POST-DISCHARGE OPIOID USE IN HEALTHY AMBULATORY CHILDREN

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Table 1. Pain scores by Analgesic Use on POD 1-3. Values are Median (Range). * P < 0.05 between analgesic categories by day.

<table>
<thead>
<tr>
<th>Analgesic Use</th>
<th>POD 1</th>
<th>POD 2</th>
<th>POD 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Analgesic</td>
<td>2 (0-8)</td>
<td>0.1 (0-10)</td>
<td>0 (0-8)</td>
</tr>
<tr>
<td>OTC (incl codeine)</td>
<td>2 (0-10)</td>
<td>2 (0-6)</td>
<td>0 (0-6)</td>
</tr>
<tr>
<td>Opioid (oxycodone)</td>
<td>6 (2-10)</td>
<td>5 (0-6)</td>
<td>1 (0-2)</td>
</tr>
<tr>
<td>P-value</td>
<td>0.050 *</td>
<td>0.025 *</td>
<td>0.458</td>
</tr>
</tbody>
</table>

Figure 1: Analgesic use by surgery type.
- Note: medications containing codeine are included in the OTC category.
- In this ambulatory sample, opioid medications were limited to oral oxycodone.

Table 1. Pain scores by Analgesic Use on POD 1-3. Values are Median (Range). * P < 0.05 between analgesic categories by day.

Results

Post-Op Day 1
In this cohort, (N=69, age 5-10, ASA I & I I), 47 children (68.1%) required oral analgesic medication after elective surgery on POD 1. Two thirds (42/63 =66.7%) used OTC medications, including codeine. Only 5 children (7.9%) were taking oxycodone. Pain levels ranged from 2-10 in this group (Table 1).

Post-Op Day 2
By POD 2, almost two-thirds of children (44/69 = 63.8%) no longer took any pain medication. One third (21/69 = 30.4%) were still taking OTC pain relievers. Four children (5.8%) were still taking opioids. Pain levels ranged from 4 to 6 in this group (Table 1).

Post-Op Day 3
By POD 3, most children took no pain medication (53/68 = 77.9%). About one out of five 13/68 = 19.1%) were taking OTC pain relievers. Only 2 children (2.9%) in this cohort were taking opioid analgesics on POD 3; pain levels were minimal.

Pain Scores
Pain scores were significantly higher in children taking opioids on POD 1 (P=0.05) and POD 2 (P=0.025) compared to children who took OTC analgesics or who took no pain medication (see Table 1). By POD 3 there was no difference in pain scores between medication groups.

Discussion

Opioid use was infrequent in this cohort. The surgeries most likely to require opioid use post discharge (see Fig. 1) were orthopedic and urologic surgery (mainly orchiopexy in this sample). ENT/Dental surgeries were the least likely to utilize any pain medication post discharge. Whether low incidence of opioid use in this population is due to prescriber preference or parental preference (given the variability in administration compared to the pain scores) is unclear, and further studies are needed to clarify this question.

References