Methadone Loading for Minimally Invasive Repair of Pectus Excavatum

Children's National

Introduction

Minimally invasive Repair of Pectus Excavatum (MIRPE) – procedure of choice

>Thoracic epidural - 1° pain management technique Stopped at our institution - surgeon preference >PCA found to be less than satisfactory

Intraoperative IV methadone (0.1 mg/kg) loaded > NMDA antagonism incorporated into mgmt. >PCA demand only - postoperatively Modeled upon existing PSF perioperative home

Hypothesis

>Intraoperative methadone loading dose will lead to lower pain scores and reduce PCA demands

Methods

- Retrospective analysis of patients who underwent MIRPE
- > Data collected (for each postoperative day):
 - >Maximum pain scores
 - Total PCA demand doses
 - Doses of PRN opioid, diazepam, ondansetron
 - Compared methadone vs. non-methadone

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Results									
Methadone	Maximum Pain Scores			PCA Demand Doses			PRN Medication Doses		
(n=4)	POD 1	POD 2	POD 3	POD 1	POD 2	POD 3	Ondansetron	Diazepam	Opioid
mean	7.8	4.5	4.3	11.3	9.5	NA	2.3	1.0	0
SD	0.5	1	1.9	4.5	7.9	NA	1.5	0.8	0
median	8	4	3.5	12	8	NA	2	1	0
PCA Only									
(n=12)	POD 1	POD 2	POD 3	POD 1	POD 2	POD 3	PRN	PRN	PRN
mean	7.1	5.8	4.8	31.0	24.7	24.0	3.4	3.1	0.2
SD	1.6	1.4	1.9	16.6	15.3	8.5	1.9	2.1	0.4
median	7	6	4	26	20	24	4	3	0

> Total patients: 16

- + Methadone: 04
- Methadone: 12
- > PCA: Morphine or Hydromorphone > Methadone group: demand only
- Control group: demand + continuous
- Maximum pain scores no significant difference
- PRN medication use no significant difference
- PCA demands lower in Methadone group on Postoperative Day #2
- PCA no longer needed in Methadone group after Postoperative Day #2

(S)-methadone



Methadone: >mu agonist and NMDA antagonist Provided immediate and long term analgesia Similar results seen in PSF patients

>Other institutions - epidural for MIRPE stopped

Demonstrates need for MIRPE perioperative home

References

Greenberg SB, Marymont JH ial in cardiac surgical patients *Anesthesiology* (2015) 122 1112-1122

boan L, Largi J, Choi L, Gharibo C. Acute Pain Management in the Opioid-Dependent Patient. In: Hadzic A. eds. Hadzic's Textbook of Regional Anesthesia and Acute Pain Management, 2e New York, NY: McGraw-Hill;

Litz CN, Farach SM, et, al. Enhancing recovery after minimally invasive repair of pectus excavatum. *Pediatr Surg Int* (2017) 33:1123–1129



Methadone

Discussion

>MIRPE Pain is 2° pectus bar pressure, not incisions

Conclusion

Methadone may represent a replacement to epidural for patients undergoing MIRPE

http://accessanesthesiology.mhmedical.com.proxygw.wrlc.org/content.aspx?bookid=2070§ionid=157604740. Accessed November 08, 2017