

# Highlights of the SPA/AAP Breakfast Panel at the ASA Annual Meeting

*Panel sponsored for the first time by Society for Pediatric Anesthesia and American Academy of Pediatrics, Section on Anesthesiology and Pain Medicine*

**Constance S. Houck, MD**

Despite the particularly early hour, less than ideal weather, and the inconvenience of getting to the various venues in Chicago, 178 tickets were sold for this year's Breakfast Panel. This was the first year that the panel was co-sponsored by the Society for Pediatric Anesthesia and the American Academy of Pediatrics, Section on Anesthesiology and Pain Medicine. This year's topic, Minimally Invasive Surgery in Pediatrics: Smaller Scars and Different Problems, was particularly timely as increasing numbers and types of surgery are being performed via minimally invasive techniques.

The Panel was moderated by Dr. Constance Houck, Education Chair for the American Academy of Pediatrics, Section on Anesthesiology and Pain Medicine.

Dr. Lynda Means from Childrens Hospital Boston opened the session with a talk on the principles of laparoscopic and robotic surgery in children. She utilized a case-based approach to review the physiologic considerations when performing this type of surgery and to outline the issues unique to infants and young children. Special emphasis was placed on the importance of closely monitoring abdominal pressures during CO<sub>2</sub> insufflation as high pressures can greatly exacerbate the adverse cardiovascular and cerebrovascular effects in young children. Unique aspects of anesthesia for robotic surgery were also reviewed.

Dr. Chandra Ramamoorthy from Lucile Packard Children's Hospital continued the discussion with a review of thoroscopic surgery in infants

and children. She described the most common indications for thoroscopic surgery in infants and children and briefly reviewed the various techniques for one lung ventilation in infants.

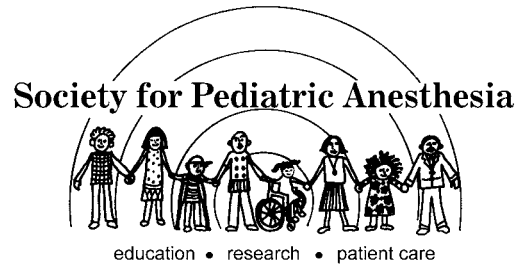
She particularly emphasized the importance of close monitoring of adequacy of ventilation in infants, as ETCO<sub>2</sub> in this setting often underestimates arterial CO<sub>2</sub>. She concluded her talk with a discussion of the advantages and disadvantages of this approach, the most striking of which appears to be the reduced incidence of scarring and subsequent chest deformity.

Dr. Scott Walker from Riley Children's Hospital wrapped up the session with a comprehensive discussion of the Nuss procedure. He described the many advantages to this approach (i.e. shorter surgical times, smaller and less conspicuous incisions), the potential surgical complications and the important and challenging disadvantage: severe and long lasting pain. The use of regional anesthesia techniques along with judicious use of adjunctive agents was emphasized

to provide pain relief in the initial postoperative recovery period and potentially improve longer term recovery.

Much of the discussion at the end of the Panel focused on the techniques used around the country to provide pain relief for the Nuss procedure both in the immediate postoperative period and over the rest of the convalescence. Significant pain has been noted for up to a month postoperatively and often requires a prolonged period of oral opioid analgesia. Several attendees emphasized the need for a combination of epidural analgesia (local anesthetic with or without clonidine) along with either intravenous patient-controlled opioid analgesia or the early initiation of oral opioids.

In their experience, this seems to provide the most successful long term pain control strategy for this procedure.



## American Academy of Pediatrics

