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## Children's recovery after surgery checklist a first for Australia

An Australian-first trial that measures how children recover from anaesthesia and surgery is about to start at Queensland Children's Hospital as part of an international study.

Brisbane paediatric anaesthetist Dr Paul Lee-Archer is leading the Australian arm of the project which aims to recruit 250 children aged between two and 16 years old and their parents or caregivers.

The trial will test a surgery recovery checklist on children who have recently been admitted to hospital for elective or emergency surgery and then fine-tune it for use based on their responses and feedback.

The checklist will give anaesthetists and other specialist doctors a better understanding of how each child recovers from their operation so they can better tailor follow-up treatment if needed.

Dr Lee-Archer worked with experts from the Boston Children's Hospital and the Children's Hospital of Philadelphia to develop the children's surgery recovery checklist.

The trial coincides with the launch of the Australian and New Zealand College of Anaesthetists' (ANZCA) 2022 National Anaesthesia Day #NAD22 on Monday 17 October with this year's theme "Anaesthesia and children: Caring for your kids." National Anaesthesia Day marks the anniversary of the day in 1846 that ether anaesthesia was first demonstrated publicly.

The trial, funded with a grant from the Society for Paediatric Anaesthesia in New Zealand and Australia (SPANZA) is a first for child patients. While a recovery score tool has been used for adults for nearly two decades there has been no equivalent measure for children.

"Accurate measurement of the quality of a child's recovery following an operation is vital for understanding the patient experience and developing strategies to improve outcomes," he explains.

The trial will focus on how quickly a child recovers from their operation by not only measuring their responses to indicators such as pain, nausea and vomiting and whether they will need to be readmitted to hospital but also their emotional responses. Recovery from a range of operations including day surgery for ear, nose and throat procedures to more complex abdominal surgery will be assessed.

"There have been a number of comprehensive quality of recovery scores that have been developed and validated in adults which assess a range of responses such as pain, physical comfort, physical independence, psychological support and emotional support but until now nothing has yet been trialled for child patients," Dr Lee-Archer says.



Post-operative assessment of children undergoing surgery is a more complicated task, in part, because of the range of patient ages and development and the need to involve parents and guardians when dealing with younger patients.

Simply adapting the adult assessments to children does not work because they fail to take into account the importance of the child/parent/carer relationship and do not address the issue of how recovery is different for children compared to adults.

"We're hoping this will lead to a more comprehensive assessment of recovery quality for children whose experiences and perspective are just as important as those of adults undergoing surgery," Dr Lee-Archer explains.

ANZCA is one of the largest specialist medical colleges in Australia and New Zealand, and the region's foremost authority on anaesthesia, pain medicine and perioperative medicine. It is the professional membership organisation for more than 7500 specialist anaesthetists and 500 specialist pain medicine physicians.

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