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Successful Development of Fluoroscopic Pain Program at an International Teaching Hospital

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Introduction

Ghana, a country of nearly 35 million people served by only four interventional pain physicians, had fluoroscopic pain procedures performed only when foreign specialists visited, particularly from Germany at Komfo Anokye Teaching Hospital in Kumasi. Training and practice of interventional pain has largely been by ultrasound guidance.

Through a Global Health Institutional Partnership with the University of Texas Health Science Center at San Antonio (UTHSCSA), the University of Ghana Medical School (UGMS), and Korle Bu Teaching Hospital (KBTH), we sought to create sustainable change by training more chronic/interventional pain physicians and enhancing the services offered within the country by its own physicians. The KBTH training centre for the relatively new fellowship programme in regional anaesthesia and interventional pain management of the Ghana College of Physicians and Surgeons was the focal point in our efforts.

Materials and Methods

As this is neither a case report or research, and is devoid of patient identifiable information, it is exempt from IRB review requirements as per UT Health San Antonio policy. The collaboration involved delivery of lectures, clinical observership, hands-on training/workshops and remote mentoring. Phase I: Virtual and In-person Lecture Series on fluoroscopy, radiation exposure, procedural anatomy, c-arm views, contrast spread, and procedural medications. Phase II: Conducted in the United States and involved hands-on training during an intensive observership commenced with alternating procedural shadowing and needle manipulation on spine fluoroscopy training phantom, followed by alternating neuromodulation shadowing and neuromodulator device simulator use, then a one-day cadaver skills lab with various procedures completed using fluoroscopy. Phase III: Patient selection, choice of appropriate procedure required and successful independent performance of fluoroscopy guided interventional pain techniques in Ghana by fellows.

Results/Case Report

Within one year of executing strategies noted above, there was notable improvement in pain fluoroscopic skills including performing the procedures and safely manipulating the c-arm to obtain appropriate views. On February 7, 2024, the first three interventional pain fluoroscopic procedures were independently performed by Ghanaian pain specialists at Korle Bu Teaching Hospital. Interventional pain procedures continue till date ranging from cervical epidural steroid injections to ganglion impar blocks. Through this partnership, we successfully graduated the first pain

fellow trained in fluoroscopic-guided procedures and advanced ultrasound-guided procedures ready to serve in Ghana as the fifth pain physician.

Discussion

Pain has been recognized as a significant global problem with 20% of adults suffering from pain globally. However, inequity exists in global health regarding access to pain relief. In sub-Saharan Africa, there are few interventional pain physicians with only Ghana having recently started a Fellowship training in Regional Anaesthesia and Interventional Pain. It is hoped, ultimately through the collaboration, this skillset development provides opportunity for health system strengthening and accessibility of quality chronic pain interventions.

References

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Disclosures

No

Tables / Images



