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ESTABLISHING AND MAINTAINING A ZERO OPIATE POST OPERATIVE ANALGESIA FOLLOWING TONSILLECTOMY IN CHILDREN - FIVE YEARS ON

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Background:

Post operative analgesia following tonsillectomy can prove to be a challenge to manage optimally. Besides pain, there may be an element of anxiety, emergence delirium, post operative environment and emotional factors amplifying the pain itself. There are many guidelines existing for post operative analgesia. Traditionally opiates had been a routine post operative analgesic. Its administration has concerns regarding metabolism, increased sensitivity in children with sleep disordered breathing, respiratory depression, hypersensitivity reactions, overdose, pruritis, drug interaction and known to cause nausea, vomiting and gastrointestinal side effects. This can adversely affect recovery, wound healing, and discharge to home. By avoiding opiates in post operative analgesia prescription there is significant wellbeing to children, provided a multimodal non opiate analgesia is afforded.

Problem:

Inadequate post operative analgesia can result in distress to child, parents/caregiver, and post operative care team. General population, many medical and nursing staff have a notion that only administering opiates can provide adequate analgesia following tonsillectomy. There is sometimes difficulty in differentiating other causes of distress in a child postoperatively. Opiate administration has its documented concerns and when it manifests, addressing it is often very resource intensive.

Strategy for change: 1) Preoperative child/parent/caregiver education about realistic expectations, perseverance, and reassurance of adequate pain control with non-opiate multimodal postoperative analgesics and analgesic adjuvants. 2) For postoperative care team: Reinforcing the concerns of opiates and advantages of opiate free postoperative analgesia. 3) Appropriate intraoperative approach – conduct of anaesthesia and surgical technique.

Measures of improvement:

Data from retrospective chart review of 300 tonsillectomies between ages 3 to 16 during past 5 years demonstrated adequate postoperative pain control with non-opiates alone, low postoperative nausea and vomiting, early discharge to home and positive feedback on telephone wellness follow up.

Lessons learnt:

A zero opiate postoperative analgesia approach can significantly improve postoperative outcome in children following tonsillectomy.

Take home message: Establishing a zero opiate postoperative analgesia is achievable by a combined team effort from perioperative care providers and proper education to child/parents/caregiver. The benefit to the wellbeing of the child is immense and to the healthcare system, saving and redistributing finite resources.

References

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