

EFFECTS OF THERAPEUTIC SUGGESTION UNDER ANESTHESIA ON OUTCOMES IN CHILDREN POST TONSILLECTOMY

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Introduction: Tonsillectomy is a common surgical procedure that causes discomfort in the pediatric population. Side effects, including pain, may lead to longer lengths of stay in the Post Anesthesia Care Unit (PACU). Therapeutic suggestion (TS) during emergence from anesthesia is a non-pharmacological tool with potential to decrease the child's discomfort and promote faster healing. TS involves delivering suggestions about healing and comfort to an anesthetized patient.

Problem: Positively worded TS under anesthesia has not been well studied in the pediatric population.

Purpose: The purpose was to determine whether positive TS delivered to post tonsillectomy children ages 4-8 years emerging from anesthesia could impact outcomes including length of stay (LOS) and pain management.

Methodology: A blinded randomized controlled trial was performed on 94 patient/parent pairs to test the hypothesis that positive TS could impact outcomes. TS and control group noise recordings were delivered on MP3 players to lightly anesthetized children post tonsillectomy.

Results: Pain scores at 30 minutes post extubation show significantly lower pain in the treatment group, $p = 0.04$ (Mann Whitney U for independent samples). Odds analysis demonstrated that assignment to the treatment group resulted in a 70% increased likelihood of receiving only zero to one dose of IV morphine, as opposed to a range of two to six doses IV morphine in the PACU. Independent samples t-test ($\alpha 0.05$) found no difference between control and treatment on LOS ($t = .861$, $p = .39$).

Discussion: The data suggests that TS may lower pain scores for about an hour post extubation. TS had a protective effect on the need for IV morphine for pain management, thus lowering risk to the child.

Conclusion: The TS treatment group had statistically significantly lower pain scores at 30 minutes post extubation. TS may also lead to less need for IV opioid pain management in the 4-8 year old tonsillectomy population.

Implications: Positive TS during emergence from general anesthesia offers an inexpensive modality to augment pain control in the immediate postoperative period in children post tonsillectomy. TS requires further research in other pediatric populations.