DE INVLOED VAN PREOPERATIEF EMOTIONEEL EN GEDRAGSMATIG FUNCTIONEREN VAN KINDEREN TUSSEN 6 EN 12 JAAR OP POSTOPERATIEVE PIJN NA ADENOTONSILLECTOMIE IN DAGZIEKENHUIS.EEN PROSPECTIEF COHORT ONDERZOEK.

Published: 16-04-2013 Last updated: 19-10-2024

The purpose of this research is to acquire a better understanding of the pain experience and the recovery of children between 6 and 12 years old who underwent a tonsillectomy/adenotonsillectomy. Primary research question:What is the...

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON26015

Source NTR

Brief title CBCL "C A/AT "C POK/6-12

Health condition

Children, postoperative pain, tonsillectomy/adenotonsillectomy, behavior Kinderen, postoperatieve pijn na tonsillectomie/adenotosillectomie

Sponsors and support

Primary sponsor: Dienst Anesthesie & Reanimatie
ZNA Middelheim
Lindendreef 1
2020 Antwerpen
Belgie
Source(s) of monetary or material Support: fund = initiator = sponsor

Intervention

Outcome measures

Primary outcome

1. The scores of the Parents' Postoperative Pain Measure (PPMPaccompanying parent) during three days postoperative;

2. Assessment of the pain scores by the child and the parent by means of a Colored-Visual Analogue Scale (CA-VASchild-pain-at home) and Visual Analogue Scale (VAS parent-child-pain-at home) for the accompanying parent during three days postoperative and day ten.

Secondary outcome

1. The pain scores of the child and the accompanying parent in the postoperative day care and by means of a Colored-Visual Analogue Scale (CA-VASchild-pain-in-hospital) and Visual Analogue Scale (VASparent-child-pain-in-hospital) for the parent;

2. The pain scores measured by the FLACCnurse;

3. The total administration of analgesics at home (as noted in the diary) during three days postoperative.

Study description

Background summary

N/A

Study objective

The purpose of this research is to acquire a better understanding of the pain experience and the recovery of children between 6 and 12 years old who underwent a tonsillectomy/adenotonsillectomy.

Primary research question:

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What is the influence of emotional and behavioral functioning (externalizing/internalizing) six months prior to surgery of a child between 6 and 12 years old undergoing a tonsillectomy/adenotonsillectomy on the measured postoperative pain scores by the parents and by the child itself?

1. Using the Parents' Postoperative Pain Measure (PPPMaccompanying-parent);

2. Using a Colored-Visual Analogue Scale (CA-VASchild-pain-at-home) for the child and a Visual Analogue Scale (VASparent-pain-child-at-home) for the parent.

Secondary research questions:

1. What is the relation between the preoperative anxiety of the child and the parent by means of a Visual Analogue Scale (VASanxiety-child-preoperative / VASanxiety-parentpreoperative) and the postoperative pain scores in day care CA-VASchild-pain-in-hospital / CA-VASparent-child-pain-in hospital and the scores at home during three days CA-VASchildpain-at-home / CA-VAS parent-child-pain-at-home?

2. What is the influence of the difference between high versus low pain scores of children (with a cut-off if 4 CA-VASchild-pain-at-home / CA-VASparent-child-pain-at-home) on the administration of analgesics?

Additional questions:

Furthermore this research focuses on the following additional guestions:

1. What is the correlation between CA-VASchild-pain-at-home, VASparent-child-pain-at-home, CAparent-child-pain-at-home on the one hand and the PPPMaccompanying-parent during three days postoperative on the other hand?

2. What is the Intraclass Correlation Coefficient (ICC) between pain measured by the child by means of a CA-VASchild-pain-at-home and pain measured by the accompanying parent by means of a CA-VAS accompanying-parent during three days postoperative?

3. What is the ICC between the PPPMaccompanying-parent measurements of both parents during three days postoperative?

4. What is the influence of the state and trait anxiety of the accompanying parent measured with the Spielberger's State-Trait Anxiety Inventory (STAI) on the postoperative pain measurement and the administration of analgesics of the child?

5. What is the influence of the need for information (information seeking versus information) avoiding behavior), of the accompanying parent measured with the Amsterdam Preoperative Anxiety Information Scale (APAIS) on the postoperative pain measurement and the administration of analgesics of the child?

6. What is the correlation between CA-VASchild-pain-in-hospital, VASparent-child-pain-inhospital on the day of surgery and the pain assessments on the Face, Legs, Activity, Cry, Consolability Scale (FLACC) measured by an independent nurse (FLACCnurse) in the postoperative section of the day care?

7. What is the relation between preoperative externalizing/internalizing problems measured with the Child Behavior Checklist (CBCL 6-18), the anxiety of the child at induction measured with the modified Yale Preoperative Anxiety Scale (T3mYPAS) and emergence delirium at awakening from anesthesia measured with the Pediatric Anesthesia Emergence Delirium scale (PAEDsum scores at T1-T2-T3)?

8. Identifying sleeping problems of the child (falling asleep, waking up, nightmares) during three days postoperative by using a few specific questions concerning sleeping disorders of

the Post Hospitalisation Behavioral Questionnaire (PHBQ). 3 - DE INVLOED VAN PREOPERATIEF EMOTIONEEL EN GEDRAGSMATIG FUNCTIONEREN VAN KINDEREN ...

9. Validation of translated behavior observation instruments (PPPM, FLACC, mYPAS, a few questions of the PHBQ).

Study design

Day at surgery, three days postoperative and day 10.

Intervention

Observational - none.

Contacts

Public

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Eligibility criteria

Inclusion criteria

- 1. From 6 to and including 12 years old;
- 2. Surgery: tonsillectomy or combined adenotonsillectomy;
- 3. Information and consent forms and assent form explained to the child;
- 4. Accompanying parent present at induction;
- 5. Parents who speak and understand Dutch;
- 6. No premedication (the norm in Queen Paola Children's Hospital).

Exclusion criteria

1. Known mental/cognitive retardation;

2. American Society Anesthesiologists ASA physical status > II; 3. Children with objectified obstructive sleep apnea syndrome;

- 4. Children with BMI > 25;
- 5. Allergic reaction to sevoflurane and/or risk of malign hyperthermia.

Secundary exclusion criteria:

- 1. When parent or child no longer wish to participate;
- 2. When a life-threatening situation occurs during the procedure (f.i. asystole);
- 3. When re-intervention is required as a result from subsequent bleeding;
- 4. When the child has to be admitted because of constant nausea/vomiting.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	19-04-2013
Enrollment:	160
Туре:	Anticipated

Ethics review

Positive opinionDate:16-04-2013Application type:First submission

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Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL3762
NTR-old	NTR3956
Other	B009201317118 : 009: OG 031 E.C. Approval 4158
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results N/A