



Pediatric Chronic Post-Surgical Pain: A Public Health Crisis We Must Know

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Received: 4 August 2022 / Accepted: 8 August 2022 / Published online: 19 August 2022
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To the Editor:

We read, with great interest, the manuscript by Dungan et al. [1] studying the prevalence and highlighting the importance of chronic post-surgical pain [CPSP] in a pediatric tertiary hospital. Chronic pain has numerous long-term physical, psychological, and economic consequences that may become more complex over time and may even become irreversible and refractory to treatment [2]. There is a paucity of pediatric chronic pain studies and data on long-term sequelae. We applaud the author's effort to investigate this significant health issue in children with a broad exploratory survey across all surgical disciplines in various age groups. This is a very valuable step that brings awareness to those caring for pediatric patients undergoing surgery. The authors highlight the pain scores and duration but did not mention perhaps the most important takeaway: the impact of CPSP on the daily functioning of the respondents.

The respondents reported significant functional disability. Of those who responded that they had pain, 28% had missed some amount of school due to pain. 30% had trouble sleeping at least sometimes and 42% stated that at some point it was hard to spend time with friends due to pain. These figures put the pain into perspective and underscore the reason why CPSP is so concerning.

Nevertheless, this study sheds light on the importance of predicting those at risk and treating pediatric pain. More studies like this will make perioperative clinicians including surgeons, anesthesiologists, and pain practitioners more

aware of the existing crisis. However, efforts must go beyond broad studies of prevalence. Resources should be dedicated to the prevention and treatment of CPSP using a comprehensive, multi- or interdisciplinary biopsychosocial approach to improve functioning after surgery [3]. This process would require the engagement of stakeholders including surgeons, anesthesiologists, advanced practice providers, perioperative nursing, and all primary care teams involved. We challenge the authors, and readers, to identify key factors and development methods to improve pain in children. All providers should advocate for children's postoperative pain control and prevent CPSP.

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Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This comment refers to the article available online at <https://doi.org/10.1007/s00540-022-03089-w>.

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