Coexisting Disease in Infants and Children:
Navigating the Difficult Pathway to the Operating Room

2016

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Dr. Alan Schwartz: Hello. This is Alan Jay Schwartz, Editor-in-Chief of the American Society of Anesthesiologists' 2016 *Refresher Courses in Anesthesiology*, the latest research and education information. The focus of the new online format of the *Refresher Courses in Anesthesiology*'s CME program, and the modules featured, is to educate learners on current developments in the science and clinical practice of the specialty of anesthesiology, critical care medicine and pain management. For the first time ever, we will be speaking directly with individual authors to learn about their expertise, perspective and insight regarding their featured module.

Today, we are pleased to present the following one-on-one conversation with Dr. Linda Mason, and will be highlighting the module titled, "Coexisting Disease in Infants and Children: Navigating the Difficult Pathway to the Operating Room."

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Dr. Alan Schwartz: Dr. Mason, thank you for talking with us today. You've written a wonderful review of management of infants and children with coexisting respiratory disease—diseases that often raise the acuity of care we need to provide these fragile children. Your focus is on asthma and obstructive sleep apnea. Since this is such an important aspect of safe care we must provide these children,

what key lessons do you want our clinical colleagues to learn from your Refresher Course module?

Dr. Linda Mason: Well, first of all, asthma is one of the most common coexisting diseases in children, and the severity of the disease is on the rise. So, these children will come frequently into our practice, but do need special care. We know that asthma now is a disease of airway inflammation. So, everything we use in our therapy must be directed at decreasing airway inflammation. Also, we must be very careful with children who may have an intercurrent URI, because they are particularly prone to bronchospasm, especially if endotracheal intubation is needed.

The entity of obstructive sleep apnea is one that has been described recently in the literature. And also, as far as the severity of this disease, it's very important to know, because many of our children will come for ambulatory surgery for tonsillectomy. Children that are younger than three years of age, or with severe obstructive sleep apnea, and those with coexisting diseases, may not be candidates for outpatient surgery. Therefore, we must critically evaluate these patients before anesthesia to be sure that they can be safely cared for in an ambulatory surgery center; or else, they should be admitted overnight.

The other issue in patients with obstructive sleep apnea is their sensitivity to narcotics. And so, they react differently than normal children, and may not need the same dose of narcotics that a normal child does. Therefore, we have to be very careful to titrate narcotics to avoid postoperative respiratory depression.

Another drug that has come into focus for care in children for pain management in tonsillectomy has been codeine, and there have been some very unpleasant activity with codeine administration, especially regarding some children metabolizing it rapidly, and actually having a higher level of serum codeine

than would be expect. And these children have had some unpleasant effects of this at home. So, we must carefully titrate all narcotics in these disease, to take the safest care of children.

Dr. Alan Schwartz: Thank you, Dr. Mason, for your insights about safe care of high-acuity infants and children with comorbid respiratory conditions, and especially for educating ASA members about this important clinical care topic. And thanks to the audience for participating in this insightful conversation with this month's featured author. Be sure to join us for next month's one-on-one author interview, presented in this new, exciting format.

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