

Public health insurance may be a predictor of pain in post anesthesia care unit

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Patients using public health insurance were more likely to experience high pain levels in the post anesthesia care unit (PACU) following surgery to remove their tonsils and/or adenoids, according to a study presented at the Anesthesiology 2016 annual meeting. This single characteristic showed a disparity in patients' PACU experience, independent of overall health, age, gender, race or neighborhood median income.

"Equity is an overarching aim of the Institute of Medicine's model for quality," said Nissa Askins, M.P.H., Boston Children's Hospital. "Our goal was to see if any patient characteristic or factor affected our patients' experience during a short-term, single instance of anesthesia care."

Traditionally, equity is studied in areas of care more focused on long-term health care and [primary care](#). This study explored if patient characteristics impact short instances of care such as providing anesthesia for common 30-minute operations like removing a child's tonsils or adenoids, a mass of enlarged lymphatic tissue between the back of the nose and throat which can hinder speaking and breathing in young children.

In the study, 209 patients between 6 months and 30 years of age were included in the analysis, looking at outcomes for pain, delirium, nausea and vomiting and length of stay in the PACU. Follow-up surveys were conducted with parents to report any changes in their child's behavior

after surgery, satisfaction with their care in the hospital and satisfaction with the PACU.

According to the study, Hispanic and African American patients were respectively five and six times as likely to have public insurance when compared to Caucasian patients and type of insurance was a predictor of the level of pain experienced in the PACU. Patients who had [public insurance](#) like Mass Health, a Medicaid program in Massachusetts, experienced higher levels of pain.

"When we further examined our sample we found that insurance type was the most important factor, independent of race, ASA status, age, and differences in care like perioperative opioid dose," said Ms. Askins.

This illustrates that there is no 'one-size-fits-all' way to approach patient care. In addition to a child's medical history and diagnosis, aspects of their, and their families' daily lives or cultural identities may change the way pain is expressed by children. Further studies should be conducted to better understand the relationships between personal characteristics and outcomes so customized interventions can be introduced to align with family needs.

Provided by American Society of Anesthesiologists

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