

Pediatric Surgical Indications for Opioid Prescribing for Acute Pain

Elliot Krane, MD, Professor of Anesthesiology & Pediatrics,
Stanford University

Chief of Pediatric Pain Management, Packard Children's Hospital at Stanford & Stanford
Children's Health

Disclosures: none

This list of categories of pediatric surgical indications for postoperative opioid prescribing has the following caveats:

- **The list is not comprehensive.** Less common procedures are not included in this list but should not be excluded.
- **Not every patient requires postoperative opioids.**
- **This list is curated from colleagues nationally** who replied to my request for opinions.

- **Opioid sparing methods are desirable in children.** The jury is out whether or not these eliminate the need for opioids.
 - Pre / Intraoperative: methadone, ketamine, lidocaine, magnesium, NSAIDs, gabapentenois, esmolol
 - Peripheral nerve blocks & perineural infusions
 - Intraspinal epidural blocks & infusions; intrathecal opioids
 - Postoperative: NSAIDs, coxibs, APAP, gabapentenois, benzos

1. **Chest surgery:** sternotomy, thoracotomy, open or closed (Nuss) pectus repair
2. **Open abdominal surgery:** organ transplantation, kidney surgery, urological reconstructions, tumor resection
3. **Orthopedic bone surgery:** long bone osteotomy, pelvic osteotomy, amputation, cancer resection, scoliosis repair / spine fusion
4. **Some neurosurgical procedures:** craniotomy, Chiari repair, craniofacial reconstruction, cervical spine surgery

5. Neonatal emergencies: TEF, DH, laparotomy, abdominal wall defects
6. Airway and oral surgery: cleft palate closure, tonsillectomy and adenoidectomy, mandibular / maxillary osteotomy
7. Gender change surgery
8. Burn debridement and (large surface) skin grafting