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Ozone therapy as an alternative treatment to the pain in the temporomandibular disorder

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Introduction: The temporomandibular disorder is very frequent, existed few studies reflect the effectiveness of the ozone (intra-articular gas) application in the region of temporomandibular joint.

Objectives: To identify the signs and symptoms of temporomandibular disorder; to determine the remission time of the pain in the temporomandibular joint; and to evaluate the disappearance of the upset signs of temporomandibular disorder in the studies after the ozone therapy application.

Material & Methods: An intervention study was realized in patients of International Centre of Investigations of Ozone. Ozone was applied intra-joint for 10 sections 3 mg/L for a volume of 3 ml equivalent to 0.03 mg in one bilateral section, plus rectal application.

Results: The pain subsided before the fourth application of ozone (100%). The mouth opening limitation referred in (100%) followed to a lesser degree of deflection and mandibular deviation.

Conclusions: The intra-articular and rectal ozone is a safe method for the pain relief in the temporomandibular disorder and remitted before the fourth treatment session.

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Continuous intra-articular and periarticular of levobupivacaine for management of pain relief after total knee arthroplasty: A prospective randomized, double-blind pilot study

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Background: Total knee arthroplasty (TKA) can result in major postoperative pain which can impact on the recovery and rehabilitation of patients and for this reason the use of a pain-control infusion pumps (PCIP) enhances analgesia for TKA.

Purpose: To investigate whether a PCIP of levobupivacaine would reduce pain in patients following TKA.

Methods: This was a prospective, randomized, controlled study conducted in 57 patients. Criteria for participation were unilateral TKA for osteoarthritis, and no allergies to levobupivacaine. The primary outcomes measured were postoperative pain intensity on visual analogue scale (VAS) score measured at 24 hours and 48 hours. Other measures included amount of narcotics, presence of adverse events and length of hospital stay.

Results: PCIP-treated patients (n=28) showed significant reductions in VAS score at any time versus control ($p<0.01$). Amount of narcotics, presence of adverse events, length of hospital stay were significantly less with the PCIP versus control (each $p<0.01$).

Conclusion: The use of a mix of levobupivacaine, ketorolac-trometamina and adrenalin provides a safe and effective means by post-operative pain relief in patients undergoing TKA.

Level of Evidence: Level II therapeutic study.

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