Parent Acceptability and Use of Complementary and Alternative Medicine to Manage Children’s Post-Tonsillectomy Pain

Primary Investigators: Molly Napier MSN RN, Katherine Grierson BSN RN
Vanderbilt University Medical Center, Nashville, Tennessee
Co-Investigators: Elizabeth Card MSN, Amanda L. Stone PhD, Brittany Lipscomb CCRP, Jay Werkhaven MD

Introduction: Complementary and Alternative Medicine (CAM) interventions, such as honey, have been well-documented in reducing pain following tonsillectomy procedures.

Identification of the problem: CAM is oftentimes overlooked when it comes to the treatment of pain, particularly when it comes to children. With the new restrictions placed on opioid prescribing, more research is needed to find alternative ways to manage children’s pain.

Purpose of the Study: Our study aimed to assess parents’ CAM use for their own health and their child’s health. Further, we assessed parents’ willingness to use various forms of CAM for their child’s health in the future.

Methodology: Parents (n = 64) were recruited by a nurse at the time of their child’s tonsillectomy procedure to participate in a study on CAM and children’s postoperative pain. Following informed consent, parents completed online surveys through REDCap about their use of CAM, CAM beliefs, and willingness to use CAM for their child’s health.

Results: Over half of parents (62.5%) reported using CAM for their own health. Parents had tried an average of 3.2 (SD = 3.38) forms of CAM (most common: natural supplements, chiropractic or massage, and relaxation strategies). Similarly, parents had tried an average of 2.12 (SD = 2.60) forms of CAM for their child’s health with 59.4% of parents trying at least one form of CAM for their child. Most commonly used forms of CAM for children were honey of bee products (37.5%), aromatherapy (34.3%), and natural supplements (26.5%).

Discussion: The majority of parents had some experience with CAM interventions and had tried CAM for their child’s health. However, a significant minority of parents had never tried CAM interventions.

Conclusion: CAM interventions could be acceptable to parents for use in managing children’s pain. Honey appears to be the most commonly tried form of CAM for children and could have potential utility for use following tonsillectomy procedures.

Implications for perianesthesia nurses and future research: Families overall are open to CAM and could use further education regarding how to best use CAM to manage children’s postoperative pain. Future research will evaluate the efficacy of honey for controlling postoperative pain and reducing need for opioids following tonsillectomy.