## WHAT A PAIN! ARE PAEDIATRIC SURGICAL DAY CASES RECEIVING OPTIMAL ANALGESIA AFTER DISCHARGE?

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**Aim:** We aimed to evaluate post-operative pain levels in children following simple day case surgery, in the first two days after discharge.

**Methods**: Children undergoing circumcision, orchidopexy, ligation of patent processus vaginalis (PPV) or inguinal herniotomy were identified prospectively over a 2-month period, from November to December 2015.

At discharge, verbal consent was obtained to contact parents, who were provided with a Wong-Baker Facial Grimace score and visual analogue scale that were explained. Parents were then contacted by telephone on the second post-operative day. Subjective incidence of pain, analgesia requirements and objective severity of pain were recorded.

**Results**: 48 children were included in the study; 7 patients were lost to follow up. Median age at surgery was 6.5 years (range 3 months – 17 years). Analysis was undertaken on 20 circumcisions, 13 herniotomies/PPV ligations and 8 orchidopexies.

10 (50%) children who had a circumcision, 3 (23%) children who underwent herniotomies/PPV ligations and 3 (38%) children post-orchidopexy reported pain after two days. The maximum mean pain experienced by patients within the first 48 hours after surgery was 4.7, 4.2 and 4.1, for each procedure respectively.

A positive correlation between age and pain score following circumcision was found (Figure 1, Pearson's r = 0.49). Patients who received a caudal block for circumcision reported less pain than those who had a penile block (p = 0.032, 95% CI 0.33 to 6.47).

**Conclusions**: The incidence of pain following circumcision, orchidopexy, herniotomy and PPV ligation overall was low. Circumcision was the most painful procedure. A correlation between age and pain following circumcision was demonstrated and caudal blocks appear to provide better pain control than penile blocks.

We plan to revise the advice given to parents regarding analgesia for the postoperative period and evaluate these findings further.

