Utilization of Non-narcotic Analgesics & Adjunctive Medications for Postoperative Symptom Relief Following Endoscopic Urologic Surgery in Pediatric Patients

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## Presenter Disclosures

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td>Consultant/ Speakers bureaus</td>
<td>No Disclosures.</td>
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<td>Research funding</td>
<td>No Disclosures.</td>
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<td>Stock ownership/Corporate boards-employment</td>
<td>No Disclosures.</td>
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<tr>
<td>Off-label uses</td>
<td>Oxybutynin (indication, age-related)</td>
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<td>Tolterodine, darifenacin, fesoterodine, solifenacin, trospium (no pediatric)</td>
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<tr>
<td></td>
<td>Tamsulosin, doxazosin, prazosin (indication, no pediatric)</td>
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<td>Phenazopyridine (age-related)</td>
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Background

• Opioid epidemic
• How are practicing Pediatric urologists utilizing non-narcotic analgesics and adjunctive medications in Pediatric Urologic endoscopy?
• What opportunities exist for opioid-sparing pain and symptom management?
Methods

Survey Monkey®

• 345 active SPU members
• Demographic data
• Specific endoscopic case scenarios
  – Cystoscopy w/wo biopsy/incision/resection, stent placement, catheter placement
  – Ureteroscopy w/wo stent placement
  – Subureteric injection
• Prescribing/administration preferences related to patient age and/or weight parameters
  – acetaminophen, ibuprofen, phenazopyridine, anticholinergics, α-blockers, ketorolac, viscous lidocaine
Results

72 respondents (21% response rate)

AGE (YEARS)
- 31-40: 19%
- 41-50: 35%
- 51-60: 28%
- 61-70: 12%
- >70: 6%

GENDER
- Male: 17%
- Female: 83%

YEARS IN PRACTICE
- 1-5 years: 22%
- 6-10 years: 15%
- 11-15 years: 14%
- 16-20 years: 15%
- 21-25 years: 7%
- 26-30 years: 18%
- >30 years: 9%
Results

72 respondents (21% response rate)

PEDiatric FELlowsHipp

- Yes: 3%
- No: 97%

PrACtice SETTIng

- Academic Hospital: 1%
- Non-Academic Hospital: 17%
- Multispecialty Group: 3%
- Single Specialty Group: 11%
- Solo Practice: 68%

AUA SECTIOn

- New England: 17%
- New York: 5%
- Mid-Atlantic: 7%
- Northeastern: 10%
- Southeastern: 6%
- North Central: 22%
- South Central: 15%
Results

• Most pediatric urologists utilize acetaminophen, ibuprofen and viscous lidocaine in all pediatric urologic endoscopy case scenarios presented.
• Anticholinergic medication (e.g. oxybutynin) appears to be utilized more frequently with stent placement or bladder biopsy.
• Alpha-blockers, phenazopyridine and ketorolac are used less frequently in all scenarios presented.
• Pediatric urologists utilize acetaminophen, anticholinergic medication and viscous lidocaine more frequently without age or weight restrictions than the other medications presented.
• Most pediatric urologists do not give non-narcotic analgesics and adjunctive medications preoperatively.
Conclusions

• Pediatric Urologists seem to routinely utilize acetaminophen, ibuprofen and viscous lidocaine for analgesia following pediatric urologic endoscopy.

• Opportunities for incorporating more frequent use of additional non-narcotic analgesics and adjunctive medications for postoperative symptom relief exist.

• Opportunities for post-operative symptom relief may exist in the pre-operative setting.