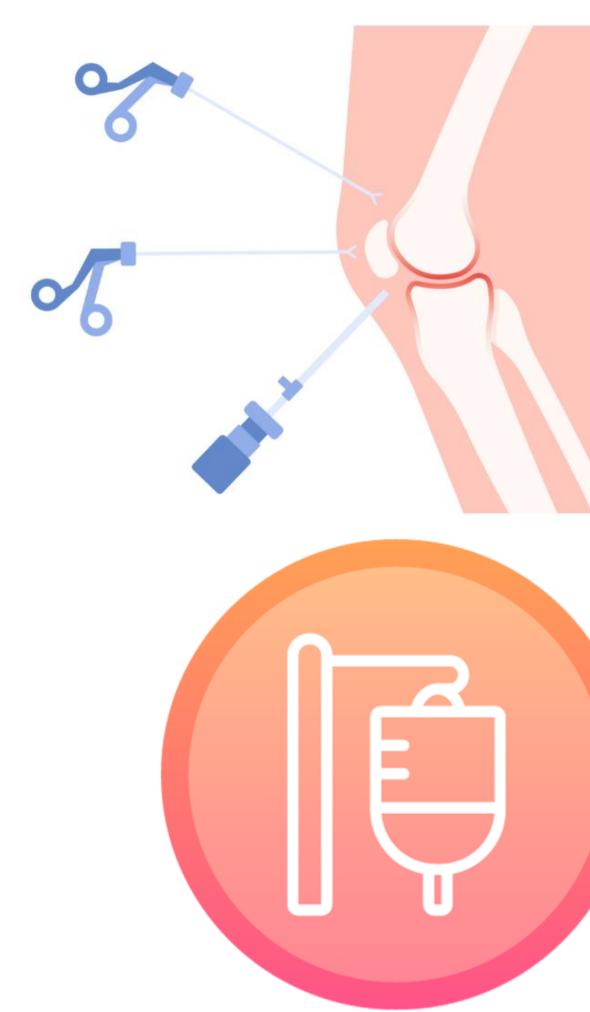


Background

- 25% of pediatric sports related injuries require surgical intervention due to:
 - Growth spurts
 - Underdeveloped bones
 - Lack of motor skills
- Our typical post-op ACL pain management protocol consists of prescribing opioids
- Opioids have a high addiction potential, espec in the pediatric sports community
- 14% of people aged >12 years of age misusing prescription opioids
- Use of opioids remains a topic of debate among the public and medical professionals
- Reluctance of parents wanting to utilize their opioid prescription due to the stigma associated with opioid misus

Objectives

- Investigate how to decrease post-op opioid use
- Implement an alternative pain management therapy
- Compare the amount of oxycodone tablets prescribed to the amount taken

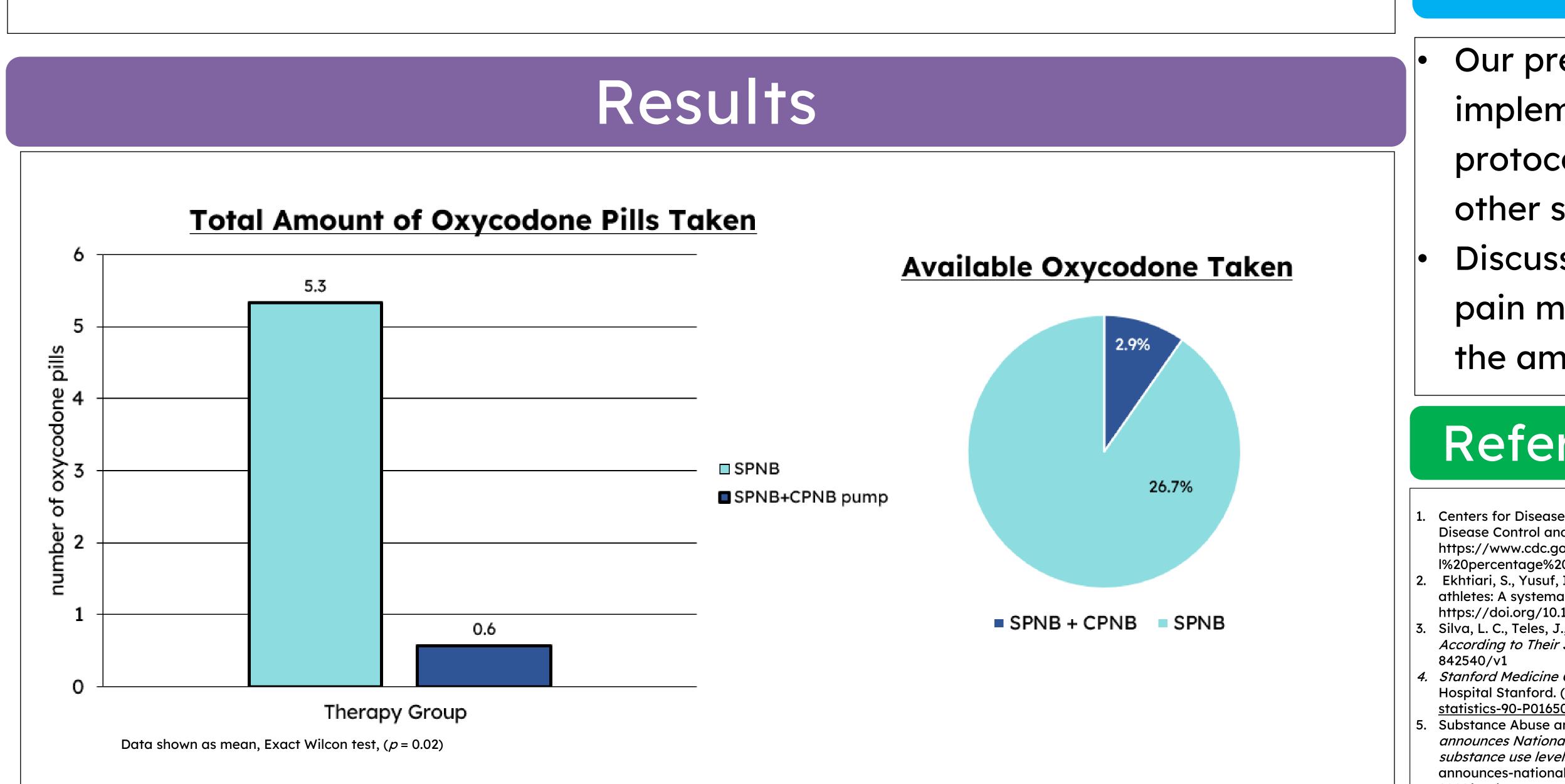


Implementation of Continuous Nerve Blocks in Pediatric ACL Patients Reduce Opioid Use

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Methods

e	 Our team performed a chart review on
	reconstruction surgery
	 Two therapy groups:
	 Single peripheral nerve block (
	 SPNB + continuous peripheral i
	pump
	 Upon review a total of 16 pediatric patie
cially	criteria
	 Inclusion Criteria: 13-18 years old, ACL r
	surgeon, had a femoral SPNB, and no C
	 CPNB pump therapy entailed a continue
	parameters ordered by pain team
	 CPNB therapy group discharged home
	to post-op day 5
	 All patients, regardless the therapy group
	oxycodone tablets and had the opportu
	 Patients were surveyed on how many or
se	post-op days 1-5
	Res
_	



pediatric patients that underwent ACL

(SPNB) nerve block (CPNB)

ients met our inclusion

reconstruction surgery by a single

CPNB pump issues

ous infusion of 0.2% ropivacaine with

with the pump and continued therapy up

oup, were prescribed a total of 20, 5 mg unity to take 1 tablet every 4-6 hours oxycodone tablets were taken between



Conclusions

When comparing the average of oxycodone tablets taken during the post-op period, the SPNB therapy group took over 10 times more compared to SPNB + CPNB.

Of the 20 oxycodone tablets prescribed, patients that received only the SPNB took 26.7% of

available oxycodone compared to 2.9% for patients that received the SPNB + CPNB pump.

With the increased rates of opioids being

prescribed to children and the potential for associated problematic opioid use behaviors it is

important to consider other adjunct therapy, such as CPNB (Groenewald, 2019)

Offering an alternative pain management therapy may decrease the perceived fear of opioid misuse in pediatrics.

Future Implications

Our preliminary findings support implementing a pain management protocol using CPNB pumps for other specialties in our organization. Discussions with surgeons and the pain management team to decrease the amount of opioids prescribed post-op.

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Special thanks to Dr. Sean Gamble and Dr. Heather Menzer for supporting this project.