

Children's Mercy Kansas City

SHARE @ Children's Mercy

Research Days

GME Research Days 2024

May 17th, 11:30 AM - 1:30 PM

Pain Management In Perforated Appendicitis: Transitioning To A Minimal Narcotic Strategy

Seth Saylor

Children's Mercy Kansas City

Meredith Elman

Children's Mercy Kansas City

Pablo Aguayo

Children's Mercy Kansas City

Rebecca M. Rentea

Children's Mercy Hospital

Richard J. Hendrickson

Children's Mercy Kansas City

Let us know how access to this publication benefits you

See next page for additional authors

Follow this and additional works at: <https://scholarlyexchange.childrensmercy.org/researchdays>



Part of the [Digestive System Diseases Commons](#), [Medical Pharmacology Commons](#), and the [Pediatrics Commons](#)

Saylor, Seth; Elman, Meredith; Aguayo, Pablo; Rentea, Rebecca M.; Hendrickson, Richard J.; Juang, David; Snyder, Charles L.; Fraser, Jason D.; Oyetunji, Tolulope A. MD MPH; St Peter, Shawn D.; Cruz-Centeno, Nelimar; and Marchese, Charles, "Pain Management In Perforated Appendicitis: Transitioning To A Minimal Narcotic Strategy" (2024). *Research Days*. 13.

https://scholarlyexchange.childrensmercy.org/researchdays/GME_Research_Days_2024/ResearchDay5/13

This Poster Presentation is brought to you for free and open access by the Conferences and Events at SHARE @ Children's Mercy. It has been accepted for inclusion in Research Days by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact hlsteel@cmh.edu.

Authors

Seth Saylor, Meredith Elman, Pablo Aguayo, Rebecca M. Rentea, Richard J. Hendrickson, David Juang, Charles L. Snyder, Jason D. Fraser, Tolulope A. Oyetunji MD MPH, Shawn D. St Peter, Nelimar Cruz-Centeno, and Charles Marchese

Pain Management in Perforated Appendicitis: Transitioning to a Minimal Narcotic Strategy

Seth Saylor MD; Nelimar Cruz-Centeno MD; Meredith Elman MD; Charles Marchese; Pablo Aguayo MD; Rebecca Rentea MD; Richard Hendrickson MD; David Juang MD; Charles Snyder MD; Jason Fraser MD; Tolulope Oyetunji MD MPH; Shawn St. Peter MD

Children's Mercy Kansas City

Introduction

- Patient controlled analgesia (PCA) was previous standard for postoperative pain control for perforated appendicitis at our institution.
- We have since transitioned to a PCA-free, multi-modal pain control (MMPC) regimen postoperatively in perforated appendicitis.
 - Scheduled 48-hr IV Tylenol & Toradol
- We aim to describe the impact of our new pain control regimen on postoperative narcotic use.

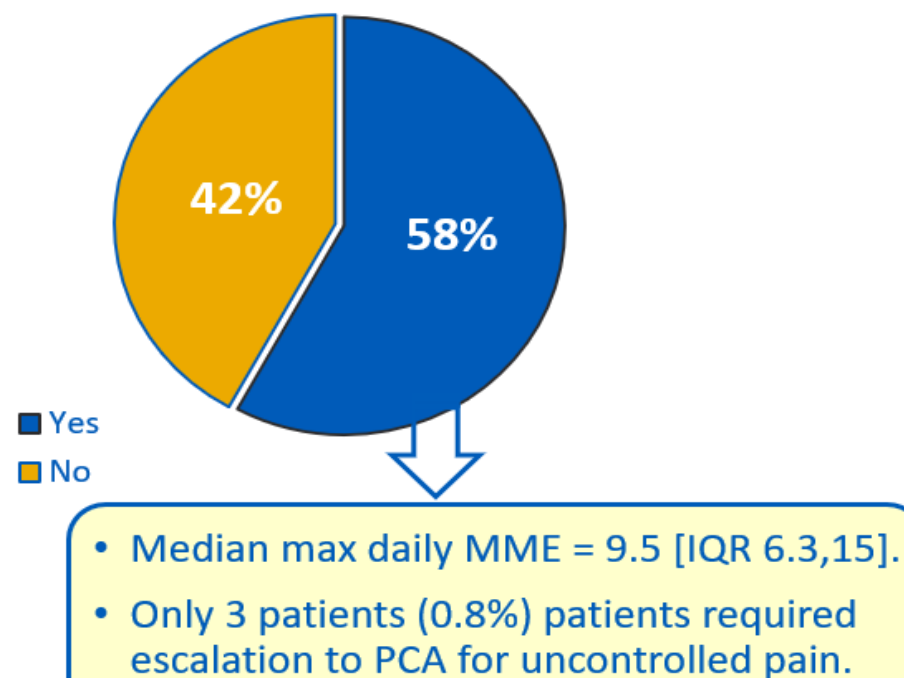
Methods

- Single institution
- Prospective, observational study
- January 2018- June 2020
- Patients <18 yrs old who underwent laparoscopic appendectomy for perforated appendicitis

Results

Total Patients = 400		Postoperative	Discharge
Sex	56% male	<ul style="list-style-type: none">• Scheduled 48-hr IV Tylenol and Toradol were given.<ul style="list-style-type: none">• 96% received IV Toradol (7 median doses [IQR 5,11]).• 94% received IV Tylenol (7 median doses [IQR 4,8]).• Median pain scores were highest in the first 12 hours after surgery (median pain score 5 [IQR 3,7]).	<ul style="list-style-type: none">• 65% of patients discharged with an oral narcotic prescription with median prescribed outpatient max daily MME of 30 [IQR 16.2, 30].<ul style="list-style-type: none">• 40% of those patients had not required any narcotics post-op.
Age (years)	10.5 (7.8, 13.0)		
Race	65% caucasian		
BMI (kg/m ²)	18.7 (15.9, 22.8)		
Hospital LOS (days)	3.1 (2.2, 4.2)		

Postop Narcotics Once on the Floor



Conclusions

- Multimodal pain regimen **limits narcotic use** post-operatively in perforated appendicitis
- May contribute to decreased LOS compared to prior studies.
- Discharge pain medication prescription protocolization is the next step to further reduce unnecessary narcotic exposure.

