INTRODUCTION & AIMS:
• Adeno-tonsillectomy causes significant post-operative pain, often with a secondary peak at days 3-5 once at home.
• 2013, MHRA safety alert regarding codeine:
  • Use discouraged children under 12 years.
  • Contraindicated in children undergoing adeno-tonsillectomy for obstructive sleep apnoea (OSA)\(^1\).
• A case series of fatalities/adverse events following codeine use, majority were post adeno-tonsillectomy in children with OSA\(^2\).
• Previous work shows oral morphine to be a reasonable substitute for codeine after discharge\(^3\).
• Aims: to review current UK practice, and launch the PATRN collaborative network.

METHODS:
• The survey was performed via PATRN.
• All UK tertiary paediatric centres were invited to collaborate. Volunteering district generals (DGHs) also included.
• Data was uploaded onto an online database.
• No confidential data was collected.

RESULTS:
• 20 hospitals participated: 14 tertiary and 6 DGHs.
• Annual tonsillectomy rates (range):
  • Tertiary centres 197-1015
  • DGHs 71-580
• 11/20 (55%) have a formal discharge analgesia protocol.
• 14/20 (70%) changed their practice after MHRA alert:
  • 8 removing codeine
  • 6 exchanging for oral morphine

DISCUSSION:
• PATRN is a national collaborative network of trainees interested in paediatric anaesthesia.
• This pilot project launched the network and identified ways of refining our processes.
• Many hospitals have changed their practice following the MHRA alert, this is the largest UK survey.
• Not all centres have a formal protocol for analgesia on discharge.
• There is variable dosing of NSAIDs and provision of opioid analgesia.
• Those auditing their practice have predominantly achieved adequate analgesia, and correspondingly discharge with oral morphine.

CONCLUSIONS:
• There remains considerable variation in practice for analgesia post tonsillectomy.
• Oral morphine appears to provide adequate analgesia in those centres using it on discharge.
• PATRN provides a powerful method of collecting national paediatric anaesthesia data and provides opportunities for trainees in multi-centre projects.

REFERENCES: