INTRODUCTION

- In the US, 2–4% of children between the ages of 10 and 16 years have idiopathic scoliosis, of which 38,000 undergo spinal fusion.
- The prevalence of chronic post-operative pain (CPSP), defined as pain attributable to the surgical procedure and lasting for more than 2 months after surgery, is estimated to be up to 50%.
- There is little literature about the development and maintenance of CPSP in pediatric patients after spinal fusion.

AIM OF STUDY:
Evaluate the trajectory of CPSP after spine fusion in adolescents over 4 years and identify risk predictors.

METHODS

- A prospective study was conducted between 2009-13 in 78 adolescents with idiopathic scoliosis undergoing posterior spine fusion. Exclusion criteria included presence of preoperative chronic pain, use of opioids and ASA status>2. All patients received morphine patient-controlled analgesia for postoperative pain relief.
- Data regarding preoperative pain, anxiety (Visual Analog Scores), postoperative pain and morphine consumption (POD 1 and 2) were collected prospectively.
- Retrospectively, between August 2013 and now, following questionnaires were administered to assess parental and child anxiety, catastrophization and postoperative pain may play a role.

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RESULTS

- Collection of questionnaire data is ongoing.
- Average time since surgery was 2.4 (±1) years.
- The 43 patients reached thus far, 21 patients (48%) had CP and 16 (37%) had PP. The average duration of pain after surgery was 5.4 ± 6.2 months, and 68% complained of upper back pain mostly of a sharp nature (44%).
- FDI was 4±5. The FDI correlated with both the development of CP (p=0.03) and PP (p=0.007).

REFERENCES