Pain Management:

for day care surgery it is extremely important part of pediatric anaesthesia. We have to consider multimodal pain management, which extends intraoperative analgesia to postoperative analgesia. Intraoperative Fentanyl or Pethidine or pentazocine is supplemented with regional blocks or peripheral nerve blocks according to the type of surgery.

Penile Block:

Dorsal nerve of the penis is the most reliably blocked by bilateral injection method to overcome septation of the sub pubic space and to avoid midline vessels. Injections are made bilaterally from sub pubic margin 0.5 cm lateral to midline with short bevelled 24-25G needle. It is useful to use the bone of the pubic arch as depth gauge and withdraw needle a little before aspirating, then injecting. Plain Bupivacaine 0.5%, 0.1ml/kg per injection.

ilio-inguinal / ilio-hypogastric block: Injection of Bupivacaine 0.25%, 0.3ml/kg, using a short bevelled 22G needle deep to external oblique aponeurosis will ensure block of both nerves at a point one finger's breadth medical to anterior superior iliac spine.

Metacarpal / Metatarsal blocks:

Can be given for syndactyly or polydactyly surgery. The effect of Bupivacaine in these blocks can last for 6-8 hours.

Caudal-epidural block:

Single injection is very effective for orchidopexy, inguinal hernia, orthopedic surgery of lower extremity.

Bupivacaine 0.25%, 0.5ml/kg for sacral or lumbor blockade, 0.75ml/kg for lower thoracic blockade (T8). Caudal block lasts for about 4-6 hours. The duration can be doubled by adding clonidine-1microgm/kg or quadrupled by adding preservative free Ketamine - 0.5mg/kg. These additives should not be used in infants. Brachial plexus block:

For upper extremity surgery is very useful and lasts for 6-8 hours. There are different approaches such as inter-scalene, para-scalene, axillary or supra-clavicular. Axillary approach is easier, safer and reliable.

22G short bevelled needle can be used and single shot injection can be given at the highest point in the axilla just above the axillary artery. 'Pop' can be felt when sheath of the neurovascular bundle is pierced. Bupivacaine 0.25% and 1% Lignocaine with adrenaline, mixed in equal volume, can be given in the dose of 0.5 to 0.75 ml/kg.

Sciatic, Femoral or 3-in-one block:

can be given for surgery on lower extremity. Mixture of 0.25-0.5% Bupivacaine and Lignocaine with adrenaline can be used in the quantity of 1ml/kg with a short bevelled long needle.

Ankle Block:

It can be given for surgery on the foot. One must remember that patients with lower extremity block are prone to injury when discharged. So they should be properly looked after at home.

When it is not possible to give above blocks, surgeon can properly infiltrate the surgical wound in layers while closing and this simple method can give good analgesia postoperatively.

Postoperative analgesia can be supplemented with oral analgesics before the onset of pain when the effects of regional and peripheral blocks have worn off.

Oral Analgesics:

For mild pain paracetamol 10-15 mg/kg alone or in combination with NSAID can be given. Keterolac 10mg/kg or Ibuprofen or Paracetamol can be given in the form of rectal suppositories to young children every 6 hourly.

Complications:

Most commonly seen complications are:

- Pain,
- Sore throat, headache and drowsiness.

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- Postoperative nausea and vomiting, which can be prevented can be prevented by Ondansetron 0.1 mg/kg IV or Dexamethasone oil: 0.1-0.15mg/kg or Metoclopramide 0.1 mg/kg can be given. Promethazine 0.5 mg/kg may prolong recovery time.

Croup:
This may occur immediately after extubation or within 3 hours. Treatment involves humidified O2 & if severe, nebulization with epinephrine. Patients should be observed for 2-3 hours after they settle down.

Our problems can be enlisted as:

1) Lack of proper organized day care facility.
2) Lack of proper information and understanding of the parents.
3) Lack of proper pre and postoperative monitored care area.
4) Lack of certain drugs and equipment.
5) Lack of insurance cover by some insurance companies.

Discharge Criteria:
- Vital signs and conscious level normal.
- Protective airway reflexes fully regained.
- No respiratory stridor.
- No active bleeding.
- O2 saturation above 95% on room air.
- Nausea vomiting absent.
- Only mild pain or discomfort.
- Appropriate ambulation for age.
- Written or verbal instruction and contact number issued.
- Responsible person to take the child home.

Conclusion:

Success and popularity of out patient surgery can be attributed to proper evaluation in the clinic, appropriate preoperative fasting, and use of newer anesthetics, anti emetics and analgesics with better monitoring in peri-operative period.