Dr: ________________________________________________________________

has scheduled: _____________________________________________________

for surgery on: _____________________________________________________

☐ Nationwide Children’s Hospital
Surgery Unit :: (614) 722-5297

☐ Nationwide Children’s Hospital
Surgery Center :: (614) 722-2920

:: A nurse will call the day before surgery with preoperative instructions.
:: If you have not been contacted by 6 p.m. please call the number indicated above.
:: Online pre-registration is available. Just visit www.NationwideChildrens.org/Preregister.
This brochure will walk you through surgery at Nationwide Children’s Hospital. Your physician has explained the details of your child’s surgery and scheduled it to take place at Nationwide Children’s downtown campus. Included in the packet of information are the following:

:: Tips on preparing your child for surgery, page 1
:: Pre-surgery instructions, pages 2–3
:: Anesthesia information, pages 5–10
Your Surgery at Nationwide Children’s

Surgery for your child is an experience that involves the entire family. We understand that as a parent you want only the best for your child. That’s why every aspect of the care we deliver focuses on our commitment to quality clinical service, safety and convenience, while addressing the unique emotional needs of your child.

Helping Your Child Get Ready for Surgery
This brochure provides information about what your child will experience the day of his/her surgery. Familiarity and a sense of control contribute to a satisfactory surgery experience, so you should tell your child as much as he or she can understand.

Nationwide Children’s Surgery Unit and Surgery Center have on-site tours to help both families and the patient understand their upcoming procedure. Parents, siblings and other family members are welcome to join you for the tour.

The Welcome Walk includes:
:: A tour of surgical areas
:: A time to explore medical equipment
:: A visit to the play area
:: A time for questions and answers

To view the online surgery tours or schedule a Welcome Walk, please visit www.NationwideChildrens.org/SurgeryTour or call (614) 722-2929.

:: Model positive attitudes and behaviors. Children seek cues from their parents when trying to understand new situations.
Sibling Information

Remember, other children in the family may have questions, too. Use simple and honest language that siblings can understand.

Only two adults may remain with your child in pre-op and discharge. Children under the age of 12 may not visit.

At Nationwide Children’s Hospital, we know that it’s not just patients that need special attention and expert care. Their brothers and sisters need nurturing, too. That’s why we have the Nationwide Children’s Hospital Clubhouse, a special place for children ages 3–11 to visit, play and learn while their siblings are in the hospital. For more information call (614) 722-4794.

Pre-Surgery Instructions

A nurse will call you at least four days prior to your child’s surgery to obtain your child’s current health status and take a health history. The day before your child’s surgery, a nurse will call again to discuss:

1. Specific instructions to follow:
   :: When to arrive.
   :: How long you should plan to stay.

2. Eating and drinking restrictions:
   :: Food, milk, candy, formula, or gum must NOT be eaten after midnight on the day of surgery.
   :: Clear liquids may be given up to three hours before the scheduled surgery time. Clear liquids include water, Pedialyte, clear apple juice, or Sprite.
   :: Breastmilk for infants under 12 months of age may be given up to four hours before the scheduled surgery.

:: If your child is school age or younger, take time to read the “Your Surgery At Nationwide Children’s” brochure together. You can also view our online tour at www.NationwideChildrens.org/SurgeryTour
3. What to wear:
   :: Children should wear loose comfortable clothing.
   :: Remove all jewelry, body piercings and nail polish.
   :: Bring containers to keep contacts and removable orthodontic appliances during surgery.

4. What to bring:
   :: A favorite pacifier, toy, blanket or other comfort object.
   :: An empty bottle or sippy cup if your child has a favorite.
   :: Older children enjoy having music or a hand-held game system.
   :: Adults (age 18 and over) should bring copies of Advanced Directives, if they have one.

5. Visitation:
   :: Only two adults are allowed to visit in the pre-op and post-op areas.
   :: Children under the age of 12 may not visit. Please make child care arrangements for these children.

6. Transportation arrangements:
   :: Adults (age 18 or over) who are scheduled for surgery must arrange for a designated driver to take them home after the procedure.
7. If you have not been contacted by 6 p.m. on the day before your child’s scheduled surgery date, please call the Nationwide Children’s Surgery Center or Nationwide Children’s Surgery. Telephone numbers are located in the front of this brochure.

Helping to prevent surgical site infections
Follow any instructions that your child’s physician has provided such as specific washing instructions for the surgery area. Sometimes the physician will order antibiotics to be given a few days before the surgery, be sure your child takes the antibiotics ordered. Keep your child safe by staying away from others who are not “feeling well.” Encourage hand washing before eating, after using the restroom, after coughing or sneezing.

The Day of Surgery

On the day of surgery, a parent or legal guardian must accompany the patient for surgery at Nationwide Children’s.

:: When you arrive, our staff will obtain a brief medical history and perform a physical exam. Some children may need a few simple lab tests performed if not previously completed.

:: Please bring all medical insurance information such as insurance cards or forms. You may be required to present photo identification at the time of registration. You are responsible for being aware of, and in compliance with, your insurance policy requirements and/or regulations, especially if insurance precertification is necessary.

:: Please bring all legal guardianship or custody papers when applicable. Also bring Advanced Directive Forms, if you have one.

:: Be an advocate. Don’t be afraid to speak up for your child’s needs or ask questions regarding their care.
We are eager to help you receive your maximum allowable benefits and will be happy to process your insurance claim for you. However, we may need your assistance to communicate information to your insurance company.

If you have any questions or uncertainty regarding insurance coverage or billing practices, please call the appropriate billing number listed on the back of this brochure.

Anesthesia

1. What is anesthesia?
   A state of freedom from pain during surgery.

   There are two types. A “general” anesthetic is a deep sleep caused by drugs given to the whole body. A “local” anesthetic numbs only the surgical site. Nationwide Children’s staff specializes in giving anesthesia to children. They will choose the safest anesthetic for your child.

2. Who gives it?
   All general anesthetics are given by members of the Anesthesia Department.

   The permanent anesthesia staff consists of physicians (anesthesiologists) specializing in anesthesia for children, and Certified Registered Nurse Anesthetists (CRNA), under the direct supervision of the anesthesiologists.

   In addition, resident physicians and registered nurses rotate through the department while receiving direct instructions in pediatric anesthesia.

3. Will I be able to talk with an anesthesiologist?
   Yes. An anesthesiologist reviews the preoperative assessment with the parents prior to surgery, discussing the anesthesia and answering questions. If you have concerns about your child’s anesthesia and would like to speak to an anesthesiologist prior to the day of surgery, you may contact the Nationwide Children’s Surgery Center or Nationwide Children’s Pre-Admission Testing.
4. Will my child get a “shot” before surgery?
In most cases, if sedation is needed, it will be given in the form of a liquid to swallow, rather than by injection.

There are very few exceptions. Sedative medication may be given by injection or it may be omitted entirely in some cases.

5. Will I be with my child until he/she goes to sleep?
At the discretion of the anesthesiologist, one parent or other adult family member (for example, a grandparent or guardian) may be present in the induction room for the start of anesthesia. Your presence is not required. We offer this as an opportunity for you to be with your child and comfort your child. If you choose not to come into the induction room, please be assured that we will comfort and support your child in the same manner we support each of our patients.

If you go into the induction room, you may want to hold your child’s hand and talk or sing softly. This can be a comfort to both of you. If you feel comfortable doing so, you may be able to help hold the mask to his/her face. Your child may want to bring a favorite doll, stuffed animal, blanket, or comfort item into the induction room. Remember, it is important to remain calm.

6. How is the anesthesia given?
For most operations, anesthesia is given in an induction room located next to the operating room. The induction (start of anesthesia) process is generally less than five minutes, though it may seem longer. The induction for younger children is accomplished by inhaling non-irritating medicated air delivered through a mask placed near the nose and mouth. Your child may choose a “scent” for this mask. After three or four minutes, the child will be asleep.

Older children and some children with medical problems might require the induction of anesthesia with intravenous medication. A patient’s preference is accommodated when appropriate, but the final decision will be made by the anesthesiologist based on the child’s safety.
Keep your eyes and ears open for your child’s fears or misconceptions regarding health care experiences. Health care experiences can impact the whole family. Don’t forget about the questions and concerns of siblings and other children.
7. What happens once anesthesia is given?

As children become sleepy from anesthetic, some close their eyes and fall asleep smoothly. Some enter a stage of excitement. During this stage, children may move their arms or legs. Their movements can range from gentle to more forceful. Some appear dizzy, breathe noisily or cough. Some children may complain about the smell and try to push the mask away. They may appear combative with the staff and need to be gently restrained. Once the anesthesia induction begins, the process must continue. You may also see unusual eye movements such as eye rolling. This may be upsetting to see, but be assured that this is all very normal. Your child will not remember this stage. Your anesthesia team will be at the bedside to reassure and support you and your child during this time.

Your child might become limp as he/she falls asleep. The anesthesiologist will let you know when it is time for you to leave the induction room. Your child may not appear to be asleep when you leave the room because his or her eyes may still be partially open. It is important for you to realize that your child is unaware of your presence at this point. You may kiss or gently touch your child before you are escorted to the surgery hospitality area. After you leave the induction room, your child will be taken into the operating room.

In some cases, a plastic breathing tube will be inserted into the windpipe to aid in breathing. Intravenous fluids and other medications may be given as required.

Monitors are used to help us check your child’s vital signs throughout the operation and recovery period. These monitors include a blood pressure cuff, heart monitor, thermometer, pulse oximeter and oxygen and carbon dioxide monitor.

The management of pain after surgery will be decided by the individual anesthesiologist. This may include intramuscular and intravenous pain relievers or a nerve block with a long-acting local anesthetic.
8. What are the exceptions to using the induction room?

The safety of your child is our first concern. There are many reasons why the anesthesiologist may decide not to start anesthesia in the induction room. In these situations, the start of anesthesia for your child will be in the operating room, without your presence. You may give your child a hug or kiss before your child is escorted to the operating room. Then you will be assisted to the surgery hospitality area.

Some exceptions to use of the induction room include:
:: Your child is under 1 year of age.
:: Your child has a breathing, heart or other medical condition.
:: Your child is age 15 or older.

You may not be allowed into the induction room if:
:: You are too anxious or feel faint.
:: There is no other adult to watch other children you have brought with you.
:: You are pregnant. We are unable to protect pregnant women from anesthetic medications during mask induction and we prefer to avoid unnecessary exposure.
9. Is Support Person Present for Induction (SPPI) for you?
How comfortable are you with the idea of watching your child “go under anesthesia?” Children respond directly to the emotions of their parents. If you do not feel that you can remain calm and relaxed during the induction process, SPPI is not the right choice for you.

How does your child cope with procedures when you are present? Some children cope better with procedures when their parent is present, others cope better when their parent is absent. This is an individual choice.

If choosing SPPI, we require that only one support person accompany your child to the induction room. Although both parents provide support for their children, we have learned that it is easiest for everyone to focus on one parent at the start of anesthesia. During the induction process, we encourage the parent to talk to and comfort the child as he or she would at home. It can become confusing for the child to have more than one parent talking to him or her at the same time. Also, we can safely focus our teaching and support on one parent.

Finally, we would like to remind you that we would never require you to choose SPPI. We understand that this is an individual choice. If you do not feel comfortable or prepared to go back to the induction room with your child, we will not ask you to do so. Our caring staff is dedicated to providing your child with the safest and highest quality of care whether or not you are present for your child’s induction.

10. Where does my child awaken?
Your child will recover in the Post-Anesthesia Care Unit (PACU). Nurses trained in this phase of recovery will provide specialized care. An anesthesiologist is always available should problems arise. Our goal is to reunite you with your child as soon as possible.
Have your child talk to their close friends. Peers can have a valuable role in preparing your child, as well as offering coping techniques.
After Your Child’s Surgery

The surgeon will speak to you after surgery. The nurses will answer any questions and give you step-by-step verbal and written instructions as ordered by your surgeon.

**Will my child be nauseated after surgery and what other problems can I expect?**

A small percentage of patients will be nauseated or vomit after surgery. Children having eye surgery or tonsillectomies are more prone to have this problem. Medication is available if the nausea persists.

If a breathing tube was inserted, your child may have a sore throat or hoarseness for a few days. Intravenous lines are placed in almost all children after they are asleep and there may be a puncture mark or bruise at the site of needle removal.

**Behavioral changes post surgery**

Children handle the hospital experience in a variety of ways. These are some things that your child might exhibit:

:: It is not uncommon for a child’s behavior to regress.
:: Some children may have trouble with separation and become more dependent on adults.
:: Sleeping and eating patterns may change.

Remember, these changes are common and transitional. If you have concerns, please talk to your doctor.

**In the event of any difficulty after you arrive home, please call your surgeon’s office, which is listed with your surgery discharge papers. You will be given written discharge instructions that include telephone numbers.**
Age Appropriate Tips

Infants
Children this age are developing a sense of trust. This is a time of learning predominantly through the use of senses. Familiar objects and people are important to infants. Preparation focuses mostly on parents’ questions.

Toddlers
Toddlers are learning how to develop their independence and how to make right-versus-wrong choices. They are gaining increasing independence and self-control.

:: Prepare your toddler no more than a day ahead of time.
:: Focus on what the child will see, hear, taste, feel, etc.
:: Offer your toddler realistic choices: Which toy do you want to bring? Which ear do you want the nurse to look in first?
:: Explain what the doctor or nurse is doing using terms the toddler will understand and be as non-threatening as possible.

Preschoolers
Preschoolers have very active imaginations. Sometimes they have a difficult time learning the difference between reality and fantasy.

:: Prepare your preschooler no more than three days in advance.
:: Focus on what the child will see, hear, taste, feel, etc.
:: To build trust, use honest simple language in explaining the event, including things that may hurt or be uncomfortable. Use concrete examples such as, “It will hurt less than a bee sting and be quicker than a commercial on TV.”
:: Give your child a job to focus on, such as holding the mask or assisting the nurse with the bracelet.
:: Try to offer appropriate choices such as which toy to bring.
:: Read books about going to the hospital. Let them play doctor and talk about events that will happen. Demonstrate using a doll or stuffed animal and let the preschooler practice with the toy.
**Elementary School-Age Children**

School-age children are learning how to compete and cooperate with others. They are also learning how to meet the expectations and standards set by others.

:: Prepare your child about a week ahead of the visit. Be honest and allow your child the opportunity to ask questions and express concerns.

:: Focus on positive behaviors and strengths, and reinforce them.

:: If possible, let your child talk to peers who have had similar experiences.

:: Focus on the order of events, including what they will see, hear, taste, feel, etc.

:: Be aware of any myths or misconceptions your child may have regarding the experience. Fear of body mutilation is common at this age. Fear of awaking during the procedure is common as well.

**Adolescents**

Adolescents are learning independence, decision making and self-concept. They are concerned with body image, privacy and peer relationships.

:: Talk about what is going to happen and encourage participation in decision making at least a week in advance.

:: Be honest and encourage your adolescent to ask the doctor or nurse any questions they may have.

:: Respect your adolescent’s need to have privacy.
Directions to Nationwide Children’s Hospital

For directions 24 hours a day, call (614) 722-3000 or visit Nationwide Children’s web site at www.NationwideChildrens.org.

**Northwest**  S.R. 315 South to I-70 East, follow West instructions below.

**North**  I-71 South to Main Street (Exit 108A). Right on Main Street to Parsons Avenue. Right on Parsons Avenue to Mooberry Street. Left on Mooberry Street to Children’s Drive.

**South**  I-71 North to I-70 East, I-70 East to 18th Street (Exit 101B). Right on 18th Street and right onto Children’s Drive.

**East**  I-70 West to Miller-Kelton Avenue (Exit 102), proceed straight on Cole Street to Ohio Avenue. Left on Ohio Avenue to Mooberry Street. Right on Mooberry Street to 18th Street, left on 18th Street and right onto Children’s Drive.

**West**  I-70 East to 18th Street (Exit 101-B). Right on 18th Street and right onto Children’s Drive.

Nationwide Children’s Surgery Entrance is located on Children’s Drive West.

**Parking**

Valet Parking is available in the circle drive in front of the Main Entrance. Valet Parking is $4.

Parking is also available at the corner of Parsons and Mooberry Street. A token is needed to exit the parking lot. A token machine is located in the lobby. Tokens can be purchased for $2.
Nationwide Children’s Surgery Phone Numbers

**General Information**
Surgery Unit (614) 722-5297
Surgery Center (614) 722-2920

**Billing Information**
Billing Department for Surgery (614) 722-2055
Surgery Center Billing Area (614) 722-2923
Pre-Admission Testing at Nationwide Children’s Hospital (614) 722-3850
Surgery Tour (614) 722-2929

**Web Site**
NationwideChildrens.org