



AB129. Opioid use following closed reduction and percutaneous pinning of paediatric supracondylar elbow fractures is not required to achieve adequate pain relief

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Background: Within the orthopaedic paediatric population, there is a distinct paucity of literature in regard to post-operative paediatric analgesic regimes. Supracondylar humeral fractures account for 33% of all paediatric limb fractures and there has been a marked divergence in recent literature concerning the most appropriate choice of analgesia for this cohort with recent studies recommending the routine inclusion of an opioid agent post-operatively on prescription. In our institution, patients' only receive a prescription for acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs) upon discharge. Our study assessed postoperative analgesic satisfaction rates in all paediatric patients who underwent Closed Reduction & Percutaneous Pinning for supracondylar humeral fractures

in our institution from January 2018 to December 2018.

Methods: This is a retrospective multi-surgeon case series of all paediatric patients who underwent closed reduction and percutaneous pin fixation (CRPP) from January 2018 to December 2018. Patient data was extrapolated from theatre records and clinical charts. For each patient, all analgesic agents given were identified, the dosage, route and frequency of administration in addition to the length of their hospital stay and time from injury to operation. Following discharge, patients' guardians were contacted retrospectively and a questionnaire was administered which ascertained the efficacy and duration of analgesia used by the patient post-operatively.

Results: Fifty patients were identified for inclusion within the study who met the inclusion and exclusion criteria. There was a 92% satisfaction rating amongst the responders with the analgesic regime recommended-acetaminophen & NSAIDs.

Conclusions: In stark contrast to papers which we discuss throughout our paper, our study conclusively demonstrates that opioid prescriptions are not required upon discharge for supracondylar fractures within a paediatric population.

Keywords: Analgesia; fracture; opioid; paediatric; supracondylar

doi: 10.21037/map.2020.AB129

Cite this abstract as: McCarrick C, McDonald C, Power F, Green C. Opioid use following closed reduction and percutaneous pinning of paediatric supracondylar elbow fractures is not required to achieve adequate pain relief. *Mesentery Peritoneum* 2020;4:AB129.