INTRODUCTION
Modern technology has enabled instant visual communication between distant locations, and video link consultation by a burn specialist can correlate closely with direct inspection. Other specialties have demonstrated mixed results implementing telehealth, with variable cost savings and feasibility challenges.

METHODS
A systematic review of telehealth management in burn care was performed in February 2013. MEDLINE, PubMed, Telemedicine Information Exchange (TIE) and the Cochrane database were searched. Relevant burn care and telehealth journals were hand-searched. The search terms were (Boolean operators italicised): (burn*) AND [tele* OR video* OR imag*] without any language limitations. All papers with content on both telemedicine (video or still-images) and burn care were included. Review articles were excluded.

RESULTS
Potentially relevant studies identified and screened for retrieval

\[ n = 361 \]

Studies retrieved for more detailed evaluation

\[ n = 64 \]

Studies included in systematic review

\[ n = 43 \]

The search retrieved 43 relevant studies. Articles were case reports, series and observational studies with 1 randomised simulation study (Figure 2). There were no randomised controlled trials. More than 80% of studies were in high income countries. Outcomes assessed include feasibility, triage, burn assessment, follow-up and education. Studies demonstrated the feasibility of telehealth in burn care, with assessment and follow-up in remote regions. Effective triage and burn specialist assessment has been demonstrated, achieving a higher standard than the referring clinician.

Determination of scar and functional outcomes has not been undertaken. Cost analysis was undertaken in 11 studies, with savings centre on reduction in air transport costs, however risks of delayed or further treatment and associated costs were not undertaken. Studies currently are underpowered and do not provide statistical evidence. In smaller nations, such as the UK, cost benefits are less clear.

DISCUSSION
Telehealth has demonstrated mixed results in other specialties, with management of heart failure by monitoring systems or phone reporting limited value.1 However the largest telehealth trial to date reported reduced mortality for chronic disease.2 Burn centres usually have large catchment areas, and the cost of video conferencing equipment is estimated at £50,000,3 but may be quickly offset by air transport savings in countries such as Australia and USA. However, there is no evidence on risks and costs of misdiagnosis and treatment.

REFERENCEs