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# The Safety of Ketorolac in Pediatric Outpatient Penile Surgery

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## Disclosures

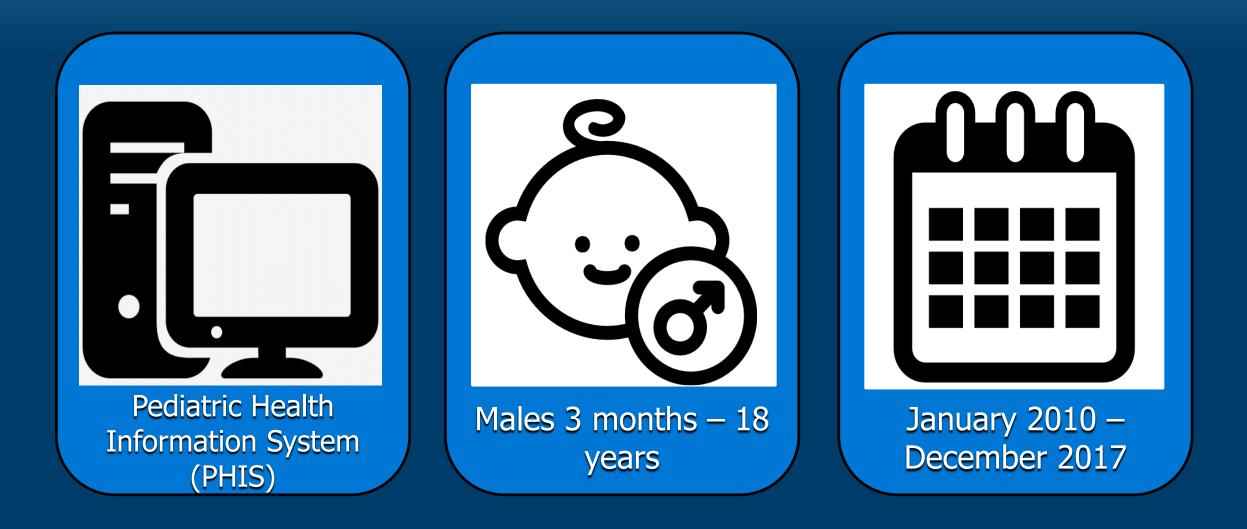
• None

## Background

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Penile surgery as
primary procedure



- Circumcision
- Chordee repair
- Hypospadias repair
- Penoplasty

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# Exclusions

# Complex chronic conditionsIntraoperative complications

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## Collected all **hospital-based** return encounters within 30 days including:



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## Two Cohorts

Patients who received ketorolac Patients who **did not** receive ketorolac

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## Outcomes

Primary

• Return for bleeding

Secondary

• Return for any reason

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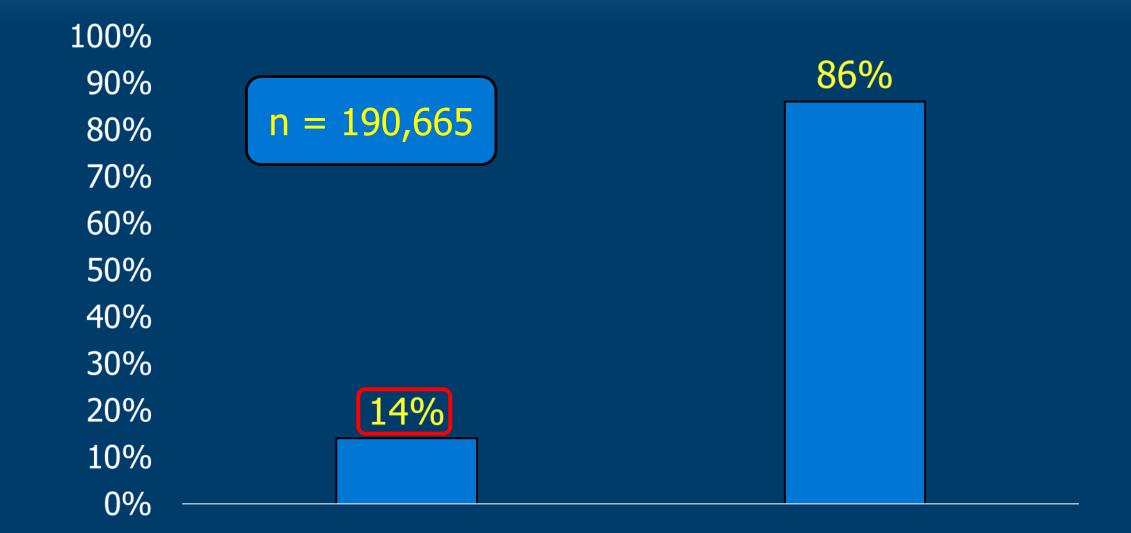
# Statistical analysis

#### Multivariable logistic regression incorporating significant covariates





## Ketorolac at initial encounter

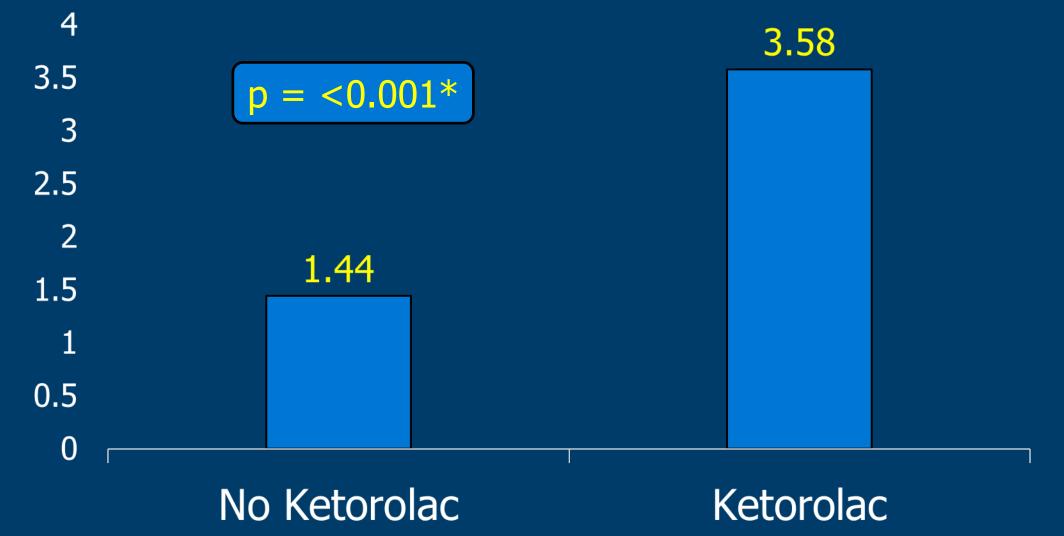








### Median age at initial procedure (years)



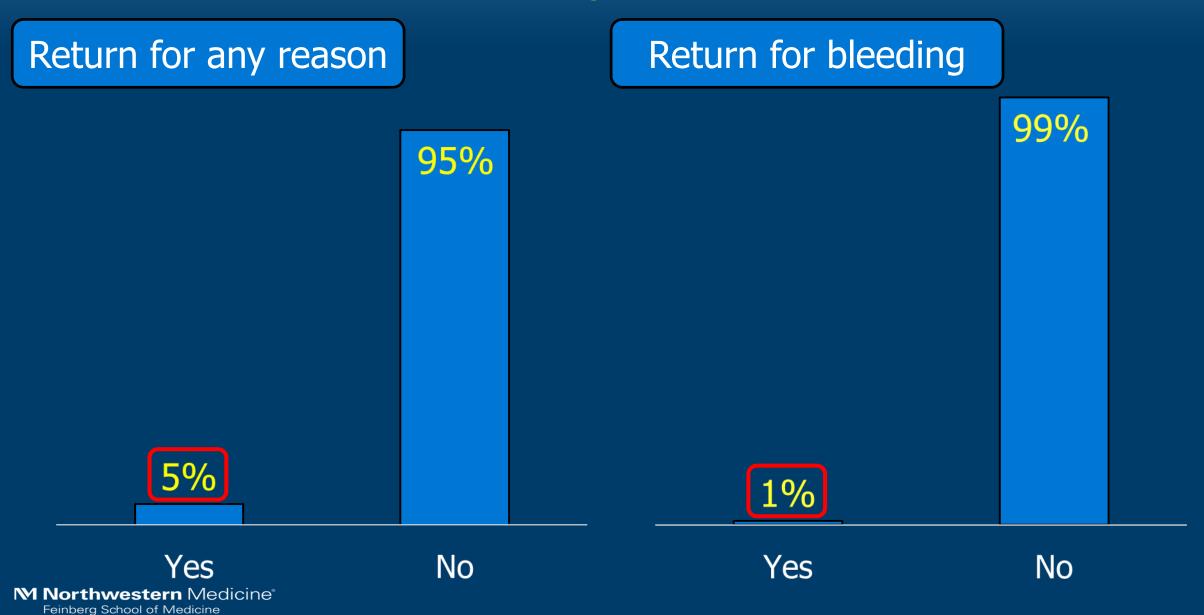


## Ketorolac at initial qualifying procedures

	Ketor			
	No	Yes	p-value	
Race				
White	86%	14%	<0.001*	
Black	87%	13%		
Other/multiple	85%	15%		
Ethnicity				
Hispanic/Latino	82%	18%	<0.001*	
Not Hispanic/Latino	86%	14%		
Unknown	91%	9%		



### Return encounters < 30 days





# No association between ketorolac and return encounter

	Return encounter	p-value	Return encounter with bleeding	p-value
Ketorolac Use				
No	4.9%	0.259	0.3%	0.101
Yes	4.8%		0.4%	





# Ketorolac not associated with return in regression model

Return encounter				
Effect	Odds ratio	95% Wald Confidence Limits		p-value
Ketorolac (Yes vs No)	1.053	0.989	1.122	0.1065
Return encounter with bleeding				
Effect	Odds ratio	95% Wald Confidence Limits		p-value
Ketorolac (Yes vs No)	0.834	0.666	1.044	0.1131

# Limitations

- PHIS: billing claims database
- No control for surgeon decision making/surgery type
- Could not assess intraoperative details (dressing type)
- Only PHIS hospitals
- Did not examine efficacy of ketorolac

# Conclusion

- Ketorolac not associated with increased risk of return visit following surgery
- Safe perioperative analgesic for pediatric penile surgeries