



Surgery and Your Child

Your child is going to have surgery. To make it as easy as possible for both you and the child, we would like to tell you what to expect before, during, and after surgery.

Before Surgery

- Honestly explain to your child what will happen. Use simple words you know he or she will understand.
- A nurse will call the night before surgery to review your child's current health status, the time of surgery, eating and drinking instructions. The nurse will tell you when you and your child should arrive.
- Plan to be at the hospital at least 2 hours before surgery.
- Have a legal guardian with the child the day of surgery. If that is not possible, ask the nurse how the paperwork should be handled.
- **Food and Drink – It is very important to follow these instructions exactly**
 1. Your child may have **CLEAR LIQUIDS up to 2 hours before surgery**. After that, he may have nothing else to drink. Clear liquids are those you can **see through that have no pulp or food bits in them**. Examples of clear liquids are water, apple juice, white grape juice and Pedialyte®.
 2. Your child may have breast milk up to 4 hours and formula up to 6 hours before surgery and water or Pedialyte® up to 2 hours before surgery. **All other liquids, semi-liquids and solid foods MUST BE STOPPED 8 hours before surgery**. If you give your child something else, **the procedure may be cancelled**.
 3. **Gum, cough drops and hard candy are not allowed**. If your child has been chewing gum, **surgery will be delayed 2 hours** from the time the gum is spit out. If the gum has been swallowed, **surgery will be delayed 6 hours** from the time it was swallowed.
- Give your child his or her medicines the morning of surgery with sips of water. Be sure to tell the nurse who calls you all of the medicines your child takes. There may be medicine the doctor does not want your child to take, so be sure you tell the nurse everything.
- If your child takes medicine with food or applesauce let the nurse know. If your child has asthma, give the asthma inhaler to the care team on the morning of surgery.

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Before Surgery, continued

- When you come to the hospital, dress your child in loose, comfortable clothing. Remove all jewelry, body piercings, hair braids, beads, and extensions before arriving.
- When you check in an ID band will be placed on your wrist and your child's wrist or ankle, and will stay on at all times. If your child has allergies, an allergy band will also be put on.
- After you check in, you will be taken to a private room. Staff will check your child's temperature, blood pressure, and weight and height. If your child is a female and menstruating, or is over 12 years old, we will need a sample of her urine.
- It is important for you to tell us if your child has been ill or had anything to eat or drink. These things can cause serious harm to a child who is under anesthesia.
- Your child may bring a favorite toy or blanket to surgery (Picture 1). Your child will wear a hospital gown to the OR.
- If you are already in the hospital, you and your child will be brought to the pre-op holding area before surgery. The anesthesiologist (AN-ess-thee-zee-AH-low-gist), a doctor who makes sure your child is asleep and has no pain, will do an exam of your child, talk with you and answer your questions before the surgery.
- Many people will be talking to you and your child. The Patient Care Assistant (PCA) checks vital signs. An Advanced Practice nurse (APN) performs a physical exam. The nurse asks about medicines and if your child has had anything to eat or drink, checks consent forms, and answers questions you may have. The anesthesiologist talks to you as discussed above. Since we are a teaching hospital, research is being done to advance medical practices. A research nurse may ask if you wish your child to participate in various studies. To do this or not is your choice. It will make no difference in the care your child receives.
- When the Operating Room (OR) is ready, a member of the OR team will take your child to the room. Sometimes parents can go with their child to the operating room. This needs to be discussed with your anesthesiologist before the surgery. The doctor makes the final decision. When it is time, calmly tell your child you need to go, and you will be there when he or she comes back from surgery. The staff will show you to the waiting room.



Picture 1 Your child may bring a favorite toy or blanket from home.

During Surgery

- In the OR, your child will be connected to monitors that constantly check the child's heart rate, blood pressure, breathing, and the level of oxygen in the blood.
- Most children receive a special gas to make them sleep. This gas is breathed in through a mask placed on the face.
- The gas has no odor. It can be made to smell like a scent put into your child's mask. Your child will be allowed to choose the scent he likes best. Some of the scents are bubble gum, strawberry, cherry, and orange.
- An intravenous (IV) fluid line and a breathing device, if one is needed, will be started in surgery after your child is asleep. Some procedures do not need a breathing device. The anesthesiologist will talk to you about this.
- Do not leave the waiting room without telling the person at the reception desk. The doctor may need to talk to you at any point during surgery.
- During surgery you can watch the tracking board. It tells you the location of your child at various stages of his care. Green means he is in the operating room, pink means he is in the wake-up room.
- We do not allow parents in the wake-up room. Let your nurse know if you want to be present when your child wakes up. We will make every effort to accommodate you, but there are limited numbers of private rooms.

After Surgery

- When the surgery is over, your child will be taken to the wake-up room. It could be in the ICU or the PACU (Post Anesthesia Care Unit). The doctor will let you know where your child will be. After the operation, your child's doctor will call you or come out to talk to you.
- The breathing device is taken out when your child is awake. Sometimes this is in the operating room and sometimes it is in the wake-up room.
- Nurses will watch your child to make sure he is waking up properly from the anesthesia. Once we feel your child is safe, he will go to a hospital room or the secondary discharge area, where he will complete the recovery process with you.
- If you are spending the night, you will meet your child in his or her hospital room. If you are going home, you will come back to the area where you started and finish the last part of recovery with your child.

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