

TREND TOWARDS DECREASED PACU TIME IN BOYS UNDERGOING CAUDAL BLOCK PRIOR TO HYPOSPADIAS REPAIR

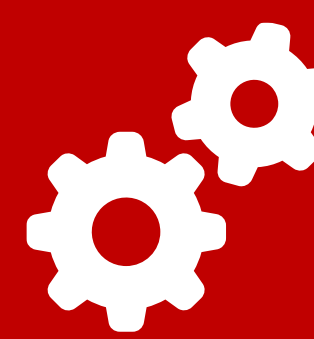


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BACKGROUND

- The efficacy of caudal versus penile blocks is not well-characterized in hypospadias repair
- This study informs a prospective, double-blinded, randomized, controlled trial of caudal versus penile blocks for hypospadias repair
- We hypothesized that caudal blocks would provide superior perioperative analgesia when compared to penile blocks among boys undergoing primary repair



METHODS

- Single institution retrospective review
- 109 boys undergoing initial hypospadias repair
- Perioperative care in boys receiving caudal versus penile blocks



NO SIGNIFICANT DIFFERENCE IN PERIOPERATIVE OPIATE ADMINISTRATION

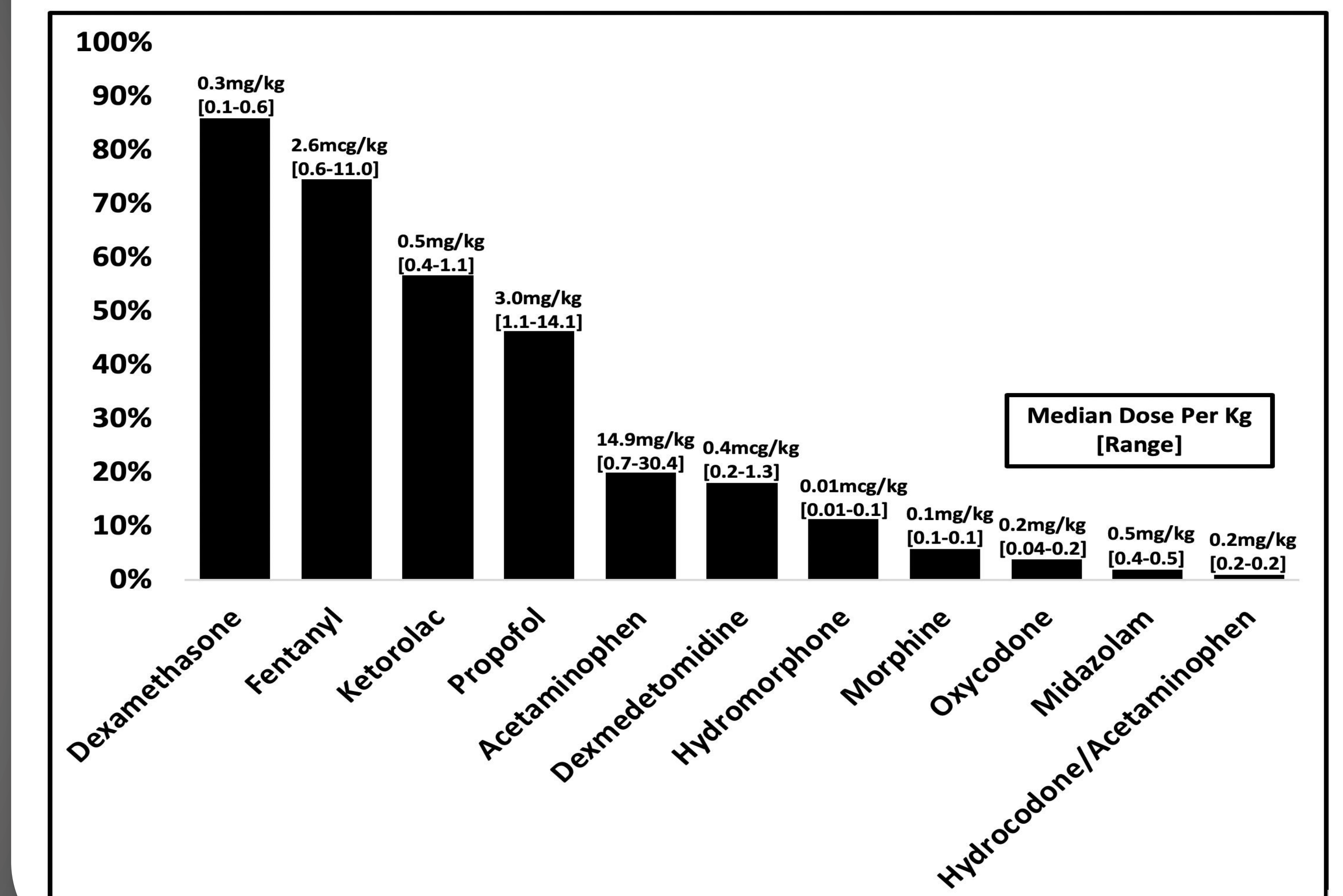
	Caudal (n=17)		Penile (n=89)		Overall (n=106)		p-value*
	Median	[Range]	Median	[Range]	Median	[Range]	
Weight (Kg)	9	[6.2-10.9]	8.2	[5.8-46]	8.4	[5.8-46]	0.35
Urethral Repair Length (mm)	12	[1.3-22]	8	[3-40]	8	[1.3-40]	0.02
Anesthesia Time (minutes)	134	[72-303]	128	[72-286]	134	[72-303]	0.01
Surgery Time (minutes)	110	[78-257]	91	[47-250]	99	[47-257]	0.02
Time to Cut (minutes)	24	[14-41]	21	[11-38]	21	[11-41]	0.57
PACU Time (minutes)	31	[19-50]	38	[11-123]	37	[11-123]	0.08
PACU Pain (FLACC score)	0	[0-9]	0	[0-10]	0	[0-10]	0.15
Intraop Morphine Eq (mg/kg)	5.8	[0-26.4]	4.7	[0-20]	4.8	[0-26.4]	0.53
Postop Morphine Eq (mg/kg)	0	[0-19.2]	0	[0-9.1]	0	[0-9.1]	0.27
Overall Morphine Eq (mg/kg)	5.8	[0-26.4]	5.4	[0-20]	5.4	[0-26.4]	0.77
Stent Placement, Number (%)	17	(100%)	64	(72%)	81	(76%)	0.01

*Mann-Whitney U Test

- Boys undergoing caudal blocks were more likely to undergo stent placement
- Boys undergoing caudal blocks had significantly longer anesthesia ($p = 0.02$) and surgery times ($p = 0.01$)
- No significant between-group differences in PACU time, postoperative pain scores, or opiate use



VARIABILITY IN ANALGESIC ADMINISTRATION



TAKE AWAY

- No significant differences in efficacy of caudal versus penile blocks, trend towards decreased PACU time with caudal block
- Standardization of perioperative non-opioid analgesic use is essential in the upcoming prospective trial



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