



POSTOPERATIVE PAIN AND SAFETY
OUTCOMES OVER 7 DAYS WITH
SUPRAZYGOMATIC MAXILLARY
NERVE BLOCK IN PEDIATRIC
ADENOTONSILLECTOMY- A CASE
SERIES



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INTRODUCTION

Adenotonsillectomy is a common pediatric surgeries, often requiring opioid analgesia. Opioid-related risks are heightened in children with obstructive sleep apnea (OSA). This case series reports the safety and efficacy of SZMNB in pediatric adenotonsillectomy by assessing pain scores, opioid use, and complications over a week.

METHOD

Written informed consent was obtained from all three patients and their legal guardians. Patients underwent standard IV induction with morphine (50 mcg/kg), ondansetron, and dexamethasone.

A single surgeon performed extracapsular tonsillectomy using monopolar cautery (20W, insulated tip) in all cases. Pain scores were measured using the FLACC scale at the following times. Any complications were also noted.

- PACU 1 (1 hour post-op)
- PACU 2 (2 hours post-op)
- 24 hours post-op
- 7 days post-op (via caregiver phone interview)

DISCUSSION

Patient with SZMNB were observed to have sustained analgesia and reduced opioid requirements over 7 days. No complications were observed during the performance of the block as well as within the 7 days post operative.

“ AN OBSERVED DECREASE IN OPIOID
USAGE IN THE IMMEDIATE POST-OP
UNTIL THE 7TH DAY”

SUPRAZYGOMATIC MAXILLARY NERVE BLOCK

1 CHECK THE LANDMARKS

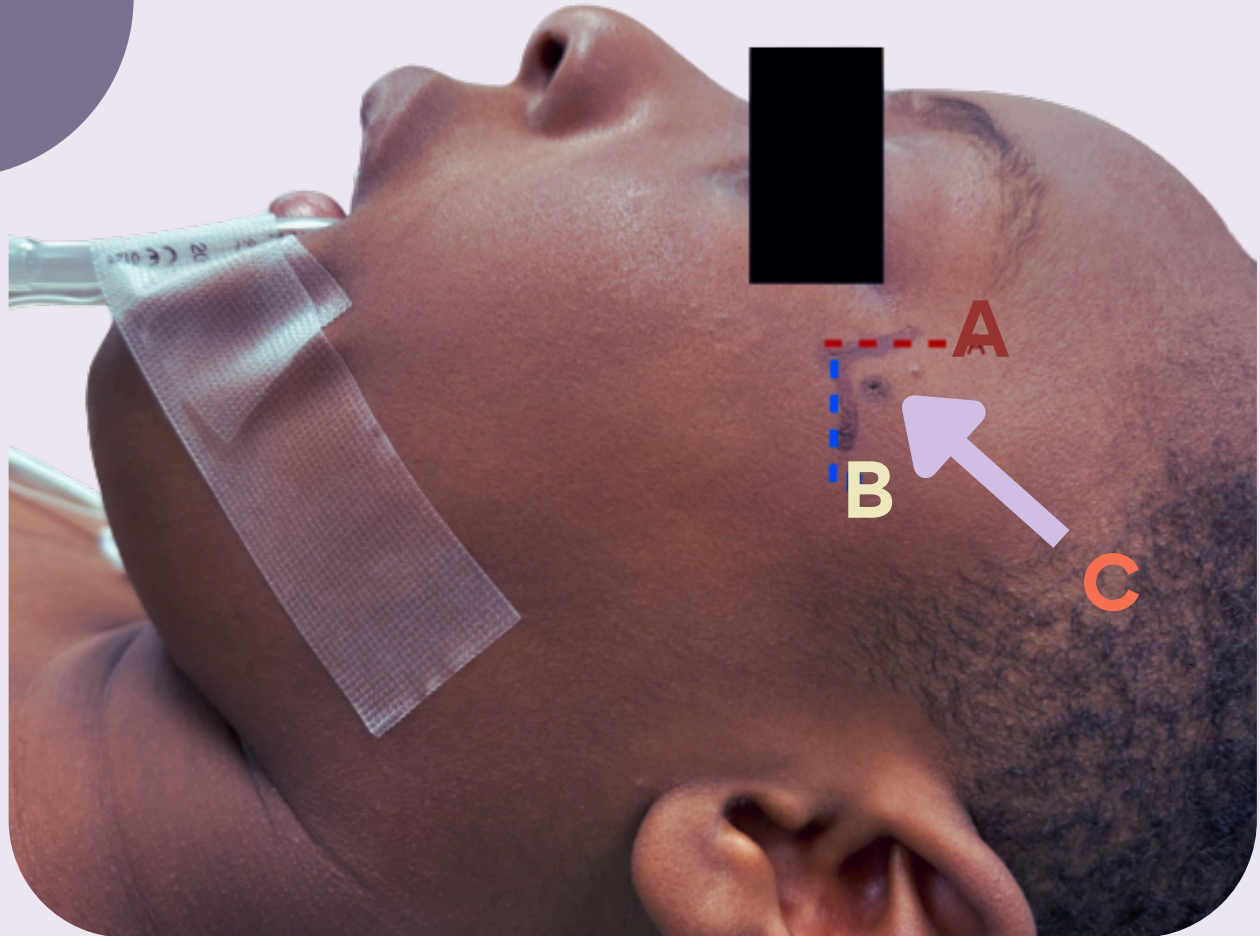


Figure 1. A: Posterior orbital rim
B. Zygomatic arch. C. Point of Insertion.

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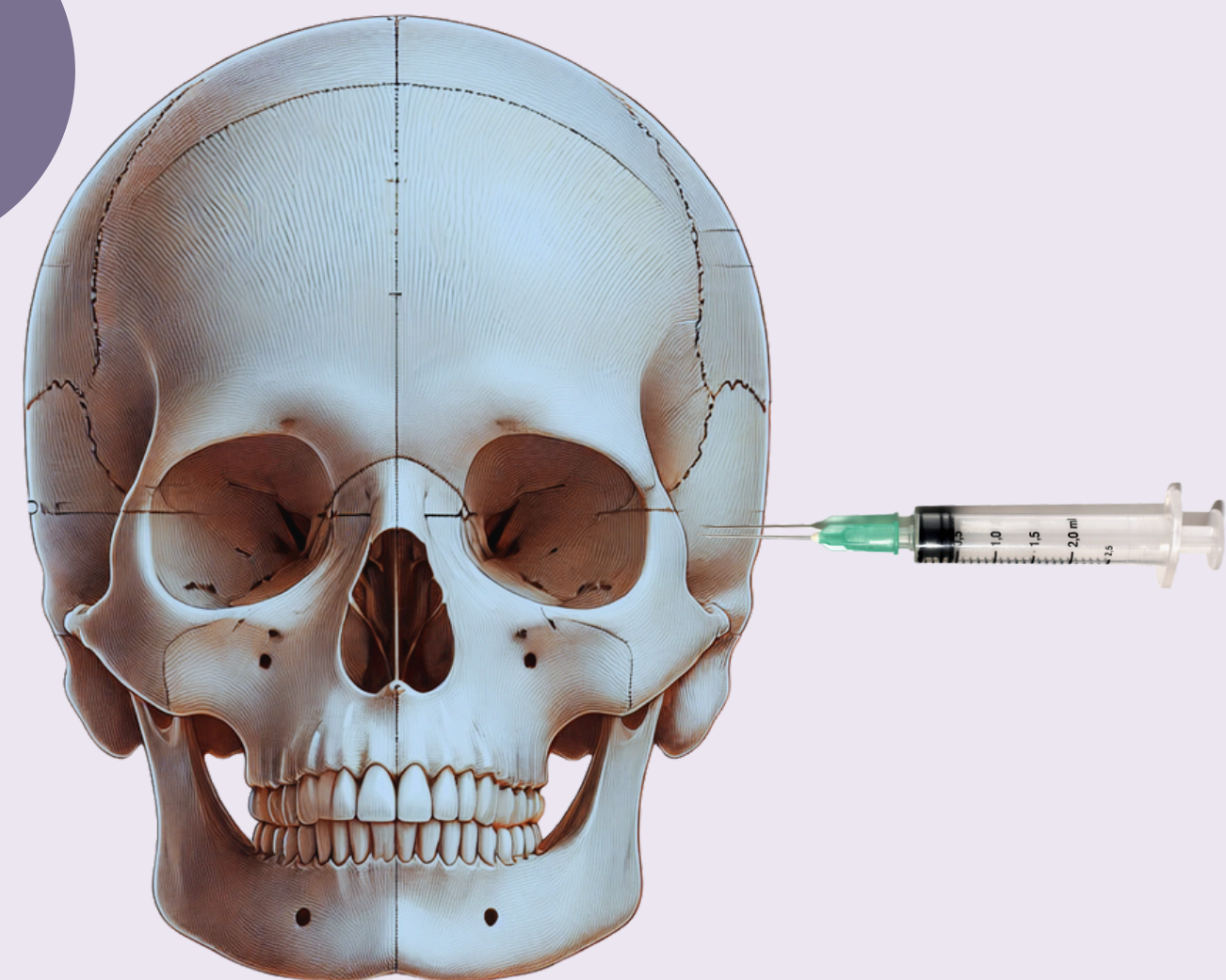


Figure 2. Block needle inserted perpendicular until contact with bone.

3

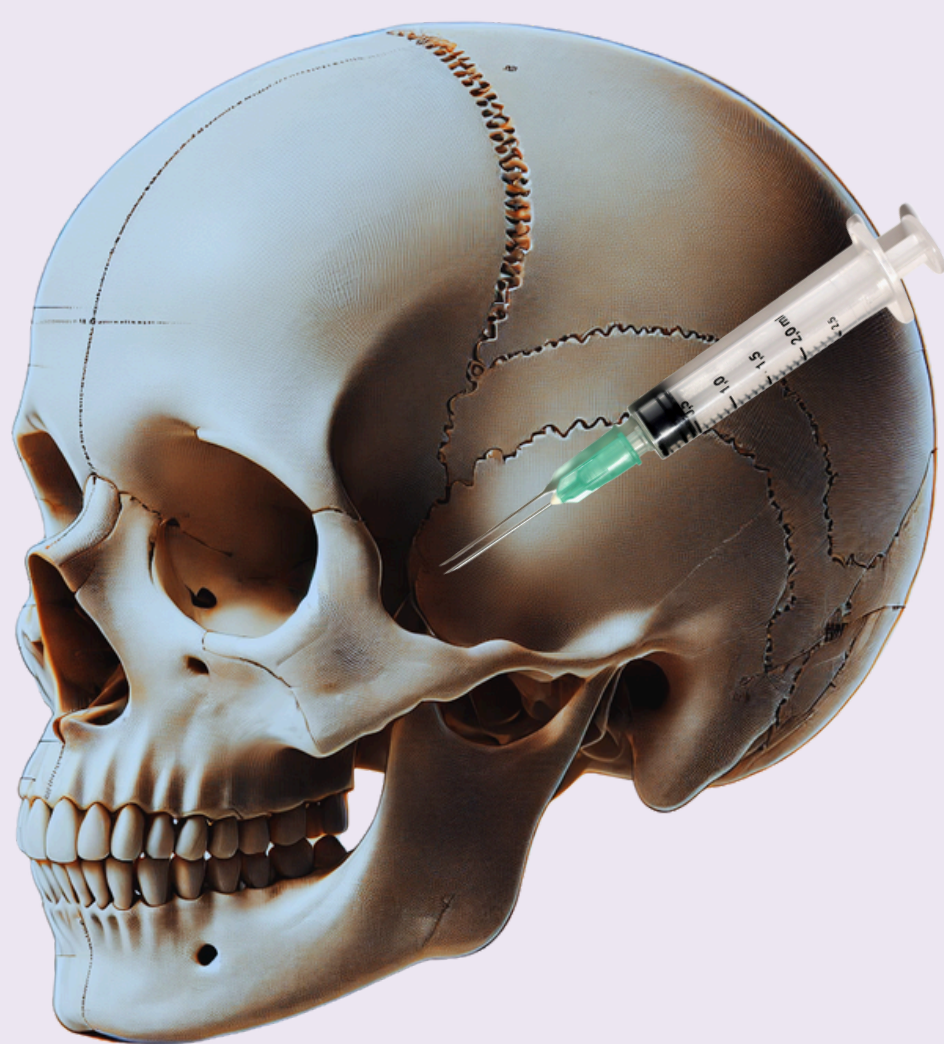


Figure 3. Redirect the needle towards the nose with the depth of 30-40mm.



TAKE A PICTURE TO
WATCH HOW IT IS DONE

Materials

50mm, 22G Pajunk SonoBlock II needle
0.15 mL/kg of 0.25% ropivacaine.

KEY FINDINGS



TAKE A PICTURE TO SEE THE
SUMMARY OF FINDINGS

Case	Age / Gender	Weight (kg)	Intervention	PACU 1	PACU 2	24-Hour Postoperative	Day 7 Follow-up	Morphine Use
1	6y / Male	26.9	5 cc of 0.25% ropivacaine via SZMNB bilaterally	8/10 (throat) Managed with 400 mg acetaminophen and 2 mg morphine (0.074 mg/kg)	None	Episode of inconsolable crying at 6 PM, managed with acetaminophen	Eating and sleeping well, brief pain episode managed with acetaminophen and cold fluids	2 mg post-op (0.074 mg/kg)
2	10y / Male	103.5	5 cc of 0.25% ropivacaine via SZMNB bilaterally	10/10 (throat) Managed with 650 mg acetaminophen	None	Mild discomfort, managed with 650 mg acetaminophen	No issues with throat pain, resumed normal eating and drinking	2 mg intra-op (0.019 mg/kg)
3	12y / Male	72.9	5 cc of 0.5% ropivacaine via SZMNB bilaterally	0/10 (throat) No intervention required	1/10	Not reported pain	No issues with throat pain, resumed normal eating and drinking	3 mg intra-op 2 mg post-op (5 mg total, 0.068 mg/kg)

CONCLUSION

The SZMNB provided opioid-sparing pain relief for pediatric adenotonsillectomy over 7 days.

- Reduced opioid use while maintaining adequate analgesia.
- No major complications observed.
- Supports SZMNB as a safe, effective alternative for post-tonsillectomy pain.

Further studies are needed to reinforce these findings and integrate SZMNB into standard pediatric pain management protocols.