doi: 10.48095/ccachp2024136

From pixels to pain relief – virtual reality's therapeutic landscape in burn care

J. Bartková^{1,2}, Ch. Tsagkaris³, B. Bakalář⁴

- Department of Burns and Plastic Surgery, Faculty of Medicine, Masaryk University, and University Hospital Brno, Czech Republic
- ² Department of Burns Medicine, Third Faculty of Medicine, Charles University, and University Hospital Královské Vinohrady, Prague, Czech Republic
- ³ European Student Think Tank, Public Health and Policy Working Group, Amsterdam, Netherlands
- ⁴ Department of Anesthesiology and Intensive Care Medicine, Third Faculty of Medicine, Charles University, and University Hospital Královské Vinohrady, Prague, Czech Republic

To the Editor.

Virtual reality (VR) has emerged as a promising tool in the realm of burn pain management. VR pertains to computer-generated simulations of a three-dimensional environment enabling interaction between human subjects and digital elements. The growing experience with VR in a range of biomedical disciplines including psychological therapy, rehabilitation as well as surgical training and planning serves as a testimony for its potential towards alleviating the physical and psychological distress associated with burn injuries.

From a technical perspective, VR provides an immersive experience that can distract patients from the acute sensations of burn wound care and treatment. potentially reducing the need for medication and overall distress. Evidence from neurobiology suggests that VR engages multiple sensory and cognitive pathways, influencing the perception of pain. Immersing patients in a virtual environment may disrupt the transmission of pain signals, resulting in a significant reduction in pain intensity during medical procedures, such as clinical examinations, wound debridement, and application of burn dressings. VR can modulate the perception of pain management by creating positive and personalized experience.

The potential of VR in burn management among patients with burns has been stressed by clinical studies. Investi-

gations employing rigorous methodologies, including randomized controlled trials and objective pain assessment measures, consistently demonstrate the efficacy of VR in burn pain management. Positive outcomes include reduced pain scores and improved physiological responses. This supports the integration of VR as an adjunctive therapy in burn care [1–3].

Empirical evidence shows that integrating VR into burn care protocols leads to a significant reduction in the reliance on opioid medications. Patients who are exposed to immersive VR experience consistently report lower pain scores and a reduced need for opioids during and after medical procedures [4]. Additionally, VR extends its impact beyond acute pain management to rehabilitation and therapy for burn survivors.

The integration of VR in this context presents several challenges, which may be outweighed by the scalable benefits of this technology. VR adoption demands significant investment. It has been estimated that the development and integration of a customized VR modality costs between \$40,000 and \$200,000 [5]. The investment in VR technology for pain management is expected to result in cost savings by reducing the need for medications and interventions, as well as decreasing the frequency of medical visits for pain management. The adoption of VR technology is dependent on

the readiness of healthcare personnel and infrastructure to interact with, maintain, and use this type of equipment. Considering the increasing rates of digital literacy among younger patients and healthcare workers, as well as the growing use of VR devices in commercial settings, it is reasonable to assume that VR will be widely accepted in the mid- and long-term [6].

As the scientific evidence supporting the use of VR in burn pain management continues to grow, there is an increasing interest in integrating VR into standard clinical practices. Ongoing research aims to refine our understanding of VR's mechanisms, optimize its applications, and establish standardized protocols to ensure its efficacy and safety in diverse burn care settings.

Roles of the authors

Júlia Bartková – conception and design, writing the article;

Christos Tsagkaris – critical revision of the article; Bohumil Bakalář – critical revision of the article.

Each author certifies that he/she has made a direct and substantial contribution to the work reported in the manuscript by participating in writing the manuscript or providing critical revisions that are important for the intellectual content and approving the final version of the manuscript.

Disclosure

The authors have no conflicts of interest to disclose. This work is co-financed from the state budget by the Technology agency of the Czech Republic under the Programme Eta TL03000090.

References

- 1. Viderman D., Tapinova K., Dossov M., et al. Virtual reality for pain management: an umbrella review. Front Med (Lausanne). 2023, 10: 1203670.

 2. Xiang H., Shen J., Wheeler KK., et al. Efficacy of smartphone active and passive virtual reality distraction vs standard care on burn pain among pediatric patients: a randomized clinical trial. JAMA Netw Open. 2021, 4(6): e2112082.

 3. Furness PJ., Phelan I., Babiker NT., et al. Reducing pain during wound dressings in burn care using virtual reality: a study of perceived impact and usability with patients and nurses. J Burn Care Res. 2019, 40(6): 878–885.
- **4.** McSherry T., Atterbury M., Gartner S., et al. Randomized, crossover study of immersive virtual reality to decrease opioid use during painful wound care procedures in adults. *J Burn Care Res.* 2018, 39(2): 278–285.
- 5. AR & VR in Healthcare: Benefits, Use Cases, Cost. *OTS Solutions, JumpGrowth* ™, 2023. [online]. Available from: https://jumpgrowth.com/ar-vr-in-healthcare-benefits-use-cases-cost/.
 6. Kouijzer MM., Kip H., Bouman YH., et al. Implementation of virtual reality in healthcare: a scoping review on the implementation process of virtual reality in various healthcare settings. *Implement Sci Commun.* 2023, 4(1): 67.

Júlia Bartková, MD, MBA, MPH
Department of Burns and Plastic
Surgery Faculty of Medicine,
Masaryk University
University Hospital Brno,
Jihlavská 20
625 00 Brno
Czech Republic
bartkovaj@yahoo.com

Submitted: 3. 8. 2024 Accepted: 20. 9. 2024

STRATAFIX™

STRATAFIX[™] **Symmetric PDS**[™] **Plus** Knotless Tissue Control Device

Only Ethicon offers a barbed suture appropriate for closing high-tension areas, such as fascia^{1,2**#}



Refers to STRATAFIX Symmetric PDS** Plus Knotless Tissue Control Device only, #Based on benchtop testing and clinical effect is unknown. *Refers to STRATAFIX** Symmetric PDS** Plus Knotless Tissue Control Device only, Benchtop assessment using porcine fascia, greater maximum tissue holding strength compared to Looped PDS** or VICRYL** Interrupted dosures (p-C005). Pre-clinical test data are not necessarily indicative of clinical performance. *Shorter closure time for STRATAFIX** Symmetric polydioxanone Plus compared to interrupted closure, (p-C001); ABTAFIX** Sprial to VICRYL** (first layer continuous closure, second layer interrupted closure, p-C0001); #Benchtop testing in porcine tissue. STRATAFIX** was better able to maintain optimal tissue approximation when damage to the closure device occurred. (STRATAFIX** Symmetric PDS** compared to PDS** of the Continuous closure and STRATAFIX** Symmetric PDS** compared to PDS** "Pus continuous closure). Pre-clinical test data are not necessarily indicative of clinical performance.

performance.

References: 1. Ethicon 100326296: Time Zero Tissue Holding - Competitive Claims Comparisons for STRATAFN* Knotless Tissue Control Devices vs Various Products: 2015. Data on Frie (EM.ETH.WOUN.104301, EM.ETH-WOUN.102738, EM.ETH-WOUN.10233, EM.ETH-WOUN.104301, EM.ETH-WOUN.102739, EM.ETH-WOUN.104301) 3. Sundaram K, Warren J, Klika A, Piuzz IN, Mont M, Krebs V. Barbed sutures reduce arthrotomy closure duration compared to interrupted conventional sutures for total knee arthroplasty: a randomized control trial. Musculoskelet Surg. 2020;17 (EM.ETH-WOUN.102739) 4. 2999 dM. Foudu J. U. Elsetohy K. Zeyed S. Hashem A. Youssef M. Barbed sutures versus conventional sutures for uterine closure at cesarean section: a randomized controlled frial. The journal of maternal-fetal Renoration medicine. 20173-8 (EM.ETH-WOUN.102739) 5. Ethicon. AST-2012-0301. Tissue gapping under tension of porcine cadaveric skin incisions closed with Stratafix Sprial in comparison to Monorofy in both interrupted and continuous stitching parterns. October 2012. Data on File (EM.ETH.WOUN.102739) 6. Ethicon. AST-2013-0066. Performance Testing of STRATAFIX Symmetric PDSSize20 stuture device for Tissue Holding Stratafix which is parterns. Proceedings of the Programme of the Central Stratafix Sprial Policial Stratafix Sprial (EM.ETH.WOUN.102739) 6. Ethicon. AST-2013-0066. Performance Testing of STRATAFIX Symmetric PDSSize20 strute device for Tissue Holding Stratafix with Multiple Incision Defects to Measure Gapping, April 2013. Data on File (EM.ETH.WOUN.102739)

Multiple Incision Defects to Measure Gapping, April 2013, Data on File (EM_ETH_WOUNJ02739)

STRATAFIX™ Symmetric PDS™ Plus je zdravotnický prostředek. Jedná se o neuzlící kotvící
prostředek pro tkáňovou kontrou je je antibakteriání polydicovanon), monofilamentní, synetický,
vstřebatený prostředek vyráběný z polyesteru poly (p-diovanonu), Indikace: Prostředky řady
STRATAFIX™ Symmetric PDS™ Plus jsou indikovány pro běžně příbližování měkkých tkání
v připadech, kdy je vhodné použití vstřebatené sutrur, Kontraindikace: Prostředek STRATAFIX™
Symmetric PDS™ Plus nebe zkotvíjí ploh vstřebatenícsti použivat při nutrosti prodlouženého (déle
než šest týdní) přibližení namáhaných tkání a nelze ho použivat ve spojení s protetickými prostředky
např. protezná isdečních chlopricí či syntetickými štěpy). Várování: Bezpeňosta k dičnost
prostředku STRATAFIX™ SymmetricPDS™ Plus nebyla stanovena v nervove tkání, kardiovaskudrní
tkání, tkání vagalnísí sližnice, v tkáních oka a při mikrochirurgií. Neždodou účiných, Várdačou účiných, Várdačou účiných, vštádoucí úči

Johnson & Johnson, s.ro., Walterovo náměstí 329/1, Jinonice, 158 00 Praha, Česká republika www.jinjmedtech.com/en-EMEA

© Johnson & Johnson Medical GmbH, 2024, CZ_ETH_WOUN_3877931

Johnson&Johnson MedTech

Ethicon