ceased analgesic medication and remained pain free at 18-month follow-up.

Conclusions Neuropathic pain is a difficult condition to manage due to the biopsychosocial factors involved whereby diverse strategies may have to be utilized. PRF has been shown to be successful in the treatment of a painful neuroma following scar formation and so offers an alternative, medication-free approach to treating this condition.

Miscellaneous

83 ULTRASOUND-GUIDED NERVE BLOCK WITH TELEMEDICINE

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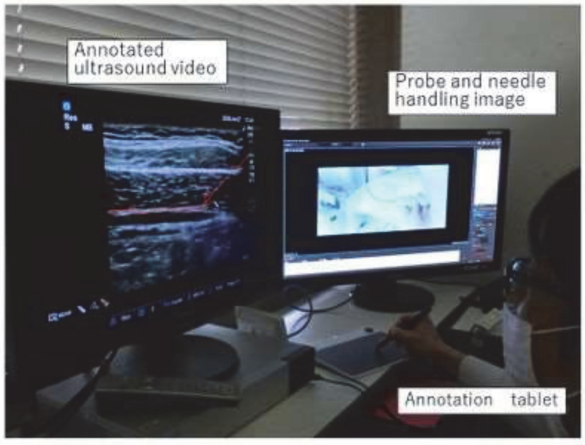
10.1136/rapm-2021-ESRA.83

Background and Aims New skills and knowledges for various ultrasound guided nerve blocks (UGNB) have been developed. Instructions from experienced expert may be essential for the education, however, these chances are limited partly because of availability of the expert instructor.

In this study, we developed telemedicine system for UGNB instruction and investigated whether the system could be useful practically for remote UGNB in 5 patients.

Methods At a practitioner site, video conference device (SONY) with ultrasound machine (Edge, Sonosite) and field camera was set in Sado General Hospital. At an instructor site, the device with annotation tablet and monitors of the ultrasound and the field was set in Yokohama City University Hospital 300 km away (figure 1). Ethics Committee approval and informed consent by the patients were obtained.

Results Two lateral transversus abdominis plane blocks, two rectus sheath blocks and a pectoral nerves II block were performed in 5 patients underwent open inguinal hernia repair, open umbilical hernia repair and mastectomy, respectively. At instructor site, instructor added annotation on ultrasound video, and field camera monitor displayed practitioner's handling of the probe and patient position. (figure 2)These simultaneous monitorings of ultrasound and field allowed instructor to provide prompt supports and ensure procedural safety by double check. These UGNB procedures were performed in 5–10 minutes without any clinical and mechanical problem.



Abstract 83 Figure 2

Conclusions We developed telemedicine system for remote instruction of UGNB. This system could be used practically in clinical cases and might be useful to improve safety.

84 THORACIC INJURY PATHWAY TO OPTIMISE PAIN & PHYSIOTHERAPY

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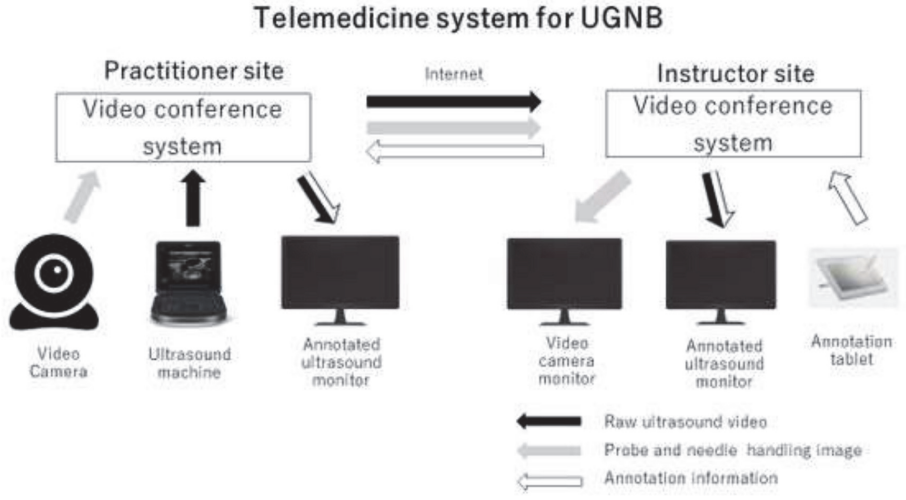
10.1136/rapm-2021-ESRA.84

Background and Aims

- Evaluate the referral of rib fracture patients to anaesthetics/acute pain team/physiotherapy & Critical Care Outreach Team (CCOT)



Abstract 83 Figure 1