A

Acknowledgements: This study was co-funded by the European Union. ERASMUS-EDU-2022-PI-ALL-INNO: Project n.101111708. The funders did not have any role in this study.

Disclosures/Conflicts of Interest: Pablo Bellosta-López, Julia Blasco-Abadía, and Víctor Doménech-García are supported by the Gobierno de Aragón (Spain) (Research Group MOTUS B60_23D). Julia Blasco-Abadía is supported by the Spanish Ministry of Universities. Kieran O'Sullivan delivers continuing education for healthcare professionals on low back pain. These institutions or interests did not have any role in this study.

Key Words: Musculoskeletal pain, health professional education, professional development, digital, online

Abstract No. 26

Title: CIRCULATING FAAH SUBSTRATES ARE ASSOCIATED WITH INDIVIDUAL DIFFERENCES IN HUMAN PAIN SENSITIVITY

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Introduction: Individual differences in pain perception may be shaped by endogenous neuromodulators. The endocannabinoid (eCB) system modulates nociception in rodents, but its role in human pain is unclear. Fatty acid amide hydrolase (FAAH) degrades anandamide (AEA) and the *N*-acylethanolamines (NAEs) *N*-palmitoylethanolamide (PEA) and *N*-oleoylethanolamide (OEA). Their specific contributions to human pain, and interactions with endogenous opioids, remain unknown.

Aim of Investigation : To explore the contributions of baseline circulating (1) eCB/NAE levels, (2) β -endorphin (BE) levels and (3) their interaction to individual differences in heat pain sensitivity.

Methods: Forty-nine healthy participants (25M, 24F) provided fasted blood samples before a heat pain calibration protocol quantifying heat pain sensitivity. Circulating FAAH substrates and 2-arachidonoylglycerol (2-AG) were measured by LC-MS/MS, BE by ELISA, and FAAH C385A genotype determined. Linear mixed models assessed contributions of baseline analytes to pain sensitivity, with subject ID and temperature as random factors. Due to multicollinearity, AEA, PEA and OEA were combined with PCA into a 'FAAH substrates' composite.

Results: FAAH substrates interacted with stimulus temperature: higher levels were associated with lower heat pain sensitivity ($p = 0.036$). Exploratory decomposition of the composite indicated a temperature-by-PEA interaction (corrected $p = 0.012$). FAAH substrate-by-BE interactions were not significant, nor were effects of BE, 2-AG, sex or cannabis use ($ps > 0.05$). Sex, *FAAH* C385A genotype and cannabis use were unrelated to eCB/NAE levels.

Conclusions: The results of this exploratory study suggest that circulating FAAH substrates, particularly PEA, may moderate the temperature-heat pain relationship in humans. Replication in adequately powered samples is required before mechanistic or translational claims.

Ethics Approval: All procedures were approved by the University of Toronto's Human Research Ethics Board (Protocol #45552).

Acknowledgements: This work was supported by a Canadian Institutes of Health Research (CIHR) Project Grant awarded to M. M., D. P. F. and L. Y. A. (183703).

Disclosures/Conflicts of Interest: The authors have no conflicts to report.

Key Words: pain sensitivity, endogenous neuromodulation, endocannabinoid system, FAAH substrates, β -endorphin

Abstract No. 27

Title: NOCICEPTIVE WITHDRAWAL REFLEXES AS A POTENTIAL PHYSIOLOGICAL MARKER IN CHRONIC LOW BACK PAIN

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Introduction: Low back pain (LBP) is a common and disabling condition, with approximately 30% of individuals developing persistent symptoms. Identifying objective markers associated with chronic LBP remains challenging, as quantitative sensory testing has shown inconsistent associations with clinical outcomes. The nociceptive withdrawal reflex (NWR), an involuntary motor response to noxious stimulation, may provide an alternative measure of pain-related nervous system function.

Aim of Investigation: To evaluate relationships between NWR parameters and clinical features of chronic LBP.

Methods: Adults with chronic LBP (n=21; 13 females and 8 males) completed clinical questionnaires and underwent NWR assessment using electromyographic recordings during electrical stimulation. Reflex responses were recorded from leg (tibialis anterior) and trunk muscles (lumbar multifidus and thoracic erector spinae). NWR stimulus-response slopes were calculated across multiple stimulation intensities.

Results: Leg reflexes were successfully recorded in all participants, while trunk responses were elicited in 11 participants. Leg and trunk NWR slopes were not significantly correlated. Pain intensity was not associated with NWR measures. However, multifidus NWR slopes were negatively associated with RAND-36 Mental Component Summary scores ($r=-0.62$, $p=0.048$) and positively associated with State-Trait Anxiety Inventory state ($r=0.65$, $p=0.036$) and trait scores ($r=0.72$, $p=0.015$).

Discussion: In chronic LBP, greater multifidus reflex excitability was associated with poorer mental health and higher anxiety. Leg and trunk reflex responses were not significantly correlated, suggesting that conventional lower-limb NWR assessment may not fully reflect reflex behaviour in the painful trunk region. These preliminary findings support further investigation of trunk NWRs as a potential marker relevant to chronic LBP.

Ethics Approval: Study approval was granted by the University of Galway Research Ethics Committee (2024.05.019) and Galway University Hospitals Clinical Research Ethics Committee (C.A. 3243).

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Disclosures/Conflict of Interest: N/A

Keywords: lower back, flexion reflex, musculoskeletal, human, EMG, STAI, SF-36

Abstract No. 28

Title: “MY LIFE IS OVER”: INFORMATION, UNCERTAINTY AND EMOTIONAL DISTRESS FOLLOWING PELVIC ORGAN PROLAPSE DIAGNOSIS: FINDINGS FROM A CO-DESIGN STUDY

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Introduction: Pelvic organ prolapse (POP) is an important public health issue, affecting more than 30 million women worldwide, often causing a range of distressing physical symptoms, including bladder, bowel difficulties and pain and leading to substantial psychological and social impacts. Younger women with POP report fear, uncertainty and distress following diagnosis. Access to clear, trustworthy information may enhance understanding, self-management and engagement with care.

Aim of the investigation: To explore information needs of women with POP and co-design a digital pelvic health information resource.

Methods: Women with self-reported POP aged 28–49 years (n=15) and health and exercise professionals (HEPs) (n=6) participated in five online co-design workshops. Discussions explored experiences of diagnosis, accessing information and priorities for content and design. Workshops were recorded, transcribed and thematically analysed.

Results: Women described feeling isolated, overwhelmed and frightened following diagnosis. Existing information was perceived as negative, overly clinical and difficult to relate to. Participants described uncertainty regarding symptoms, prognosis, treatment and accessing care. HEPs similarly identified anxiety and distress following diagnosis and reported challenges in communicating information to their patients without increasing fear. The co-design approach identified the need for information that is reassuring, evidence-based, inclusive and relevant to women's lives.

Conclusions: Information provision may represent a modifiable component of the wider biopsychosocial experience of POP. Addressing information-related uncertainty and distress may have implications for symptom management and engagement with care.

Ethics Approval: University College Dublin Human Ethics Research Committee (HREC) (ref: LS-23-19-Carroll-Ful).

Acknowledgements: Grant funding received from University College Dublin Centre for Translational Research (no grant number)

Disclosures/Conflicts of Interest: None.

Key Words: Pelvic organ prolapse; pain; information needs; emotional distress; co-design

Abstract No. 29

Title: IMPROVING INPATIENT PAIN ASSESSMENT: A QUALITY IMPROVEMENT INITIATIVE

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Background: Patient feedback and complaints identified inadequate inpatient pain management as an area requiring improvement. Baseline audits demonstrated poor documentation of pain scores on bedside Irish National Early Warning Score (INEWS) observation charts. A multidisciplinary working group was established to address this issue.

Objectives: To improve pain assessment and documentation for adult inpatients at Cork University Hospital, with the aim of enhancing pain management, patient outcomes, patient satisfaction, and reducing length of hospital stay.

Methods: A new pain assessment observation chart was developed and introduced on one medical and one surgical ward over a six-week pilot period. Baseline audits of pain documentation were conducted using INEWS bedside charts. Following implementation, a repeat audit evaluated compliance with four Quality Care Metrics for Pain Assessment.

Results: Post-intervention audit demonstrated significant improvements across all four pain assessment metrics, indicating enhanced documentation and more consistent pain assessment practices.

Discussion: Introducing a standardized pain assessment chart significantly improved the quality and consistency of pain assessment documentation in the pilot wards.

Implications for Practice: Improved pain assessment supports timely and appropriate pain management, leading to enhanced patient experience, improved clinical outcomes, and the potential for reduced hospital length of stay. The success of the pilot supports wider implementation across the organisation.

Key Words: Pain Assessment, Quality Improvement, Documentation

Abstract No. 30

Title: ESTABLISHMENT OF AN IN VITRO CELL MODEL SYSTEM TO INVESTIGATE NF- κ B'S POTENTIAL PRO-SURVIVAL ROLE IN ENDOMETRIOSIS

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Introduction: Endometriosis (EMS) is a chronic, estrogen-dependent inflammatory condition in which endometrial-like lesions develop outside the uterus. Affecting an estimated 10% of women globally, EMS profoundly impacts fertility, quality of life, and long-term health. Current treatments, including hormonal suppression and opioids, target symptoms rather than underlying pathology and often carry significant side effects. Increasing evidence implicates the NF- κ B family of inducible transcription factors in driving pathogenic endometriotic cell survival, proliferation, invasion, adhesion, and resistance to apoptosis. However, global NF- κ B inhibition is clinically unfeasible due to severe on-target systemic toxicities, highlighting the need to identify non-redundant, disease-specific downstream effectors of NF- κ B in EMS.

Aim of the Investigation: To identify RelA/NF- κ B-dependent, EMS-specific downstream effectors that contribute to cell survival that potentially represent future therapeutic targets.

Methods: A stable RelA-deficient 12Z endometriotic epithelial cell line was generated using lentiviral short hairpin RNA. RelA-silenced and control cells were stimulated with TNF α , and RNA sequencing with bioinformatic analysis was performed to define transcriptional changes associated with RelA loss.

Results: Transcriptomic profiling identified the top differentially expressed genes in TNF α -treated RelA-deficient cells compared to control cells, revealing key RelA-dependent transcriptional responses.

Discussion: These findings represent the first step to identifying non-redundant downstream effectors of RelA/NF- κ B in EMS and potentially provides a foundation for developing more precise therapeutic strategies that minimise toxicity while targeting pathogenic NF- κ B activity in EMS.

Ethics Approval: N/A

Acknowledgements: This work is funded by an internal UL Scholarship.

Conflict of interest: The authors declare no conflict of interest.

Key Words: Endometriosis, NF- κ B, targeted therapies

Abstract No. 31

Title: RE-AUDIT OF STOP/REVIEW DATE USE IN POST-OPERATIVE OPIOID PRESCRIBING: HAS DEPARTMENTAL EDUCATION IMPROVED COMPLIANCE WITH HSE GUIDANCE?

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Introduction: Opioids remain a mainstay of post-operative pain management. Even short courses can cause overuse and harm, making stop/review-date documentation a safety priority [2]. The HSE standard advises use of immediate-release (IR) opioids, avoiding sustained-release opioids and stop/review date documented within 4 days [1]. Cycle 1 (n=105) found that 96% of post-operative patients received an opioid, all IR, but only 62.7% met the documentation standard, driven largely by pre-populated labels (77%).

Aim of the investigation: To determine whether a departmental education intervention improved compliance with HSE guidance on stop/review-date documentation for post-operative opioid prescriptions.

Methods: Cycle 2 replicated Cycle 1's design: a retrospective cross-sectional audit of the post-operative Drug Kardex in the recovery area, using the same proforma and HSE standard [1], over one week, capturing opioid formulation, PACU/ward prescribing, PCA use, and stop/review-date documentation (n=100).

Results: Compliance with the HSE standard [1] fell from 62.7% to 38.7% following the intervention (stop date 58.7%→33.3%; review only 4%→5.4%; neither 37.3%→61.3%), with pre-populated label use falling from 77% to 13.0%. Opioid prevalence was unchanged (96%). One sustained-release opioid (OxyContin) was identified, a deviation from the HSE standard [1] not present in Cycle 1.

Conclusion: Greater sticker stock, ward-level stock checks, and pharmacist verification at dispensing would help, but the decline likely reflects staff turnover outpacing a single teaching session. Embedding the standard into induction for each rotation, alongside a Kardex that will not accept an opioid order without a stop or review date, would be more durable. Cycle 3 should re-audit at short interval.

Ethical Approval: Audit approval was obtained from Beaumont Hospital.

Acknowledgements: NA

Disclosures/Conflicts of Interest: No conflicts of interest to declare.

Key Words: opioid stewardship, post-operative pain, clinical audit, prescribing compliance
[1] HSE. Guidance For Opioid Prescribing for Acute Non-Cancer Pain, Postoperative Pain and Post-Procedure Pain. HSE, 2021 — the standard audited against: IR opioids for a maximum of 4 days where indicated, SR opioids avoided, stop/review date documented at initial prescription.
[2] Levy, N. et al. (2020) 'An international multidisciplinary consensus statement on the prevention of opioid-related harm in adult surgical patients', *Anaesthesia*, 76(4), pp. 520–536.

Abstract No. 32

Title: VAGINAL MICROBIOME DYSBIOSIS IS ASSOCIATED WITH STRESS, PAIN BURDEN, AND SYSTEMIC INFLAMMATORY SIGNATURES IN ENDOMETRIOSIS

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Introduction: Endometriosis is a chronic inflammatory disease associated with pelvic pain, reduced quality of life, and infertility. Immune dysregulation and vaginal microbiota alterations may contribute to its pathophysiology, but their relationships with clinical symptoms remain unclear.

Aim of Investigation: To characterise vaginal microbiota composition in women with endometriosis and explore its associations with systemic inflammation, pain, and psychological distress.

Methods: This exploratory case–control study included women with laparoscopically confirmed endometriosis (n = 18) and healthy controls (n = 13). Vaginal microbiota was assessed using qPCR-based profiling and systemic inflammatory markers using the MSD Multi-Spot Assay System. Pain was evaluated using the Brief Pain Inventory. Stress and psychological distress were assessed using the Perceived Stress Scale (PSS-10), General Health Questionnaire (GHQ-12), and salivary α -amylase.

Results: Women with endometriosis showed reduced *Lactobacillus crispatus* ($q = 0.000232$), increased anaerobic/opportunistic bacteria, and fewer *Lactobacillus*-dominated community state types. Alpha diversity did not differ significantly between groups. Lower *L. crispatus* abundance correlated with higher stress ($r = -0.5309$, $p = 0.0391$) and IL-12p70 levels ($r = -0.4896$, $p = 0.0458$). *Streptococcus anginosus* and *Enterococcus faecalis* were positively associated with pain intensity ($r = 0.65$, $p < 0.01$).

Conclusion: Vaginal microbiota alterations in endometriosis were associated with systemic inflammation, stress, and pain. These exploratory findings support further investigation of host–microbe–symptom relationships in larger cohorts to establish their clinical relevance and clarify the direction of these associations.

Ethical approval:

This pilot study involving human participants was approved by the Clinical Research Ethics Committee at University College Cork (Approval No. APC 146) and conducted in accordance with the Declaration of Helsinki and the International Conference on Harmonisation Good Clinical Practice (ICH-GCP) guidelines. Written informed consent was obtained from all participants prior to enrolment.

Key Words: chronic pelvic pain; endometriosis; inflammation; vaginal microbiome

Abstract No. 33

Title: BEYOND THE OPIOID: UNDERSTANDING PRESCRIBING PATTERNS FOR NEUROPATHIC PAIN IN THE NRH

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Introduction: Neuropathic pain is prevalent in specialist rehabilitation populations, particularly following spinal cord injury, limb absence and acquired brain injury. However, prescribing patterns for neuropathic pain within Irish interdisciplinary rehabilitation settings have not previously been characterised.

Methods: Admission and discharge prescribing data for all inpatients at the National Rehabilitation Hospital during 2024–2025 were extracted from the TrakCare© electronic healthcare record. Following restriction to analgesic indications, 798 patient admissions and 3,162 discrete prescriptions were identified. Neuropathic agents were classified as gabapentinoids, tricyclic antidepressants (TCAs) or serotonin–noradrenaline reuptake inhibitors (SNRIs). Prescribing changes were assessed using descriptive statistics, McNemar’s test and Wilcoxon signed-rank testing. Opioid burden was assessed using maximum prescribed daily morphine milligram equivalents (MME).

Results: Overall, 314 patients (39.3%) received neuropathic agents for identifiable neuropathic pain syndromes, comprising 431 prescriptions. Ninety-six (30.6%) received ≥ 2 neuropathic agents and 156 (49.7%) received concomitant opioids. Gabapentinoid prescribing changed significantly between admission and discharge ($p=0.000075$), while changes in SNRI ($p=0.0801$) and TCA prescribing ($p=0.24$) were not statistically significant. Overall maximum prescribed MME decreased from 35.9 to 28.5 ($p<0.00001$); among patients receiving ≥ 2 neuropathic agents, MME decreased from 35.66 to 31.30 ($p=0.0377$).

Conclusion: Neuropathic pharmacotherapy was common across rehabilitation cohorts, with gabapentinoids the predominant agents. A significant reduction in maximum prescribed opioid burden was observed across all groups. The smaller reduction among patients receiving multiple neuropathic agents may identify a population with more treatment-resistant pain, although the absence of patient-specific variables limits further inference from this dataset.

NRH Research Ethics Committee application: 2026040001NRHEC

The authors declare no conflicts of interest.

Abstract No. 34

Title: PARACETAMOL DOSING AMONGST SURGICAL PATIENTS AT CORK UNIVERSITY HOSPITAL: AN AUDIT OF COMPLIANCE WITH SAFE DOSING GUIDELINES

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Jack O'Donovan (1), Mollie Kelly (1), Murray Connolly (1), Nisha George Valsamon (1), Sean O'Brien (1)

Introduction: Paracetamol is an effective analgesic medication, commonly prescribed to surgical patients. Although generally safe, it carries a risk of hepatotoxicity. The HSE safe prescribing guideline recommends dosing adjustments for certain patient cohorts. This includes patients weighing less than 50 kg and those with risk factors for hepatotoxicity.

Aim of Investigation: To assess compliance with the HSE's safe prescribing guidelines for paracetamol in surgical inpatients at CUH.

Methods: A point-prevalence audit of paracetamol prescribing was conducted among thirty-one surgical inpatients at CUH. Data collected included duplicate paracetamol-containing medicines, documented patient weight, risk factors for hepatotoxicity, requirement for dose adjustment, and prescribed dose.

Results: All 31 patients (100%) were prescribed paracetamol. As per the guideline, dose adjustment was required in twelve patients (38.7%). Seven patients (22.6%) were receiving inappropriately high doses. Two patients (6.5%) had paracetamol prescribed in both the regular and PRN sections simultaneously. Six patients (19.4%) weighed <50 kg and of those weighing < 50 kg, three (50%) were not dose adjusted correctly. Weight was not documented on twelve medication charts (38.7%). Risk factors for toxicity in the patients audited included malnutrition (32.3%), compensated cirrhosis (9.7%), alcohol use disorder (6.5%) and dehydration (3.2%).

Conclusion: This audit highlights suboptimal compliance with safe paracetamol prescribing guidelines, particularly in relation to weight documentation and dose adjustment. Prescriber education and improved documentation of patient weight and hepatotoxicity risk factors may improve prescribing safety.

Ethical Approval: Not required; registered as a clinical audit

Acknowledgements: NA

Disclosure/Conflicts of Interests: NA

Key Words: Paracetamol, safety, weight, hepatotoxicity

Abstract No. 35

Title: EPIDURAL VERSUS PARAVERTEBRAL ANALGESIA FOR THORACIC SURGERY: A RETROSPECTIVE COMPARATIVE COHORT STUDY

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Introduction: Optimal post-operative analgesia is essential following thoracic surgery. Epidural and paravertebral analgesia are established techniques, but comparative data remain limited.

Aim of Investigation: To compare pain and opioid outcomes between epidural and paravertebral analgesia.

Methods: We retrospectively analysed acute pain service records from July 2023 to August 2025. Thoracic procedures were identified from manually reviewed cardiothoracic operation text. Trauma and mixed-technique records were excluded; only the earliest episode per patient was retained. The primary outcome was day-one resting pain; functional pain, day-two scores and 24-hour oral morphine-equivalent daily dose, recalculated using Faculty of Pain Medicine ANZCA factors, were secondary. Mann–Whitney U tests were used. The primary outcome was adjusted for age, ASA physical status, procedure category and year using robust linear regression.

Results: The cohort comprised 310 patients: 251 epidural and 59 paravertebral. Day-one resting pain was lower with epidural analgesia (mean 1.78 versus 2.61; $n=227/54$; $P=0.002$). The adjusted difference was 0.96 points higher with paravertebral analgesia (95% confidence interval 0.33–1.59; $P=0.003$; $n=273$). Day-one functional pain was 3.19 versus 3.98 ($P=0.040$; $n=218/53$). Oral morphine-equivalent daily dose did not differ significantly (means 10.6 versus 15.0 mg; medians 0 versus 5.5 mg; $P=0.112$; $n=227/54$). Day-two resting and functional pain were not significantly different ($P=0.061$ and $P=0.110$).

Discussion: Epidural analgesia provided superior early pain control, but this was not sustained on day two or associated with reduced opioid consumption.

Ethical Approval: NA

Acknowledgements: NA

Disclosure/Conflicts of Interests: NA

Key Words: epidural, paravertebral, pain, opioid

Abstract No. 36

Title: EVALUATION OF A TERTIARY MULTIDISCIPLINARY PELVIC PAIN SERVICE: PATIENT COMPLEXITY, HEALTHCARE UTILISATION AND CLINICAL OUTCOMES

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Introduction: Chronic pelvic pain is heterogeneous, associated with substantial physical and psychological morbidity and healthcare utilisation. Multidisciplinary services integrate pharmacological, physical, psychological and interventional approaches.

Aim of the investigation: To evaluate patients complexity, management, healthcare utilisation and outcomes of a tertiary pelvic pain service.

Methods: This retrospective audit included **180 consecutive patients** attending Beaumont Hospital Pelvic Pain Service between **January 2019 and January 2025**. Clinical, pharmacological, multidisciplinary, interventional and outcome data were collected. Healthcare utilisation was compared two years before and after assessment; interventional outcomes were assessed at six months or patient-initiated review.

Results: Mean age was **51.5±16.9 years**, **71.1% were female** and median pain duration was **2 years (IQR 1–3)**. Primary/secondary pain accounted for **41.7%/58.3%**. Previous pelvic surgeries were median **1 (IQR 0–2; range 0–10)**. Predominant phenotypes were organ-specific/nociplastic (**30.0%**), post-surgical (**15.0%**) and endometriosis (**13.3%**). At referral, **59.4% received anti-neuropathics** and **35.6% opioids** (median **22.3 MME/day; IQR 12–45; range 1.3–240**). Opioid prescribing decreased to **26.7% (P=0.010)**. Any MDT input increased **52.2%→86.7% (P<0.001)**: psychology **15.6%→29.4%**, physiotherapy **26.1%→53.3%**, combined input **10.6%→30.5%**. Interventions included sacral nerve root (**41.7%**), superior hypogastric plexus (**35.0%**) and ilioinguinal/genitofemoral (**30.6%**) procedures. **73.9% achieved ≥30% relief; 56.8% had relief ≥3 months**. ED attendances and Hospital admissions decreased (**1.80→0.44; P<0.001**), and (**0.65→0.23; P=0.001**), respectively. Hospitalisation days decreased as well (**3.54→1.49; P=0.003**). In multivariate analysis, **Age and MDT engagement independently predicted pain relief.**

Conclusions: Specialist multidisciplinary care was associated with reduced opioid prescribing, increased MDT engagement, reduced healthcare utilisation and meaningful interventional outcomes.

Ethics Approval: This audit was approved by Beaumont Hospital (**CA2026/023**).

Acknowledgements: NA.

Disclosures/Conflicts of Interest: The authors declare no conflicts of interest.

Key Words: Chronic pelvic pain; Multidisciplinary care; Healthcare utilisation; Interventional pain management.

Abstract No. 37

TITLE: EXPERIENCES OF VIRTUAL REALITY (VR) PAIN SCIENCE EDUCATION AMONG PEOPLE LIVING WITH CHRONIC PAIN: AN INTERIM QUALITATIVE ANALYSIS

Natasha S Hinwood^{1,7}, Joanne O'Brien², Mairead O'Donoghue³, Eoghan O'Riain^{4,5}, Orla Deegan^{6,7}, Keith M Smart^{1,7}, Sinead McMahon¹, Catherine Blake^{1,7}, Tara Cusack^{1,7}, Catherine Doody^{1,7}, Trish O' Sullivan⁴, Hannah Kennedy^{8,9}, Declan O'Sullivan⁴, Ciara Hanrahan⁴, David Moore², Denis Martin¹⁰, David Murphy⁵, Joseph G. McVeigh⁴, Brona M Fullen^{1,7}.

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Introduction: Pain science education (PSE) is a fundamental component for evidence-based treatment of pain in people living with chronic pain (PwCP)^{1,2}. However, traditional didactic approaches require prolonged engagement which can be challenging². Virtual reality (VR) offers novel immersive approaches for patients, that may improve engagement and effectiveness of PSE programmes for PwCP³.

Aim of the investigation: This mixed-methods pilot feasibility study aims to evaluate the effectiveness, safety and feasibility of delivering a 5-week PSE programme using VR for PwCP.

Methods: Fifty PwCP are being recruited for this ongoing study for five weekly hour-long guided VR sessions delivered via the Reality Health™ VR application, with structured discussions. Qualitative data are being collected after the fifth week, via semi-structured focus groups using the Technology Acceptability Measure (TAM)⁴.

Results: Transcripts from four focus groups (n=20) were analysed as part of this interim analysis, using thematic analysis⁵. Themes resulting from this analysis included (i) '*Positive engagement through immersion and novelty*' which encompassed the novelty of VR compared to traditional teaching, (ii) '*Personalised Learning*' which reflected the perceived usefulness and relevance of the content covered in the programme, and (iii) '*The Useability Learning Curve*' which captured issues relating to useability, accessibility, and practical barriers.

Discussion:

These themes reflect an overall positive perception of VR as an education tool for PwCP, and support further investigation for the use of VR in pain science education in clinical populations. These results also suggest careful reflection on how to adapt and apply this novel technology in the context of PwCP.

Ethics:

Ethical approval was granted by the UCD Human Research Ethics Committee (LS-25-20-Fullen) and Beaumont Hospital (REC reference: 26/05).

Acknowledgements:

Participants who took part in this study and Chronic Pain Ireland

Disclosures/Conflict of Interest:

The authors have no conflicts of interest to declare.

Funding provided by the Interreg north-west Europe project 'Scale-Up Rehab' [NWE0100082].

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Key words: Virtual reality (VR); rehabilitation; physiotherapy; education

Abstract No.38

Title: VIRTUAL REALITY PAIN SCIENCE EDUCATION PROGRAMME FOR PEOPLE LIVING WITH CHRONIC PAIN: AN INTERIM ANALYSIS OF A PILOT FEASIBILITY STUDY

Natasha S Hinwood^{1,7}, Joanne O'Brien², Mairead O'Donoghue³, Eoghan O'Riain^{4,5}, Orla Deegan^{6,7}, Keith M Smart^{1,7}, Sinead McMahon¹, Catherine Blake^{1,7}, Tara Cusack^{1,7}, Catherine Doody^{1,7}, Trish O' Sullivan⁴, Hannah Kennedy^{8,9}, Declan O'Sullivan⁴, Ciara Hanrahan⁴, David Moore², Denis Martin¹⁰, David Murphy⁵, Joseph G. McVeigh⁴, Brona M Fullen^{1,7}.

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Introduction:

Traditional pain education programmes are beneficial but often require significant and prolonged patient engagement^{1,2}. Virtual reality (VR) offers a novel approach by creating immersive environments that may enhance the effectiveness of pain science education (PSE) for people living with chronic pain (PwCP)³.

Aim of the investigation: The primary aim of this pilot feasibility study is to evaluate the feasibility, acceptability and safety of delivering a VR PSE programme for PwCP. Secondary aims are to explore the pre-to-post-test changes in clinical outcomes as proof of concept for a future larger scale investigation.

Methods: This is an ongoing mixed-methods single-arm pilot feasibility study, following a pre-test and post-test design. PwCP (n=50) with pain are being recruited for five weekly hour-long guided VR sessions delivered via the Reality Health™ VR application, with structured discussions. Patient-reported pain outcomes (intensity, severity, pain self-efficacy, depression symptoms, mental and physical health, and technology acceptance⁴) are collected at baseline and 3-months follow-up.

Results: Ten participants were included for a preliminary analysis using inferential statistics (paired t-test). Participants reported improved between baseline and 3-month follow-up for depression (mean difference=6.5; 1SD=5.1; p=0.003) and pain interference (mean difference=1.4; 1SD=1.9; p=0.04). There were no differences (p>0.05) in pain intensity, pain severity, pain self-efficacy, or self-perceived mental or physical health. Participants reported the VR programme to be *useful* (mean=7.8; 1SD=2.3; score range 4-10) and *easy to use* (mean=12.6; 1SD=3.7; score range 3-15), with *strong intention for future use* (mean=7.9; 1SD=2.6; score range 2-10).

Discussion: Participants found the VR PSE programme to be easy and useful. These results support VR as an effective educational tool for PwCP and support further investigation.

Ethics: Ethical approval was granted by the UCD Human Research Ethics Committee (LS-25-20-Fullen) and Beaumont Hospital (REC reference: 26/05).

Acknowledgements:

Participants who took part in this study and Chronic Pain Ireland

Disclosures/Conflict of Interest: The authors have no conflicts of interest to declare.

Funding provided by the Interreg north-west Europe project 'Scale-Up Rehab' [NWE0100082].

Abstract No. 39

Title: OPIOID PRESCRIBING INTERVENTIONS OPTIMISING INPATIENT DELIVERY

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Introduction: For patients admitted to hospital opioids are commonly prescribed for pain management. The opioid crisis in the USA, has highlighted the risks associated with inappropriate and unsafe opioid prescribing. Research has demonstrated that long term issues often begin with opioids prescribed in the acute hospital setting. In 2022 the Health Services Executive (HSE) published guidelines to enhance patient safety and prevent harm from opioid prescribing for acute noncancer, postoperative and post procedure pain. Evidence based practice should be disseminated to optimise opioid prescribing, but what method is most influential in achieving this?

Aim of Investigation: The objective for this literature search was to identify among healthcare prescribers in acute care settings, what educational strategy is most influential for optimising safe opioid prescribing?

Methods: Databases searched: Cinahl and Embase (Ovid)

Results: The literature demonstrated that education is effective in improving prescribing practices, but no single educational method was superior. Simple targeted interventions were often just as effective as multifaceted approaches.

Conclusions: Education in various formats is effective in improving practice of safe opioid prescribing. Post intervention surveys can help to measure improvements in practice.

Acknowledgements: This work was completed as part of the MENTORR programme; an initiative between South East Technological University (SETU) Waterford and the Nurse Midwifery Practice Development Unit to support evidence-based enquiry in clinical practice.

Key words: education, training, learning, teaching, safe opioid prescribing, health care professionals, acute care settings, hospitals, inpatients

Abstract No. 40

Title: STEPS PROGRAMME: FACILITATING CONCEPTUAL CHANGE IN PAEDIATRIC CHRONIC PAIN

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Introduction: STEPS (Skills, Tools and Education in Pain Science) is a two-day multidisciplinary group educational programme for adolescents with chronic pain and their parents. It aims to improve understanding of chronic pain and develop effective self-management strategies. Evidence suggests that pain education programmes can increase pain-related knowledge and self-efficacy while reducing pain-related anxiety, leading to improved function and reduced healthcare utilisation.

Aim of the Investigation: To evaluate the effectiveness of STEPS programme.

Methods: Adolescents attending the Chronic Pain Service in Children's Health Ireland were invited to participate in STEPS programme with their parents. Data was collected between August 2022 and July 2026. Participants completed questionnaire (PSEQ), the Bath Adolescent Pain Questionnaire (BAPQ5) and the Concepts of Pain Inventory (COPI). Parents completed the COPI and rated their confidence in responding helpfully to their child's pain.

Results: Preliminary analysis included data collected between August 2022 and November 2024; subsequent data will be included in future analyses. Fifty-three adolescents and 67 parents were recruited across twelve groups. The mean age was 15.2 years and 42 (79.2%) were female. Significant improvements were observed in pain-related knowledge among adolescents ($t=-5.133$, $p=0.003$) and parents ($t=-4.1$, $p<0.001$). Adolescent self-efficacy also improved significantly ($t = 3.244$, $p = 0.002$), as did parental confidence in managing their child's pain ($t=-0.4$, $p = 0.008$).

Discussion: STEPS programme is effective at increasing adolescent and parental knowledge about pain and ability to cope. These findings support the use of multidisciplinary pain education programmes to improve self-management of chronic pain.

Ethics Approval:

Approved by the CHI Research Ethics Committee on 05/08/2022

Disclosures/Conflict of Interest:

None to disclose

Key Words:

Chronic Pain; Paediatrics; Education

Abstract No. 41

Title: CLINICAL FACTORS ASSOCIATED WITH EARLY MORPHINE PATIENT-CONTROLLED ANALGESIA CONSUMPTION

Authors: Nisha George Valsamon^{1,2}, Harry McGrath^{1,2}, Jemima Nilan^{1,2}, Flavia Duarte^{1,2}, Jane Ivess^{1,2}, Frances O'Driscoll^{1,2}, Catherine McGonagle^{1,2}, Lorna Roche^{1,2}, Cormac Mullins^{1,2}

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Introduction: Postoperative requirements for morphine delivered via patient-controlled analgesia (PCA) vary between patients. Identifying routinely available correlates may support anticipatory prescribing and monitoring.

Aim of the investigation: To examine clinical factors associated with day-one morphine patient-controlled analgesia consumption in a tertiary surgical population.

Methods: We retrospectively studied acute pain service records from July 2023 to August 2025. Morphine patient-controlled analgesia episodes were included; fentanyl episodes were excluded to ensure unit consistency. Day-one dose was summarised and associations with age, resting pain, functional pain and American Society of Anaesthesiologists (ASA) status were assessed using Spearman correlation. Specialty distributions were explored descriptively.

Results: There were 631 morphine patient-controlled analgesia episodes; day-one dose was available for 533. Consumption was right-skewed (mean 28.1 mg, standard deviation 24.7; median 21 mg, interquartile range 10-41; maximum 141 mg). Higher consumption was associated with younger age ($\rho=-0.301$, $n=532$, $P<0.001$), higher resting pain ($\rho=0.290$, $n=532$, $P<0.001$) and higher functional pain ($\rho=0.326$, $n=510$, $P<0.001$). American Society of Anaesthesiologists (ASA) status was not significantly associated with dose ($\rho=-0.077$, $n=514$, $P=0.080$). Specialty medians ranged from 13.5 mg in urology to 21.5 mg in colorectal surgery.

Conclusion: Younger age and greater pain, particularly functional pain, were associated with higher early morphine use. While these variables may assist in risk stratification, multivariable modeling is required before clinical prediction or causal interpretation.

Ethics Approval: NA

Acknowledgements: NA

Disclosures/Conflicts of Interest: NA

Key Words: Morphine, Patient-controlled analgesia, Acute pain

Title: CHILD WELFARE CONCERNS IN A PAEDIATRIC CHRONIC PAIN SERVICE: RECOGNISING RED FLAGS AND ESCALATING SAFEGUARDING CONCERNS

Abstracts author(s): Norma O'Keeffe¹, Rory Maguire¹, Nicola Lyden, Geraldine Murray, Emily Gallagher. Children's Health Ireland Chronic Pain Service, Dublin, Ireland

Introduction: Children and adolescents attending specialist chronic pain services often present with complex biopsychosocial difficulties and significant functional disability. While most families engage positively with treatment recommendations, clinicians may encounter a range of safeguarding and child welfare concerns, including bullying, family conflict, adverse childhood experiences, emotional abuse, neglect, mental health difficulties, self-harm, school non-attendance, social isolation, problematic social media use, healthcare overutilisation, parental health anxiety and fabricated or induced illness. Under Children First guidance, healthcare professionals have a statutory and professional responsibility to recognise, respond to, and report concerns regarding child welfare and protection. Due to frequent multidisciplinary contact with children and families, paediatric pain clinicians are uniquely positioned to identify vulnerability and facilitate early intervention.

Aim: To review the literature relating to safeguarding concerns within paediatric chronic pain services, identify common red flags, and outline practical recommendations for assessment, escalation, and multidisciplinary management.

Methods: A narrative literature review was undertaken using published research, clinical guidelines, safeguarding frameworks, and policy documents relating to paediatric chronic pain, child welfare, adverse childhood experiences, mental health, bullying, healthcare-seeking behaviours, medical neglect, fabricated or induced illness, and social media influences.

Results: Common safeguarding concerns identified included bullying, family adversity, anxiety, depression, self-harm, social isolation, school avoidance, excessive healthcare utilisation, attendance across multiple providers, medication-seeking behaviours, parental resistance to treatment recommendations, and problematic social media engagement. Recommended responses included routine psychosocial assessment, vigilance for safeguarding red flags, multidisciplinary discussion, liaison with schools and community services, comprehensive documentation, consultation with Child Welfare Paediatricians, and referral to statutory services where concerns met established thresholds.

Conclusions: Safeguarding concerns in paediatric pain services frequently intersect with psychosocial adversity and mental health difficulties. Early recognition, trauma-informed communication, multidisciplinary collaboration, and timely escalation are essential to fulfilling Children First obligations, promoting child wellbeing, and ensuring safe, coordinated, child-centred care.

Ethics Approval:

Not applicable. This study consisted of a narrative review of published literature and publicly available guidance documents and therefore did not require research ethics committee approval.

Acknowledgements:

No specific funding was sought or received for this work.

Disclosures/Conflicts of Interest:

The authors declare no conflicts of interest.

Key Words:

Paediatric Chronic Pain; Safeguarding; Child Welfare; Children First; Mental Health; Adverse Childhood Experiences; Multidisciplinary Care.

Abstract No. 43

Title: PARADIGMS USING THE *DROSOPHILA MELANOGASTER* GENETIC TOOLBOX TO VALIDATE HUMAN PAIN GENOMICS EFFORTS

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Introduction: Genome-wide association studies (GWAS) continue to contribute predictive genetic risk data that can potentially explain the disease pathophysiology of chronic pain conditions, such as fibromyalgia, and even identify druggable molecular targets. Often, the identified SNP loci (single-nucleotide polymorphisms) lie outside of the protein-coding DNA sequence (CDS); however, they may be pathologically relevant. Several genes may be linked to one disease-associated SNP, and therefore experimental validation using model organisms, such as the fruit fly *Drosophila melanogaster*, is warranted.

Aim of investigation: A recent GWAS identified 26 risk loci for fibromyalgia[1], predicting possible involvement of *Huntingtin* (*HTT*; coding variant) and a SNP that lies in an intron of *RABGAP1L*, or an enhancer region for the known *HTT*-regulator *GPR52*, which is nested in the *RABGAP1L* locus, potentially affecting either. We analysed the effect of a single copy of NULL-allele in fly orthologues of *HTT* (*htt*), *GPR52* (*DopEcR*), and *RABGAP1L* (*GAPcenA*) on nociception in *Drosophila*.

Methods: For behavioural assessment, we have established the heat-evoked jump assay (HEJA). This assay uses the fly jump as a form of escape response as a robust measure of injury-induced hypervigilance and heat sensitivity [2].

Results: We find that a single copy of mutant *HTT* (*htt*), but not *GPR52* (*DopEcR*), or *RABGAP1L* (*GAPcenA*), produces progeny with significantly increased hypervigilance in response to increasing temperatures. This *HTT* (*htt*)-dependent hypersensitivity was partially rescued by introducing a single copy of either *GPR52* (*DopEcR*) or *RABGAP1L* (*GAPcenA*) mutation.

Conclusions: Our data validate the involvement of *HTT*-*GPR52* pathway in nociception *in vivo*, offering a new conserved mechanism important for pain modulation for further exploration.

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Abstract No. 44

Title: INVESTIGATION OF PRE-SURGICAL ADMINISTRATION OF A MONOACYLGLYCEROL LIPASE INHIBITOR IN A RAT MODEL OF POST-SURGICAL PAIN FOLLOWING INGUINAL HERNIA REPAIR PROCEDURE

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Introduction: Inguinal hernia repairs are common procedures with significant rates of post-surgical pain. The endocannabinoid 2-AG has anti-nociceptive activity in multiple pain models. Monoacylglycerol lipase (MGL) catabolises 2-AG.

Aim of the investigation: To test the hypothesis that pre-surgical administration of the MGL inhibitor MJN110 will attenuate post-surgical pain-related behaviour in a rat model of the Lichtenstein inguinal hernia repair procedure.

Methods: Thirty-six adult male Lister-Hooded rats were used (n=9/group) and home-cage locomotor activity, open field activity, marble burying and hindpaw and inguinal area mechanical hypersensitivity (von Frey testing) were assessed 24hrs pre-surgery and 4hrs post-surgery. Rats received a subcutaneous injection of vehicle or MJN110 (1mg/kg) immediately prior to undergoing the inguinal hernia repair or sham procedure under isoflurane anaesthesia. Plasma and tissue endocannabinoids were quantified using LC-MS/MS. Data were analysed by RM-ANOVA and Tukey post-hoc tests or Kruskal Wallis and Mann-Whitney tests.

Results: Inguinal hernia repair surgery induced mechanical allodynia in the ipsilateral inguinal area and a reduction in home-cage vertical locomotor activity. There was no effect of MJN110 on surgery-induced changes in mechanical hypersensitivity or locomotor activity. MJN110 increased 2-AG levels in T13-L2 spinal cord sections of surgery animals vs vehicle controls. Plasma 2-AG and anandamide were both elevated in surgery animals vs sham controls.

Discussion: Pre-surgical administration of MJN110 does not attenuate post-surgical pain-related behaviour in a rat model of post-surgical pain following inguinal hernia repair. MJN110's antinociceptive effects in other pain models may not transfer to post-surgical pain, suggesting differences in the mechanisms underlying post-surgical pain development and its sensitivity to modulation by MJN110 in comparison to other pain models.

Ethics Approval: Study was approved by University of Galway's ACREC and carried out under Project Authorisation from the HPRA.

Acknowledgements: Funded by a scholarship from the College of Medicine, Nursing and Health Science, University of Galway and Science Foundation Ireland (SFI) with co-funding under the European Regional Development Fund under Grant Number 13/RC/2073

Title: MYOFASCIAL AND PERINEURAL HYDRODISSECTION: A SIMULTANEOUS, ANATOMICALLY TARGETED APPROACH TO REFRACTORY NECK AND SHOULDER PAIN — A CASE REPORT

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Introduction: Neck pain arising from myofascial and joint dysfunction is a common presentation to pain clinics. Hydrodissection, the ultrasound-guided injection of fluid to separate fascial planes and release entrapped nerves, has been described for the trapezius muscle. As the spinal accessory nerve provides its motor supply, simultaneous hydrodissection of both structures may offer additional benefit, but this approach has not previously been reported.

Aim of Investigation: To describe a case of simultaneous ultrasound-guided hydrodissection of the trapezius muscle and spinal accessory nerve for refractory myofascial neck and shoulder pain.

Methods: A 42-year-old woman presented with longstanding unilateral neck and shoulder pain refractory to physiotherapy and oral analgesia. Under ultrasound guidance in a theatre setting with sterile technique and monitoring, 15ml of 5% dextrose was injected to hydrodissect the fascial plane between the trapezius muscle and spinal accessory nerve.

Results: The patient reported immediate symptomatic relief. At 8-week follow-up, she had no complications, with significant improvement in quality of life and ease of completing activities of daily living.

Conclusion: This case illustrates simultaneous hydrodissection of the trapezius muscle and spinal accessory nerve as a minimally invasive therapeutic option for refractory, debilitating myofascial neck pain, warranting further evaluation in larger cohorts.

Keywords: Hydrodissection; Myofascial; Neck Pain; Trapezius; Spinal Accessory Nerve; Ultrasound.

Ethics Approval: This study is fully compliant with the ethical guidelines of the Research Ethics and Clinical Trials Committee of the University of Limerick Hospitals Group.

Acknowledgements

We would like to extend our gratitude to the patient for his consent to publish this report.

Disclosures/Conflicts of Interest

There were no other competing interests involved in this research. There was no support from any organisation for the submitted work and no other relationships or activities that could appear to have influenced the submitted work.

Title: IMPACT OF LED READINESS INDICATOR ON PATIENT-CONTROLLED ANALGESIA USE AND PATIENT EXPERIENCE

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Introduction: Patient-controlled analgesia (PCA) allows patients to self-administer opioids to control severe pain. After adding new controllers with an active LED that shows lockout status, we assessed whether this feature enhances patient experience without compromising effective pain relief.

Aim of the investigation: To compare satisfaction, pain control, opioid consumption and demand-button use between PCA controllers with and without an LED readiness indicator.

Methods: 38 adults received either an LED-enabled PCA controller (n=17) or a standard controller (n=21), allocated randomly based on availability. Patients completed a postoperative questionnaire without reference to controller type. Satisfaction, pain scores, opioid consumption, total demands, and patient feedback were compared descriptively.

Results: Mean satisfaction was 8.65/10 with LED controllers and 8.19/10 with standard controllers. Mean pain scores were similar (2.17 versus 2.25), while mean opioid consumption was higher in the LED group (169.2 mg versus 107.7 mg). Successful demands accounted for 74% of presses with LED controllers versus 53.7% without; unsuccessful demands decreased from 46.3% to 26%. 57% of participants valued clear staff education; 14% of LED users specifically described the indicator as reassuring. Some users misunderstood the light or found the button difficult to locate, while 8% of standard-controller users reported uncertainty about dose delivery.

Discussion: LED controllers correlated with marginally higher satisfaction and similar pain scores. Visual feedback might boost confidence and utilisation of the demand button, but thorough patient education remains crucial. Variations in opioid usage were likely confounded by case mix and duration. A more extensive, controlled re-audit is necessary.

Ethics Approval: Not required

Acknowledgements: No funding

Disclosures/Conflicts of Interest: None

Key Words: PCA, patient experience, patient safety

Title: COSTOTRANSVERSE JOINT ARTHROPATHY MIMICKING NOCIPLASTIC PAIN: A CASE REPORT

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Introduction: Chronic neck pain is sometimes attributed to nociplastic mechanisms when standard investigations show no structural abnormality. Subtle, treatable peripheral pain generators may still be missed.

Aim of Investigation: To describe an unusual presentation of first costotransverse joint arthropathy and highlight the diagnostic value of SPECT-CT.

Methods: A 31-year-old woman developed progressive left-sided neck and scapular pain following atraumatic childbirth, later extending to the occiput and left arm, with paraesthesia, tinnitus and dizziness. Symptoms impaired daily function and mental health. Examination showed preserved cervical and shoulder range of motion without focal neurological deficit. Brain and cervical MRI and CT angiography were normal, leading to a provisional diagnosis of nociplastic pain. Persistent focal symptoms prompted SPECT-CT. Image-guided diagnostic and therapeutic injection and subsequent management of residual neuropathic pain were undertaken.

Results: SPECT-CT demonstrated focal increased uptake at the left first costotransverse joint. Injection of 2 mL of 1% lidocaine and 10 mg of dexamethasone produced complete pain relief within 2–3 weeks, supporting a diagnosis of costotransverse joint arthropathy. Persistent radiating arm pain, attributed to secondary brachial plexus irritation from middle scalene tension, improved markedly after injection of 100 IU of botulinum toxin A. Relief was sustained, with restored daily function, improved mood, and no reported adverse effects.

Conclusions: Nociplastic pain should remain a diagnosis of exclusion. In persistent focal musculoskeletal pain with unrevealing structural imaging, SPECT-CT may identify metabolically active lesions and guide targeted treatment. Diagnostic validation may also improve psychological wellbeing.

Ethical Approval: Written informed consent for publication.

Acknowledgements: Thanks to the Radiology Department for imaging.

Disclosures/Conflict of Interest: No conflicts of interest declared.

Key words: costotransverse joint arthropathy; SPECT-CT; nociplastic pain; chronic neck pain

Title: AUDIT OF PERIOPERATIVE PAIN MANAGEMENT AND DELIRIUM DEVELOPMENT IN PATIENTS WITH HIP FRACTURE AT TALLAGHT UNIVERSITY HOSPITAL

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Introduction:

Hip fracture patients are frequently frail and at high risk of both acute pain and delirium. Effective multimodal analgesia, including regional anaesthesia and opioid-sparing strategies, are therefore essential components of perioperative care.

Aim of the investigation:

To evaluate perioperative analgesic practice and postoperative delirium in patients undergoing operative management of hip fracture.

Methods:

A prospective observational audit of 34 consecutive hip fracture patients was undertaken. Clinical, medication and anaesthetic records were reviewed for pain scores, peripheral regional blockade, anaesthetic technique, intraoperative opioid/NSAID administration and postoperative opioid prescribing. Frailty was assessed using the Clinical Frailty Scale (CFS), with delirium identified from documented postoperative assessment/4AT.

Results:

Peripheral regional analgesia was performed in 27/34 (79.4%) patients; 17/34 (50.0%) received an ED/ward block and 20/34 (58.8%) an operative block. Fourteen (41.2%) received spinal anaesthesia and 22 (64.7%) general anaesthesia. Intraoperative opioids were administered to 20/34 (58.8%), NSAIDs to 7/34 (20.6%), and regular postoperative opioids were prescribed in 16/34 (47.1%). Median pain score was 4/10 on admission and postoperatively. Postoperative delirium occurred in 11/34 (32.4%). Among patients with documented CFS and delirium status, delirium occurred in 6/8 (75.0%) with CFS ≥ 5 versus 3/15 (20.0%) with CFS < 5 (Fisher's exact $p=0.023$).

Discussion:

Regional analgesia was frequently utilised, but opioid exposure remained common. Delirium affected almost one-third of patients and was strongly associated with frailty, supporting integrated regional, multimodal and delirium-conscious perioperative pathways.

Ethics Approval: Registered clinical audit; formal research ethics approval was not required.

Acknowledgements: NA

Disclosures/Conflicts of Interest: No disclosures or conflicts of Interest to declare

Key Words: Hip fracture; Regional anaesthesia; Acute pain management; Delirium, Frailty

Abstract No. 49

Title: CAN ENDOCANNABINOID SYSTEM MODULATION SAFELY RELIEVE VISCERAL PAIN? SYSTEMATIC REVIEW OF EVIDENCE FOR IRRITABLE BOWEL SYNDROME AND INFLAMMATORY BOWEL DISEASE

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Introduction: Visceral Pain is a debilitating symptom of inflammatory bowel disease and irritable bowel syndrome (IBS). The endocannabinoid system (ECS) regulates gastrointestinal physiology and pain making it a potential therapeutic target for visceral pain.

Aim: To systematically review the benefits and harms of cannabis, cannabinoids, cannabis-based medicines (CBMs) or other pharmacological ECS modulators (ECS modulators) for visceral abdominal pain in IBD or IBS, compared to placebo or other interventions, in randomised controlled trials.

Methods: We searched CENTRAL, MEDLINE (PubMed), EMBASE; WHO ICTRP and ClinicalTrials.gov (29th July 2025), alongside reference checking/citation searching. Outcomes included $\geq 30\%$ / $\geq 50\%$ reduction in pain intensity, changes in pain, physical/emotional functioning, quality of life, disease/symptom severity, and adverse events. Risk of bias (RoB) was assessed using Cochrane RoB 2 and certainty using GRADE. Due to heterogeneity, findings were synthesised narratively using effect-direction plots.

Results: We included 15 studies (796 participants). Only one reported proportion with $\geq 30\%$ or $\geq 50\%$ pain reduction. Benefits were reported for pain and IBS symptom severity with PEA+polydatin in IBS (moderate certainty) and for several outcomes across various interventions containing THC and/or CBD (low-very low certainty) vs. placebo. Adverse events were mostly mild-moderate; two studies reported serious events. RoB ranged from low-high.

Discussion: Heterogeneous interventions, limited pain outcome reporting, small samples and very low-moderate certainty prevent firm conclusions regarding effectiveness or harms. Future trials should use standardised pain assessment and reporting, ensure adequate sample sizes, and prioritise interventions with lower risk of harms that can be successfully blinded.

Acknowledgements: This work is funded by the University of Galway Hardiman Research Scholarship and the Research Ireland Postgraduate Scholarship (GOIPG/2024/4981).

Keywords: Abdominal Pain, Irritable bowel syndrome, Inflammatory Bowel Disease, Systematic Review, Cannabis, Cannabinoids, Cannabis-Based Medicines.

Abstract No. 50

Title: A SCOPING REVIEW OF PEER-LED, COMMUNITY-BASED, GROUP INTERVENTIONS FOR PEOPLE LIVING WITH CHRONIC PAIN; THE PAIN CAFE MODEL

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Introduction: Chronic pain is a complex and costly condition that may not be adequately addressed through biomedical or pharmacological approaches alone. Research expanding on the biopsychosocial nature of chronic pain highlights the critical impact of social connection on clinical outcomes. Specifically, managing chronic pain within community settings has been reported to significantly reduce pain scores and improve psychological outcomes, patient experiences, and satisfaction. Pain Cafés have emerged as community-based initiatives that support people suffering from chronic pain through peer connection, shared experiences and activities outside traditional clinical settings. Despite their increasing implementation internationally, limited research is available on the outcomes from peer-led community-based group interventions for those suffering from chronic pain.

Aim of the Review: This study aims to map the existing literature on peer-led, community-based group interventions, similar to the Pain Cafés model. In particular, it examines their characteristics, implementation strategies, reported outcomes, and foundational theoretical frameworks.

Methods: A scoping review will be conducted using the Joanna Briggs Institute methodological framework and reported in accordance with PRISMA-ScR guidance. Relevant electronic databases will be systematically searched for literature describing Pain Café style peer-led community-based group interventions for chronic pain and their outcomes. Data will be charted and synthesised to identify gaps in the evidence base, models of delivery and key outcomes.

Results: The findings will elucidate patterns of consistency and variation across current initiatives, supporting the design, implementation, and evaluation of peer-led community-based group interventions, such as Pain Cafés, for individuals suffering with chronic pain.

Ethics Approval: Not applicable; this study involves analysis of published literature.

Acknowledgements: Funding Body/Cost Centre #10068. This work was completed through a Research Studentship at the University of Limerick.

Disclosures/Conflicts of Interest: None

Key Words: Chronic pain; Peer-led; community-based; Pain Cafés; group intervention; Scoping review; non-pharmacological

Abstract No. 51

Title: CLINICAL OUTCOMES AND PATIENT EXPERIENCE FOLLOWING A MULTIDISCIPLINARY ACT-BASED PAIN MANAGEMENT PROGRAMME: A SERVICE EVALUATION

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Introduction: Multidisciplinary pain management programmes aim to improve functioning and quality of life for people living with chronic pain within a biopsychosocial framework. The Mater Pain Management Programme is an eight-week, group-based Acceptance and Commitment Therapy (ACT) programme, delivered for two hours weekly by psychology and physiotherapy, with specialist nursing input.

Aim of the Investigation: To evaluate statistically and clinically meaningful change following programme participation, examine participant experience, and explore whether outcomes differed between virtual and in-person delivery.

Methods: A retrospective service evaluation analysed routinely collected data from adults attending the programme between January 2024 and October 2025. Measures included the Brief Pain Inventory (BPI), Pain Self-Efficacy Questionnaire-2 (PSEQ-2), Pain Catastrophizing Scale (PCS), Chronic Pain Acceptance Questionnaire-8 (CPAQ-8), and Hospital Anxiety and Depression Scale (HADS). Pre-post outcomes and differences between delivery formats were examined alongside participant feedback.

Results: Forty-five complete pre- and post-programme datasets were analysed. Significant improvements were observed in pain interference, self-efficacy, catastrophising, anxiety and depression, with small-to-moderate effects. Clinically meaningful improvements were observed in catastrophising, pain acceptance, anxiety and depression. Outcomes did not differ significantly between in-person (n=32) and virtual (n=13) delivery. Over 96% of respondents were satisfied with the service and would recommend it.

Conclusions: Participation in an eight-week multidisciplinary ACT-based pain management programme was associated with improvements across important pain-related and psychological outcomes and high participant satisfaction. The absence of detected differences between delivery formats warrants further evaluation of virtual delivery in larger samples.

Ethical Approval:

Approved as a service evaluation by the Mater Misericordiae University Hospital Clinical Audit and Effectiveness Committee (CA26-053).

Acknowledgements:

No grant or external funding.

Disclosures/Conflicts of Interest:

None declared.

Key Words: Chronic pain; Acceptance and Commitment Therapy; multidisciplinary pain management; service evaluation; pain rehabilitation

Abstract No. 52

Title: PERICAPSULAR NERVE GROUP VERSUS FEMORAL NERVE BLOCK FOR HEMIARTHROPLASTY: A RETROSPECTIVE COMPARATIVE COHORT STUDY

Authors: Salman Bin Ihsan², Jemima Nilan^{1,2}, Harry McGrath^{1,2}, Umer Malik¹, Lorna Roche¹, Catherine McGonagle¹, Frances O'Driscoll¹, Jane Ivess¹, Cormac Mullins^{1,2}

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Introduction: Pericapsular nerve group (PENG) block targets articular branches supplying the anterior hip capsule and may provide effective analgesia whilst limiting motor blockade. However, comparative evidence versus femoral nerve block remains heterogeneous, particularly regarding postoperative opioid requirements.

Aim of the investigation: To compare early postoperative pain and opioid requirements following PENG and femoral nerve block analgesia for hemiarthroplasty.

Methods: We retrospectively analysed acute pain service records from July 2023 to August 2025. Hemiarthroplasty episodes receiving PENG or femoral nerve block analgesia were identified from procedure and block fields. Day-one and day-two resting pain, functional pain and oral morphine-equivalent (OME) consumption were compared using non-parametric tests. This was an unadjusted, episode-level exploratory analysis.

Results: Thirty-seven femoral and 263 PENG episodes were identified. Day-one resting pain was similar (mean 2.44 versus 2.46; $P=0.811$), as was functional pain (4.19 versus 3.84; $P=0.308$). OME consumption was lower following PENG (mean 5.2 mg; median 2.5 mg) than femoral nerve block (mean 11 mg; median 10 mg; $P=0.042$). Day-two resting pain did not differ significantly (2.77 versus 1.96; $P=0.089$).

Conclusions: PENG analgesia was associated with comparable early postoperative pain scores but lower opioid requirements than femoral nerve block following hemiarthroplasty. These findings suggest PENG may provide comparable early analgesia with reduced opioid exposure, although adjusted analyses and prospective studies are required to confirm this association.

Ethics Approval: Ethics approval was not required for this service evaluation.

Acknowledgements: N/A

Disclosures/Conflicts of Interest: None

Keywords: hip fracture; hemiarthroplasty; PENG block; femoral nerve block; regional anaesthesia

Title: LOW RESTING PAIN INTENSITY DOES NOT EXCLUDE FUNCTION-LIMITING PAIN AFTER SURGERY: A TWO-YEAR ACUTE PAIN SERVICE COHORT

Authors:

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Introduction: Postoperative pain assessment commonly emphasises pain intensity at rest. However, resting pain intensity and pain-related interference with activity represent distinct dimensions of recovery.

Aim of the investigation: To determine how frequently low resting pain intensity coexisted with elevated functional pain scores among patients reviewed by a tertiary acute pain service.

Methods: We retrospectively analysed acute pain service ward-round records from July 2023 to August 2025. Paired day-one resting Numerical Rating Scale scores (NRS; 0–10) and Functional Pain Scale scores (FPS; 0–10) were analysed for regional analgesia and patient-controlled analgesia (PCA) cohorts. The primary outcome was low resting pain (NRS ≤3) with function-limiting pain (FPS ≥5). FPS ≥4 and ≥6 were secondary outcomes. Associations were assessed using Spearman rank correlation.

Results: Among 1,460 regional analgesia assessments, 1,085 had resting NRS ≤3, of which 114 (10.5%; 95% CI 8.8–12.5%) had FPS ≥5. Of 523 PCA assessments, 354 had NRS ≤3, of which 51 (14.4%; 11.1–18.4%) had FPS ≥5. Overall, among 1,439 assessments with NRS ≤3, 669 (46.5%) had FPS ≥4, 165 (11.5%) had FPS ≥5 and 127 (8.8%) had FPS ≥6. Resting NRS and FPS were moderately correlated in the regional and patient-controlled analgesia cohorts (Spearman $\rho=0.666$ and 0.580 ; both $P<0.001$).

Conclusions: Approximately one in nine patient assessments with low resting pain demonstrated function-limiting pain. Nearly half of assessments with low resting pain had FPS ≥4. Resting NRS and FPS provide complementary rather than interchangeable information. Routine functional assessment may identify postoperative pain and functional limitation despite low resting pain scores.

Ethics Approval: Ethics approval was not required for this service evaluation.

Acknowledgements: N/A

Disclosures/Conflicts of Interest: None.

Key Words: postoperative pain; acute pain service; functional pain assessment; pain measurement.

Title: PROLONGED RESPONSE TO INTRAVENOUS LIGNOCAINE IN SEVERE TREATMENT-REFRACTORY ERYTHROMELALGIA: A CASE REPORT

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Introduction: Erythromelalgia is a rare pain disorder characterised by episodic burning pain, erythema and increased temperature of the extremities. Management is challenging, with limited evidence guiding treatment of refractory disease.

Case Description: A 40-year-old woman with a background of multiple sclerosis developed bilateral erythromelalgia following initiation of ocrelizumab, although causality remains uncertain. She experienced burning pain, erythema and swelling of both feet, with flares reaching 10 on the numerical rating scale (NRS) up to 6-7 times daily, predominantly at night, causing significant sleep and functional impairment. Haematological and rheumatological investigations were unremarkable. Symptoms remained refractory despite trigger avoidance, aspirin, capsaicin and menthol, low-dose naltrexone, hyperbaric oxygen therapy, botulinum toxin injections and bilateral popliteal sciatic and adductor canal blocks. Pregabalin and amitriptyline were not tolerated.

Intervention and Outcome: Intravenous lignocaine 5 mg kg⁻¹, diluted in 100 ml 0.9% sodium chloride, was infused over 60 minutes without adverse effects. Swelling improved immediately, followed by progressive improvement in pain over subsequent weeks. Maximum flare NRS decreased from 10 to 3 while flare frequency decreased from 6-7 episodes daily to one, with improved sleep and footwear tolerance. The patient reported approximately 75% overall improvement lasting almost three months. Following symptom recurrence, lignocaine 7.5 mg kg⁻¹ was administered similarly without adverse effects. At two-week follow-up, maximum flare NRS was 6, flare frequency remained approximately once daily, swelling had improved and sleep duration had returned to seven hours nightly.

Conclusion: Intravenous lignocaine produced substantial, prolonged symptomatic and functional improvement in severe treatment-refractory erythromelalgia and may represent a therapeutic option in selected patients.

Title: PAINMAP: PAEDIATRIC ANALYSIS OF IRISH NATIONAL CHRONIC PAIN PRESENTATIONS USING MULTIVARIATE ANALYSIS AND LATENT CLASS PROFILING

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Introduction: Chronic pain is common in paediatric populations and complex case presentations often require multidisciplinary specialist services. Tailoring to individual presentations is key in providing effective care. In the Republic of Ireland, there is one specialist service based in Children's Health Ireland (CHI), Dublin. As standard baseline data, from multiple biopsychosocial domains are collected pre-assessment and post-assessment and stored on an electronic database.

Aim of Investigation: This study aims to utilise an existing clinical dataset and develop a latent class model to identify underlying sub-groups in the Irish paediatric pain patients.

Methods: Baseline data collected from 351 young people aged 4-19 years old from a 4-year period (April 2021 to July 2025) were eligible. Ethical approval was received from the ethics committee at CHI (REC-608-25). A latent class analysis was conducted to determine the existence of subgroups within this cohort. Variables representing pain severity, pain-related disability, psychosocial risk and pain self-efficacy were entered into the latent class model.

Results: Preliminary results estimate that a 2-class model can be achieved from this data, depicting two distinct classes within the dataset. Model fit was assessed using AIC, BIC, and likelihood ratio testing. Associations between identified sub-groups and covariates including sex and age were also considered.

Conclusion: Classes derived using this model can help determine specific needs of each group and allow tailoring of future interventions. In an Irish context, this analysis can assist the specialist team to allocate resources to paediatric patients according to the intervention best suited to their clinical needs.

Acknowledgements: This work is funded by Research Ireland under grant number [GOIPG/2024/3940].

Key words: Paediatric, Chronic pain, Multivariate

Title: OPIOID-FREE VERSUS OPIOID-BASED ANAESTHESIA: IMPACT ON POSTOPERATIVE OPIOID CONSUMPTION — A FOCUSED EUROPEAN AND IRISH LITERATURE REVIEW

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Introduction: Opioid-based anaesthesia (OBA) has dominated perioperative practice for decades. Multiple concerns about opioid side effects and misuse have driven investigation of opioid-free anaesthesia (OFA), which eliminates intraoperative opioids in favour of multimodal analgesic strategies.

Aim of the investigation: To evaluate whether OFA reduces postoperative opioid consumption compared with OBA, prioritising Irish and European evidence.

Methods: A focused literature review was conducted across multiple medical databases (1986–2026). 344 records identified of which 203 duplicates were removed. 141 papers were screened and 97 met inclusion criteria. Primary outcome was postoperative opioid consumption in morphine milligram equivalents (MME) at 24 hours.

Results: The majority of evidence supports OFA in reducing postoperative opioid consumption. International meta-analyses report reductions of 2–12 mg MME at 24 hours. Dexmedetomidine, lidocaine, and ketamine are the most evidence-supported OFA agents. Some analyses showed conflicting results could be attributed to protocol heterogeneity and conflation of fully opioid-free vs opioid-sparing approaches.

Discussion: These findings confirm OFA as a viable strategy for reducing postoperative opioid consumption for Irish patients, with clinical significance in context of opioid harm reduction. For Irish hospitals seeking to implement OFA, evidence supports adoption with appropriate patient selection, protocol standardisation emphasising dexmedetomidine-lidocaine-ketamine combinations, vigilant haemodynamic monitoring, and integration with ERAS pathways. Protocol heterogeneity and OFA/opioid-sparing conflation remain principal evidence limitations. An ongoing Irish-led component network meta-analysis will provide definitive, component-level guidance on optimal agent combinations, positioning Ireland at the forefront of this field.

Ethics Approval: This study is a literature review and did not involve human participants, or identifiable patient data. Formal ethical approval was not required.

Acknowledgements: NA

Disclosures/Conflicts of Interest: The author declares no conflicts of interest related to this work.

Key Words: Opioid-free anaesthesia; opioid-sparing; postoperative opioid consumption; multimodal analgesia; perioperative opioid reduction;

Title: CATHETER DISLODGEEMENT ACROSS CONTINUOUS REGIONAL ANALGESIA TECHNIQUES IN A TERTIARY ACUTE PAIN SERVICE

Authors: Sean O'Brien¹, Flavia Duarte¹, Harry McGrath¹, Jemima Nilan¹, Lorna Roche¹, Catherine McGonagle¹, Jane Ivess¹, Frances O'Driscoll¹, Cormac Mullins¹

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Introduction: Regional analgesia catheter dislodgement interrupts analgesia for patients and may necessitate additional clinical interventions. Comparative data on dislodgement rates across catheter techniques within acute pain services are limited in the existing literature.

Aim of the investigation: To describe catheter dislodgement across continuous regional analgesia techniques managed by a tertiary acute pain service.

Methods: We retrospectively analysed regional analgesia ward-round records from July 2023 to August 2025. All patients who had a regional analgesia catheter inserted were included. A dislodgement was counted when documented on any review day. The primary comparison included techniques with at least 100 catheter episodes; rates were compared using chi square testing. Smaller groups were described separately. Catheters were typically held in place with steristrips and dermabond glue.

Results: Among 1,677 catheter episodes in the five largest groups, 78 dislodgements occurred (4.7%), with significant heterogeneity ($P < 0.001$). Rates were highest for pericapsular nerve group catheters (35/361; 9.7%) and femoral nerve catheters (28/424; 6.6%), compared with paravertebral catheters (6/232; 2.6%), epidurals (8/542; 1.5%) and wound catheters (1/118; 0.8%). Smaller groups showed high observed rates for pectoralis/serratus plane (4/22; 18.2%) and popliteal sciatic catheters (3/23; 13.0%), but estimates were imprecise. Across all 1,779 regional records, 113 (6.4%) contained any documented complication; dislodgement was most frequent.

Discussion: Catheter dislodgement varied substantially by regional technique and was concentrated in selected peripheral catheter groups. These findings support technique-specific securement review and prospective capture of catheter-days, insertion approach and reason for removal.

Ethics Approval: Not required

Acknowledgements: None

Disclosures/ Conflicts of Interest: None

Key Words: Regional analgesia, Catheter dislodgement, Acute Pain Service

Abstract No. 58

Title: ANTI-INFLAMMATORY EFFECTS OF K VITAMERS IN A 3D SPHEROID MODEL OF ENDOMETRIOSIS

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Introduction: Endometriosis is a chronic oestrogen-dependent inflammatory disease associated with debilitating symptoms, particularly chronic pelvic pain. Current hormonal and surgical treatments have limitations, highlighting the need for novel non-hormonal approaches. Inflammation is central to endometriosis pathophysiology and contributes to the development and persistence of pain. Vitamin K has emerging anti-inflammatory effects, including inhibition of NF- κ B signalling and suppression of pro-inflammatory cytokines such as IL-6, but its role in endometriosis remains poorly understood.

Aim of Investigation:

To investigate whether vitamin K1 (VK1) and menaquinone-4 (MK-4; vitamin K2) modulate inflammatory activity and lesion-like growth in a multicellular 3D spheroid model of endometriosis.

Methods: Spheroids containing 12Z endometriotic epithelial cells, HESC endometrial stromal cells and THP-1 macrophage-like cells were treated with increasing concentrations of VK1 or MK-4. IL-6 secretion was measured by ELISA, while 2D surface area was monitored to assess spheroid growth. Endpoint Calcein-AM/EthD-1 staining assessed cell viability.

Results: VK1 and MK-4 altered spheroid growth over time, with higher concentrations suppressing spheroid expansion. IL-6 production was significantly reduced by 100 μ M MK-4 and 100 μ M VK1. Endpoint staining demonstrated substantial viable-cell staining following vitamin K treatment, suggesting that reduced growth was not associated with overt cytotoxicity.

Discussion: Vitamin K modulates inflammatory activity and lesion-like growth in a 3D model of endometriosis. The observed suppression of IL-6 provides evidence for an anti-inflammatory effect of VK1 and MK-4 in this model. Given the contribution of inflammation to endometriosis-associated pain, these findings support further investigation of vitamin K as a potential non-hormonal strategy targeting inflammation-driven pain and symptoms.

Ethics Approval: NA – in vitro cell culture study.

Acknowledgements: NA

Disclosures/Conflicts of Interest: NA

Key Words: Endometriosis; Inflammation; Vitamin K; Chronic Pelvic Pain

Title: NEUROPLASTICITY AND CENTRAL SENSITISATION IN PERSISTENT POST-THORACOTOMY PAIN FOLLOWING LUNG CANCER SURGERY: A CASE REPORT

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Introduction: Persistent post-thoracotomy pain syndrome (PTPS) is a significant challenge in pain management. Neuroplastic changes and central sensitisation may play a crucial role, encouraging clinicians to explore beyond traditional tissue-focused treatments.

Case Discussion: A 66-year-old woman developed severe right posterolateral thoracic pain following robotic right upper lobectomy and middle lobe wedge resection for Stage IA lung adenocarcinoma. Pain persisted for over two years despite successful oncological treatment and no evidence of recurrence. She described deep, sharp and burning pain causing significant functional and psychosocial impairment. Examination showed minimal objective findings and no allodynia. Multiple pharmacological treatments and peripheral interventions, including trigger-point injections, intercostal nerve blocks and botulinum toxin injections, provided limited or transient benefit.

The persistence of severe pain despite tissue healing, limited clinical findings, and poor response to peripheral interventions suggested central sensitisation. A lidocaine-ketamine infusion produced approximately 60% pain relief lasting two to three weeks, indicating the role of central mechanisms. Subsequent oral ketamine provided further symptomatic improvement, underscoring the importance of targeting central pain pathways.

Conclusion: This case illustrates the potential contribution of maladaptive neuroplasticity and central sensitisation to persistent post-thoracotomy pain. Recognising altered pain processing may support a multidisciplinary approach focused on function and central pain mechanisms rather than peripheral pathology alone.

Ethics Approval: N/A

Acknowledgements: N/A

Disclosures/Conflicts of Interest: None declared

Key Words: Post-thoracotomy pain; Central sensitisation; Neuroplasticity; Chronic postsurgical pain.

References:

Woolf CJ. Central sensitisation: implications for the diagnosis and treatment of pain. *Pain*. 2011;152(3 Suppl):S2–S15. doi:10.1016/j.pain.2010.09.030.

Title: RATES OF REGIONAL ANAESTHESIA IN MASTECTOMY IN A LEVEL 4 DUBLIN HOSPITAL

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Introduction: Opioid usage and acute post-surgical pain are two factors correlated with persistent post-surgical pain, both of which can be positively influenced by the use of regional anaesthesia (RA) techniques. The American Society of Anaesthesiologists now recommend fascial plane blocks for all patients undergoing mastectomy, but a number of factors influence local implementation.

Aim of the investigation: To assess rates of usage of RA in patients undergoing mastectomies in a major Dublin hospital and compare this to international recommendations for fascial plane blocks.

Methods: An audit of all mastectomy patients in the six months following the publication of the 2026 ASA practice guidelines (1/1/26 – 1/7/26) was undertaken assessing if RA was performed and, if so, the type of RA performed. Month by month analysis was also performed to assess for any change in rates over the course of the six months.

Results: Over the course of the six months, 58% of mastectomy patients received RA, with the most commonly employed being Serratus Anterior plane blocks (47% of blocks), PECS blocks (27%) or both (8%). While there was substantial fluctuation in blocks performed on a month by month basis, this showed no significant trend.

Discussion: Rates of regional anaesthesia experience several impediments to ready implementation in hospitals, as explored in several previous studies and audits. Further exploration of these causes to aim for increased rates of RA usage is merited, as well as comparatives between rates of RA in different institutions and factors influencing them. Finally, ongoing debate surrounds the optimal choice of RA technique in mastectomy, but low usage of ESP blocks and lack of usage in isolation suggests ongoing adaptation to emerging research by anaesthesiologists engaged in routine use of RA.

Ethics Approval: Approved by St. James' R&I Department, ID 635

Acknowledgements: N/A

Disclosures/Conflicts of Interest: N/A

Key Words: Acute Pain Management, Regional Anaesthesia, Persistent post-surgical pain

Title: IMMERSIVE VIRTUAL REALITY AND 2D NATURE-BASED VIDEO AS NON-PHARMACOLOGICAL ADJUNCTS FOR ENDOMETRIOSIS-ASSOCIATED PAIN: A PROSPECTIVE MIXED-METHODS STUDY

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Introduction: Endometriosis-associated pain is often incompletely managed by pharmacological therapy alone, prompting interest in non-pharmacological, self-administered adjuncts. Immersive virtual reality (VR) and simpler 2D video-based approaches have both been proposed, but evidence evaluating either modality specifically in endometriosis remains limited.

Aim of the investigation: To evaluate, independently and non-comparatively, the association of immersive VR and 2D nature-based video/audio content with change in pain, quality of life, anxiety, and depressive symptoms among individuals with endometriosis, alongside qualitative participant feedback.

Methods: This ongoing, prospective, non-randomized, mixed-methods study enrolled 21 participants who complete a week of pain-contingent daily sessions with each intervention in sequence (non-randomized crossover), timed to individual pain peaks. Pain/symptom severity is rated before and after each session using a newly developed scale. Quality of life (EHP-30), anxiety (GAD-7), and depressive symptoms (PHQ-9) are assessed at baseline and after each intervention week. Semi-structured written feedback on usability, barriers, and facilitators is collected weekly.

Results: To date, 5–11 participants have contributed paired data per outcome. Following the VR week, mean session-level pain decreased from 4.4 to 2.5 (n=5; d=-0.87); quality of life, anxiety, and depression showed small, non-significant changes (all p>.10). Following the 2D week, session-level pain was unchanged (3.9 to 3.8; n=11), while quality of life improved numerically (d=-0.63; n=7), without reaching significance. Qualitative feedback highlighted video quality concerns, VR-specific tolerability issues (dizziness, nausea), and 2D-specific convenience barriers.

Discussion: These preliminary findings from a small, ongoing sample suggest both modalities warrant further investigation as non-pharmacological adjuncts for endometriosis-associated pain, with video quality and tolerability as targets for refinement.

Ethics Approval: SETU/REC/25/26/012 & SETU/REC/25/26/046

Acknowledgements: "This work is supported by the TU RISE (Technological University Research and Innovation Supporting Enterprise) postdoctoral fellowship, co-funded by the Government of Ireland and the European Union through the ERDF."

Disclosures/Conflicts of Interest: None declared

Key Words: virtual reality; endometriosis; non-pharmacological pain management; mixed-methods; non-randomized crossover design; digital health

Abstract No. 62

Title: OUTCOMES OF MULTIMODAL ANALGESIA IN A TERTIARY ACUTE PAIN SERVICE: PAIN SCORES AND OPIOID CONSUMPTION OVER TWO YEARS

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Introduction: Acute pain services provide multimodal postoperative analgesia across diverse surgical populations. Data describing pain score outcomes and opioid requirements across analgesic modalities can inform service development and governance.

Aim of the Investigation: To describe activity, case mix and early pain and opioid outcomes of a tertiary acute pain service over a two-year period.

Methods: We retrospectively analysed regional analgesia and patient-controlled analgesia (PCA) ward-round records dated July 2023 to August 2025. Patient-level activity, primary analgesic modality, specialty and completion of day-one resting pain, functional pain and sedation fields were summarised.

Results: The cohort comprised 2,211 patients, including 1,609 receiving regional analgesia, 526 PCA alone and 76 both modalities. Among regional techniques, epidural, femoral, PENG, paravertebral and wound catheter analgesia were most frequently used. PCA was predominantly morphine-based. Following regional analgesia, median day-one resting pain was 2/10 (IQR 0–4) and functional pain 4/10 (IQR 2–5), with median 24-hour opioid consumption of 0 mg morphine milligram equivalents (MME) (IQR 0–10). Following PCA, corresponding resting and functional pain scores were 2/10 (IQR 2–4) and 4/10 (IQR 2–6), while median opioid consumption was 34 mg MME (IQR 8–70).

Conclusions: A high-volume tertiary acute pain service managed over 2,000 patients using diverse multimodal analgesic techniques. Early postoperative pain scores were low across modalities, while regional analgesia was associated with lower opioid requirements than PCA. These findings support structured multimodal analgesia pathways and provide useful benchmarks for service development and workforce planning.

Ethics Approval: Formal ethical approval was not required. No patient identifiers were collected; all data was anonymised.

Acknowledgements: NA.

Disclosures/Conflicts of Interest: We have no conflicts of interest to declare.

Key Words: Acute pain; regional analgesia; patient-controlled analgesia; postoperative pain; opioid consumption.

Early Career Investigators Short Oral Presentation Abstracts

Abstract No. 1

Title: NAVIGATING CHRONIC PAIN IN SCHOOL: EVALUATING THE IMPLEMENTATION OF THE EASE (EDUCATIONAL PSYCHOLOGISTS APPLYING BEST PRACTICE TO SUPPORT YOUNG PEOPLE WITH CHRONIC PAIN IN EDUCATIONAL SETTINGS) PILOT PROGRAMME

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Introduction: Chronic pain affects one in five school-aged children and significantly impacts school functioning. Many students with ongoing pain miss significant amounts of school and fall behind academically. Peer relationships and mental wellbeing are also affected.

Aim of Investigation: The aim of this study was to develop, deliver and evaluate a pilot programme for Educational Psychologists based on current informed evidence to support children and young people with chronic pain in school settings.

Methods: A scoping review conducted by the primary author found eight themes on providing school support for this cohort. These themes of support were used to design the EASE programme, which was conducted online over two three-hour sessions with thirteen Educational Psychologists. Pre and post questionnaires explored the self-efficacy of Psychologists to support students with chronic pain and their ability to make behaviour recommendations. The acceptability, appropriateness and feasibility of the programme was measured, along with open ended feedback questions.

Results: Participation in the EASE programme significantly increased the self-efficacy of Educational Psychologists in six areas of support for students with chronic pain. There was no change in making behaviour recommendations. The programme was deemed acceptable, appropriate and feasible by participating Psychologists. Additional qualitative feedback was predominately positive with helpful suggestions for future implementation.

Conclusions: This study made a unique contribution to the field of paediatric chronic pain and support at school. It found that the EASE pilot programme is implementable. There are implications for practice, policy, and future research in supporting paediatric chronic pain in school.

Ethical Approval: Ethical approval was granted by the Joint Faculty Research Ethics Committee at Mary Immaculate College, Limerick and the National Educational Psychological Service Research Ethics Committee

Acknowledgements: The primary author was funded by the Irish Health Service Executive, Community Health Organisation 3 to complete a Professional Doctorate in Educational and Child Psychology.

Disclosures/Conflict of Interest: n/a

Keywords: chronic pain, children, adolescents, school support, online programme, Educational Psychologist

Abstract No. 2

Title: ENDOMETRIOSIS PATIENTS PROVIDE INSIGHT INTO SPECTRUM OF PAINFUL SYMPTOMS AND INTO EXPERIENCE WITH DIAGNOSIS AND TREATMENT IN IRELAND

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Introduction: Endometriosis is a chronic systemic inflammatory condition characterised by the ectopic growth of endometrial like tissue. Despite affecting ~10% of women of reproductive age, the systemic manifestations of the disease are poorly characterised and diagnosis is frequently delayed.

Aim of Investigation: To elucidate the systemic manifestations of endometriosis and the patient background and experience of diagnosis and treatment in Ireland.

Methods: An online survey containing 86 questions was disseminated to endometriosis patients in Ireland. 359 responses were obtained and responses relating to symptoms, diagnostic experiences, comorbidities, family history, lifestyle and immune-related factors for the laparoscopically confirmed endometriosis patients (n=310) were analysed using Python and R.

Results: Pain was the most frequently reported initial symptom in most participants (97.7%). Initial pain-based symptoms reported were dysmenorrhea (82.6%), pelvic pain (50.3%), lower back and leg pain (36.5%), painful bowel movements (33.5%), headaches or migraines (18.4%) and dyspareunia (2.9%). Current fatigue (96.4%) and painful bowel movements (87.3%) were also highly prevalent. 42.2% of participants reported experiencing unexplained childhood abdominal pain, with a high proportion reporting this pain prior to primary menarche and 12.5% experiencing this pain before the age of 7. Diagnosis took an average 11.84 years, but diagnosis delays are improving over the years ($p=3.04 \times 10^{-14}$).

Discussion: The findings of this study support endometriosis as a systemic disorder with a varying clinical presentation. Overall symptoms appeared to become more prevalent after onset when compared with symptom prevalences in previous literature. Premenarchal symptoms suggest that disease related manifestations may occur earlier than currently recognised.

Ethics Approval: The survey was approved by the UCD School of Medicine Undergraduate and Taught Masters Research Ethics Committee (UTMREC-SM-E-25-562-McCurdy-Fahey).

Acknowledgements: The authors would like to thank Emma Dorris who coordinated the PPI Fest exhibition in UCD, and Laura Breen from NIBRT for helping us to organise patient seminar, which allowed us a further opportunity to reach out to patients.

This research was funded by the Health Research Board Ireland (HRB, ILP-POR-2024-007), PPI Ignite Network (PPI-2021-001) and UCD SSRA programme.

Disclosures/Conflicts of Interest: none

Key Words: endometriosis, patient experience, chronic pain, women's health, endometriosis diagnosis, endometriosis treatment

Abstract No. 3

Title: EXPLORING THE ASSOCIATION BETWEEN UTERINE EXTERIORISATION AND POST-OPERATIVE SHOULDER-TIP PAIN FOLLOWING CAESAREAN DELIVERY: A COHORT STUDY

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Introduction: Caesarean deliveries are the most frequently performed major surgery worldwide, but there is no consensus on whether to exteriorise the uterus for repair. Shoulder-tip pain is a frequently reported but under-examined complication of caesarean delivery.

Aim of the investigation: The primary objective of this study was to examine the association between uterine exteriorisation and the incidence of shoulder-tip pain post caesarean delivery.

Methods: We surveyed 200 women who underwent caesarean delivery in our obstetric unit between December 2025 and May 2026, with follow-up data collected six weeks postpartum. All patients who underwent caesarean delivery during the study period were invited to be included in the study.

Results: Our results demonstrate a highly statistically significant relationship between shoulder-tip pain and uterine repair technique ($p < 0.001$). The relationship persisted after adjusting for blood loss and anaesthetic type: women who underwent uterine exteriorisation had approximately four times greater odds of developing shoulder-tip pain compared with women who underwent in situ repair ($p < 0.001$). We found no statistically significant associations between shoulder-tip pain and other variables.

Discussion: Uterine exteriorisation is a risk factor for patients developing shoulder-tip pain post caesarean delivery.

Ethical approval was obtained by the Research Ethics Committee at Mayo University Hospital.

Acknowledgements: This work is funded by the Health Research Board [SS-2026-062].

Disclosures/Conflicts of Interest: none.

Key words: shoulder-tip pain, uterine exteriorisation, caesarean delivery

Abstract No. 4

Title: TEACHING SHIFTS JUDGEMENT, NOT HABIT: REAUDITING NSAID PRESCRIBING PRACTICE.

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Affiliation(s): Anaesthetics Department, Beaumont Hospital.

Introduction: NSAIDs are a core opioid-sparing component of multimodal postoperative analgesia.¹ Prescribing is frequently withheld over perceived renal, gastrointestinal or cardiac risk, despite this risk being largely dose and duration dependent.² Cycle 1 (n=100) found prescribing was safe but conservative against standard,¹ with poor stop/review date use and near-absent documentation of withholding rationale. A teaching session and departmental poster were circulated to close these gaps.

Aim of the investigation: To re-audit NSAID prescribing and documentation practice against standard¹ following this intervention, and identify further improvements.

Methods: Re-audit of 100 postoperative patients, assessing prescribing appropriateness, contraindication screening, gastroprotection, stop/review-date use and prescribing rationale documentation against standard,¹ analysed directly against Cycle 1.

Results: NSAID prescribing rose from 25% to 29.9%, and unexplained withholding (no documented contraindication or rationale) fell from 57.3% to 38.2% of withheld patients.

Gastroprotection co-prescription in eligible (NSAID-prescribed) patients almost doubled, from 36% to 69.0%. However, stop/review date documentation, a core requirement of standard,¹ remained below 50% (48.3%), and documented rationale for withholding fell to 0%, from an already-poor 2.3% in Cycle 1.

Conclusion: The intervention changed clinical decision-making but not documentation behaviour, so compliance with standard¹ remains incomplete. This gap reflects a known limit of one-off teaching: it shifts judgement, not habit. An NSAID prescribing sticker, prompting explicit start/stop dates and contraindications to monitor at the point of prescribing, is planned to hard-wire compliant documentation into routine practice rather than relying on repeated education alone.

Ethics Approval: Registered as a clinical audit with Beaumont Hospital; formal ethical approval not required.

Acknowledgements: NA

Disclosures/Conflicts of Interest: None declared.

Key Words: NSAID prescribing; opioid-sparing analgesia; clinical audit.

1 National Institute for Health and Care Excellence. Perioperative Care in Adults. NICE Guideline NG180. 2020.

2 Halvey EJ, Haslam N, Mariano ER. Non-steroidal anti-inflammatory drugs in the perioperative period. *BJA Education*. 2023;23(11):440–7.

Abstract No. 5

Title: CAN VIRTUAL REALITY ENHANCE THE QUALITY OF STUDENTS' LEARNING EXPERIENCE IN PHYSIOTHERAPY PAIN SCIENCE EDUCATION? INTERIM RESULTS FROM A MIXED-METHODS INTERVENTION STUDY

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Introduction: Pain science is complex and can be difficult to convey through traditional teaching^{1,2}. Virtual Reality (VR) provides an immersive, interactive environment allowing learners to visualize and experience pain pathways and chronic pain mechanisms. The role of VR within physiotherapy and pain science education (PSE) remains underexplored³.

Aim of the investigation: To investigate the effectiveness of *Reality Health*TM: a VR PSE programme as a tool to support physiotherapy education.

Methods: This mixed-methods intervention study is evaluating a VR-based PSE programme with BSc Physiotherapy students at UCD. Quantitative data were collected pre- and post-intervention to assess knowledge retention, learning satisfaction and self-confidence (Student Satisfaction and Self-Confidence in Learning Questionnaire)⁴ and technology acceptance (Technology Acceptance Model)⁵. The intervention comprised of three guided VR sessions with structured discussions. Qualitative data were collected via open-ended post-intervention survey questions and analysed using thematic analysis⁶.

Results: Participants (N=55) reported high satisfaction (mean 22.6; 1SD 4.0; range 5-25) and self-confidence (mean 32.9; 1SD 3.9; range 8-40) in learning post-intervention. The VR module was found to be *useful* (mean 15.8, 1SD 3.5; range 4-20) and *easy to use* (mean 12.0; 1SD 2.3; range 3-15), with *strong intention for future use* (mean 11.9, 1SD 2.4; range 3-15). Thematic analysis revealed key themes including increased communicative confidence and the positive role of technology as a teaching medium.

Discussion: The positive observations of enhanced student engagement, conceptual understanding, and confidence in communication are consistent with integration of VR adding value to PSE. These findings support VR as a scalable, effective tool for physiotherapy education.

Ethics:

Approved by the UCD Human Research Ethics Committee (LS-C-24-355).

Acknowledgements:

We are very grateful to the students who participated in this study.

Disclosures/Conflict of Interest:

The authors have no conflicts to declare.

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Key words: Virtual reality (VR); rehabilitation; physiotherapy; education

Abstract No. 6

Title: DOES PRE-PROCEDURE ANXIETY LEVEL PREDICT CAUDAL EPIDURAL INJECTION EFFICACY? - A PROSPECTIVE COHORT STUDY

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Introduction: Psychological factors may influence pain perception and treatment response in chronic low back pain, but the prognostic value of pre-procedure anxiety for caudal epidural injection outcomes remains uncertain.

Aim of Investigation: To determine whether baseline anxiety, measured using the Generalised Anxiety Disorder-7 (GAD-7), predicts 6-week pain and disability outcomes following caudal epidural injection.

Methods: In this prospective cohort study, 76 patients undergoing caudal epidural injection completed baseline GAD-7, visual analogue scale (VAS) and Oswestry Disability Index (ODI) assessments, with VAS and ODI repeated at 6 weeks. Paired analyses assessed change. Pearson correlation and multivariable linear regression, adjusted for the corresponding baseline score, examined associations between GAD-7 and 6-week outcomes. A $\geq 50\%$ VAS reduction defined treatment response.

Results: Mean VAS improved from 7.01 to 5.13 (change 1.88, 95% CI 1.43–2.33; $p < 0.001$), and mean ODI from 47.55% to 40.82% (change 6.73 percentage points, 95% CI 4.22–9.25; $p < 0.001$). GAD-7 correlated with 6-week VAS ($r = 0.250$, $p = 0.030$) and ODI ($r = 0.459$, $p < 0.001$), but not VAS change ($r = 0.002$, $p = 0.988$) or ODI change ($r = 0.171$, $p = 0.140$). After baseline adjustment, GAD-7 did not predict 6-week VAS ($B = 0.025$, $p = 0.494$) or ODI ($B = 0.093$, $p = 0.669$). Twenty patients (26.3%) achieved $\geq 50\%$ VAS improvement; GAD-7 did not predict response (OR 1.006, 95% CI 0.925–1.094; $p = 0.889$).

Conclusions: Caudal epidural injection was associated with significant 6-week improvements in pain and disability. Higher baseline anxiety was associated with worse absolute 6-week outcomes, but did not independently predict treatment benefit after accounting for baseline severity.

Ethical approval: Ethical approval for this study was obtained from local hospital ethics committee.

Acknowledgements: No grants or funding were obtained in carrying out this study.

Disclosures / Conflicts of interest: None to disclose.

Abstract No. 7

Title: TARGETING PERIPHERAL TRANSIENT RECEPTOR POTENTIAL VANILLOID 1 (TRPV1) FOR OSTEOARTHRITIS PAIN: INNOVATIVE CONTROLLED-RELEASE CAPSAICIN HYDROGEL TECHNOLOGY

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Introduction: Osteoarthritis (OA) is a prevalent condition characterised by pain from peripheral joint structures and involving central neurological mechanisms. The complex interplay of nociceptive and neuropathic components complicates effective OA pain management. Hyperinnervation of joint structures by TRPV1-positive nociceptive terminals is a key pathological feature. Capsaicin has drawn particular attention as a long-lasting analgesic via TRPV1-mediated desensitisation and nerve terminal ablation, but its clinical use is limited by acute burning pain.

Aim: We evaluated the effects of controlled-release capsaicin-based hydrogels (10-50 µg) on nociceptive behaviours in the monosodium iodoacetate (MIA)-induced OA model, testing whether they produce a reduced acute nociceptive phase and prolonged antinociception compared to free capsaicin.

Methods: Male and female Sprague-Dawley rats (8-9 weeks old; n = 6-11/group) received intra-articular (i.a.) MIA (2 mg/50 µL) or saline into the left knee (Day 0). On Day 18, rats were treated i.a. with vehicle, free capsaicin, or capsaicin-based hydrogels. Weight-bearing asymmetry and hind-paw mechanical hypersensitivity were assessed for 10 weeks post-treatment.

Results: MIA rats developed weight-bearing asymmetry and hypersensitivity from Day 7. Free capsaicin (10 µg) reduced weight-bearing asymmetry up to 14 days, with no effect on mechanical hypersensitivity. Capsaicin-based hydrogels showed distinct antinociceptive profiles depending on capsaicin release kinetics. The slow-release prototype RM-010 (10-50 µg) reduced acute nociceptive responses following administration, prolonged improvement in weight-bearing asymmetry up to 28 days, and alleviated mechanical hypersensitivity.

Conclusions: These results support the contention that innovative controlled-release capsaicin-based hydrogels may be promising for long-lasting OA pain relief without inducing acute pain.

Ethical approval: The experimental procedures were approved by HPRA (authorisation no. AE19125/P104) and University of Galway Animal Care Research Ethics Committee (ACREC, approval no. 2020.04.002).

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Disclosures: MIF and AL: employed by Relevium Medical; AL,

Key words: Osteoarthritis pain, chronic pain, TRPV1, capsaicin

Abstract No. 8

Title: UNDERSTANDING MECHANISMS IMPORTANT FOR PAIN USING DROSOPHILA MELANOGASTER

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Introduction: *Drosophila* is emerging as a model for dissecting the mechanisms underlying nociception, sensitisation, and chronic pain. However, current behavioural assays and analysis tools lack the throughput and automation needed for efficient large-scale studies. As such, the Heat-Evoked Jump Assay (HEJA), a streamlined thermal nociception paradigm, was developed by the Baron lab. Despite this current analysis software are inadequate in terms of efficiency and ease-of-use.

Aim of the Investigation: To leverage our HEJA experimental set-up, I developed Flyte, a cross-platform software that integrates video processing, object detection, tracking, and trajectory-based behavioural analysis into a single graphical user interface (GUI). To validate efficiency, effectiveness, and performance, we tested it against previously validated and new data.

Results: Compared with existing software, MultiWell Tracker and idTracker, Flyte substantially reduces processing time per video. For a 15 minute video, Flyte takes under 3 minutes for processing, which is 7x and 66x faster than MultiWell and idTracker, respectively. Moreover, using previous data which was tracked and analysed with the prior software, and manually verified by independent experimenters, Flyte showed 87.9% accuracy and 83.4% sensitivity compared to 86.8% and 84.1% for idTracker and 80.2% and 79.9% for MultiWell. Finally, as a use-case we show how 5-HT_{2B}, 5-HT_{1A}, and 5-HT₇ heterozygous receptor mutants have a hyperalgesia-like phenotype compared to control.

Discussion: Flyte provides an efficient, scalable framework for quantifying nociceptive behaviours in adult *Drosophila*, eliminating the need for separate MATLAB scripts or Excel-based analysis pipelines. We highlight Flyte's use-case by showing a conserved role of 5-HTRs in nociception in *Drosophila*.

Acknowledgments: Research funded by Research Ireland.

Disclosure/conflicts of Interest: Authors declare no conflicts of interest.

Key Words: *Drosophila melanogaster*; Nociception; Video Analysis; Software Validation; Thermal Nociception; Pain Behaviour