Having Surgery

Children’s Hospital
Ambulatory Surgery Center

The Children’s Hospital of Philadelphia®
CARE NETWORK
Dear Parents and Caregivers,

We are pleased that you have chosen a Children’s Hospital Ambulatory Surgery Center for your child’s care. We know that a child’s operation is a stressful experience for the entire family, but we want you to know that your child is in good hands. Our staff members are experts in caring for children and their families. A team of nurses, surgeons and anesthesiologists will provide your child’s surgical care and do everything possible to make the experience safe, comfortable and convenient.

In the meantime, the information in this booklet will help you prepare your child for surgery. We hope it will help answer any questions you may have. If you still have questions after reading it, please call us. We are here to help you.

Our phone numbers are:
Exton: 215-590-6203
Bucks County: 215-590-0133
Voorhees: 856-782-8750

Sincerely,
The Staff of The Children’s Hospital of Philadelphia Ambulatory Surgery Centers

This booklet provides general medical guidance and is not meant to replace consultation with your child’s physician.
How Do I Prepare My Child for Surgery?

The anesthesiologist, surgeon and nurses will do their best to make your child’s visit to the Surgery Center as pleasant as possible. However, you also have a role to play in your child’s care. Children do better with surgery and anesthesia when they are well prepared.

Tell your child that he is going to the Surgery Center for an operation, and explain what will happen during the stay. Use simple words that your child understands, and be honest. This will help your child trust you and the people at Children’s Hospital.

Ask your child what he is thinking and feeling about the surgery. Let your child know that you will be happy to answer any questions you can. Your child may not have questions right away. This is fine, too.

Children see and hear more than we think they do. How and when to prepare your child depends on his age. Use the information below as a guide to talking with your child about the surgery.

• Visit Kids Health Galaxy (www.kidshealthgalaxy.com), our website for kids, to prepare your child for a visit to the Surgery Center.
• Learn more about having surgery in Preparing for Surgery — Megan’s Story (www.chop.edu/flash/surgeryprepbook.html).
• Visit www.chop.edu and look for the Welcome Kit links.

Books can also be helpful. Some books we suggest are:

Toddlers, Preschoolers and School-Age Children:
• A Visit to the Sesame Street Hospital – Dan Elliott and Deborah Hautzig, 1985
• Franklin Goes to the Hospital – Paulette Bourgeois, 1995
• Curious George Goes to the Hospital – Margret and H.A. Rey, 1996
• Going to the Hospital – Fred Rogers, 1988
• Good-Bye Tonsils – Julianna Hatkuff, 2004
• Tubes in My Ears: My Trip to the Hospital – Virginia Dooley, 1996

Teens:
• Coping with a Hospital Stay – Sharon Carter and Judy Monnig, 2002

Toddlers (1 to 3 years)

Toddlers do not understand the concept of time, so it is best to tell your child about the surgery 1 to 2 days before it occurs. To give your toddler some feeling of control, allow him to choose a favorite stuffed animal, blanket or toy to bring to the Surgery Center. This object will also comfort your child when you cannot be there. It is normal for toddlers to become fussy and have changes in their behavior; it will help if you remain calm and patient.

Preschoolers (4 to 5 years)

Tell your child about the surgery 3 to 4 days ahead of time. Your child will probably be very curious and want to know what to expect. Explain the surgery to your child using simple words without too many details. It is normal for preschool children to have fantasies about the hospital experience, and because they do not know what to expect, they will use their imaginations. Preschoolers often think that they did something to cause the surgery, or they may become angry at their caregivers. It is important to tell your child that the surgery is no one’s fault and that it is OK to tell you how he is feeling.

Reading books with pictures of medical equipment and using play medical kits are great ways for a preschool child to explore feelings. Some books we suggest are listed at left.
School-age children (6 to 12 years)
Begin preparing your school-age child one or two weeks ahead of time. School-age children often worry about how the surgery will change the way they look. They need details about what will happen before, during and after surgery. Talk about your child’s fears and answer questions honestly. You can show pictures to help your child understand what will happen. School-age children often worry that they will wake up during surgery. Explain to your child that there is a doctor whose job is to make sure that the patient stays asleep and does not feel anything during the surgery. Sometimes children become angry or quiet in the Surgery Center. This is normal. Be supportive and treat your child as normally as possible.

Adolescents (13 years and older)
Include adolescents in all discussions and decisions about their surgery; they are very aware of their bodies and how they work. Adolescents worry most about how the surgery might change their looks and how it will affect daily activities with friends. Encourage your adolescent to write down and ask any questions he may have. Discuss fears and be completely honest. Adolescents want to be independent, and having surgery may make your adolescent feel less so. It is helpful to support him and give him some feeling of control during the Surgery Center stay.

Tours
Please call us if you would like to schedule a tour of the Surgery Center.
Exton: 215-590-6203
Bucks County: 215-590-0133
Voorhees: 856-782-8750

When Your Child Needs Anesthesia
At Children’s Hospital’s Surgery Centers, a team of specially trained doctors and nurses provides all anesthesia care. The anesthesiologist will want to make sure that your child is in the best possible physical condition before surgery. A member of the surgical team will discuss the surgery with you. A nurse from the Surgery Center will call one or two weeks prior to your child’s surgical date to obtain her medical history and explain what will happen on the day of surgery. This nurse will note anything about your child that may affect the anesthesia plan and will be able to answer many of your questions.

The pediatric anesthesiologist’s main job is to keep your child safe and to minimize pain. Anesthesiologists monitor your child’s heartbeat, blood pressure, breathing and blood oxygen level throughout the surgery. The anesthesia care team is specially trained to make the surgery as comfortable as possible for your child. Safety and well-being are their highest priorities.
Types of Anesthesia

There are 4 main types of anesthesia that can be used for surgery. Your surgeon and anesthesiologist will talk with you about which is best for your child.

- **General Anesthesia**
  General anesthesia provides complete pain relief and loss of consciousness during surgery. With general anesthesia, your child will sleep through the surgery and wake up with no memory of what happened. Although general anesthesia affects the heart rate, blood pressure and breathing, the anesthesia care team is trained to prevent problems from occurring and to treat any problems that arise during the surgery and in the recovery room.
  Surgery stresses the body and may cause your child to feel sick. Nausea and vomiting are possible side effects after surgery and anesthesia.

- **Regional Anesthesia**
  Regional anesthesia, a “nerve block,” provides pain relief to specific areas of the body in a way similar to medicines used by dentists for dental work. Regional anesthesia is used in combination with general anesthesia or sedation so your child will be relaxed, comfortable, and have little or no memory of the procedure.

- **Monitored Anesthesia**
  Monitored anesthesia care provides sedation and pain relief during minor procedures. The anesthesiologist gives your child medicines to make him drowsy and to prevent pain. You child will not completely lose consciousness like he would under general anesthesia.

- **Combination Anesthesia**
  Sometimes your child’s anesthesiologist may decide to use a combination of both regional and general anesthesia. The regional anesthesia is generally given after your child is asleep from the general anesthesia medicines. This combination allows the anesthesia care team to give your child less general anesthesia while still providing pain relief to the surgical site. The pain relief may last for several hours after the surgery is over.

Methods for Giving Anesthesia

Your anesthesiologist will talk with you about the best method for your child.

- **Mask or Inhalation**
  With this method, your child breathes anesthesia medicines through a mask until he falls asleep. No intravenous (IV) insertions will be done until after your child is asleep.

- **Intravenous**
  This method is most often used for older children and adults. The anesthesia medicines are given through an intravenous (IV) injection. Your child may be sedated with oral medication or laughing gas (nitrous oxide) before the IV is placed.
**Risks of Anesthesia**

There are risks from anesthesia, just as there are risks from taking any other medicine. Sometimes we can predict the side effects; sometimes we cannot. We will do our best to minimize the risks and side effects. Common side effects from anesthesia include headaches, nausea, vomiting, jaw pain, sore throat, hoarse voice and bruising. Serious complications can occur, but this is rare. Your child’s anesthesiologist can answer your questions about the risks of anesthesia.

**Planning with Your Child’s Anesthesiologist**

On the day of surgery, the anesthesiologist will meet with you and review the anesthesia plan. You and your child can ask questions and talk to the anesthesiologist about any concerns at this time.

**Postponing Surgery**

Sometimes minor illnesses such as sniffles and colds may cause problems during surgery and anesthesia. For this reason, the anesthesiologist may think it is best to postpone the surgery.

Notify your Surgery Center before surgery if your child has:

- cold symptoms such as runny nose, cough or fever
- diarrhea or vomiting
- any change from his usual health
- been exposed to infectious diseases such as measles, mumps or chicken pox
- taken any ibuprofen (Motrin®, Advil®), naproxen (Aleve®) or products containing any of these medicines within 3 days before surgery unless otherwise instructed by his doctor
- taken any aspirin or products containing aspirin within 2 weeks before surgery
- taken herbal medication, fish oils or nutritional supplements within 2 weeks before surgery

You can reach your child’s surgeon’s office Monday through Friday, 8 a.m. to 5 p.m. After hours, please call the hospital operator at 215-590-1000 and ask to speak with the resident on call for your child’s surgical specialty.

Eating or drinking too close to the surgery may make surgery unsafe and cause your child’s surgeon and anesthesiologist to postpone or cancel the surgery. Follow the feeding instructions you were given. See Page 10 for eating and drinking guidelines.

**How You Can Help**

Understand that every child reacts differently to anesthesia and surgery.

Be honest with your child. Explain what will happen in words your child will understand. Reassure your child that he will be asleep during the surgery and will wake up afterward.

Ask the staff any questions you have so you are comfortable and informed.

**Questions?**

Please call us if you have any questions about your child’s anesthesia. We will return your call within one business day.

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**What to Have at Home**

You will find that going home after surgery is easier if you stock up on a few items. Some suggestions:

- Soup
- Popsicles®
- Clear drinks such as apple juice, soft drinks, Gatorade® or Kool-Aid®
- Aspirin-free pain relief medication such as Tylenol®
Eating and Drinking Restrictions

The most important thing you can do for your child is to follow the feeding instructions. Eating and drinking before anesthesia can cause problems such as choking or vomiting during the procedure.

Follow these rules exactly or the procedure will be delayed or cancelled.

No food, milk, drink, candy or gum after 11 p.m. the evening before the procedure, except:

Clear liquids
• Your child may drink only water, Pedialyte®, clear apple juice or clear white grape juice until 2 hours before your arrival time.

Breast milk
• Children less than 12 months old may have breast milk until 3 hours before your arrival time.
• Children age 12 months and older may have breast milk until 11 p.m. the night before the procedure.

Infant formula
• Children less than 12 months old may have formula until 6 hours before your arrival time.
• Children age 12 months and older may have formula until 11 p.m. the night before the procedure.
• Do not add cereal to formula. Do not use formula that has cereal already added.

Important Things to Remember

The day of surgery can be long and stressful. You can stay with your child before surgery. We will make every effort to reunite you with your child as soon as possible after surgery. For safety reasons, only 2 adults can be in the pre-operative area before surgery and in the recovery room (called the Post-Anesthesia Care Unit or PACU) after surgery.

Other children are not allowed in the PACU. Please make arrangements for the care of your other children so you can be with your child who is having surgery.

After surgery, your child will not feel well enough to take public transportation home. Before the day of surgery, please arrange for a ride or taxi home.

A parent or legal guardian needs to be with the child on the day of surgery. We request that this person not leave during the child’s stay. If a court-appointed legal guardian will accompany the child, he will need to bring a copy of the court-issued document proving guardianship.

Before Your Child’s Surgery

One to 2 weeks before the operation, a nurse from the Surgery Center will call you to:

• ask about medications your child is currently taking, including over-the-counter medications or herbal medications;
• ask about allergies to medications and environmental things like food;
• ask about your child’s health history and recent exposure to infectious diseases; and
• explain what to expect on the day of surgery.

One to 2 business days before surgery, a nurse will call you to confirm the time of the operation and your expected time of arrival at the Surgery Center.

It is very important to let us know if your child has been exposed to a contagious disease (chicken pox, tuberculosis, measles, mumps, etc.) or has a cold, fever, fever blister or rash. This may mean that the operation will have to be cancelled and rescheduled for when your child is well.

If you know that we will not be able to reach you, please call us between 1 p.m. and 4 p.m. at the Surgery Center where your child’s surgery is scheduled:

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On the evening before the procedure

Bathe your child the night before surgery with soap and water and shampoo his hair. Do not use any lotions, creams or powder after the bath. Use clean pajamas and bed linens after bathing.
What to Bring to the Surgery Center

• Containers for your child’s glasses, contact lenses, hearing aids, etc.
• Your child’s favorite toy, doll, stuffed animal or blanket
• Your child’s car seat
• An empty bottle or sippy cup for your child to use after surgery
• A portable stereo with headphones, a hand-held game or a book
• Your insurance cards and referral forms, if required

The Day of Surgery

• Make arrangements for the care of your other children so that you can focus on the child having surgery.
• Bring any referrals you may have for the surgeon, anesthesiologist or hospital.
• Remove your child’s nail polish, fake nails, jewelry (including jewelry in piercings) and makeup.
• Place long hair in pigtails. For any procedure lasting longer than 2 hours, remove any braids or beads in your child’s hair. Hair fasteners must be metal-free.

When you arrive, expect to spend 2 to 5 hours at the center, depending on the type of surgery your child is having.

Parking
Our off-site Surgery Centers have plenty of parking.

Where to Go
After you enter the lobby, please check in at the front desk.

Getting Ready for Surgery

After checking in at the registration area, you and your child will be escorted to the pre-op area. Here your child will change into hospital pajamas. The nurse will take his vital signs, including temperature, heart rate, blood pressure and oxygen level. The nurse will also listen to your child’s breathing and get an update on his health status, including any medicines or illnesses.

In keeping with Children’s Hospital’s policy, all female patients 12 years of age or older and/or who have begun menstrual periods must have a urine pregnancy test before an anesthetic is given.
Before going to the operating room, you will meet the anesthesiologist to discuss the anesthesia plan. You and your child can ask questions and express any concerns at this time. Everything will be explained to you and your child as it happens.

We want the separation between you and your child at the time of surgery to be as smooth as possible. Just before going into the operating room, most children will be given a medicine that can make them less anxious about separating from their parents, relaxed, and sometimes giddy and unsteady. Once the medicine is given, do not allow your child to walk around, because he may fall and get hurt.

During Surgery
We will show you where to wait while your child is in surgery. While you are waiting, a nurse will give you an update on your child if the surgery time is long. Please stay in the waiting area. Your child’s surgeon will look for you there when the surgery is over.

A parent or legal guardian needs to be with the child on the day of surgery. We request that this person not leave during the child’s stay. If you need a ride to get to and from the Surgery Center, we request that the driver remain at the center, too.

After Surgery
After the surgery, your child will go back to the PACU to wake up from the surgery and anesthesia. We will make every effort to reunite you with your child as soon as possible. For safety reasons, only 2 adults may stay with your child in the PACU. You will not be allowed to join your child in the PACU if you have other children with you.

Immediately after surgery, your child may look puffy or swollen. Your child may be receiving oxygen, have an IV and be attached to a heart monitor. A nurse will check your child’s heart rate, breathing, blood pressure and temperature several times as he wakes up after surgery. Please ask your child’s nurse any questions you may have.

In some cases, parents go into the operating room with their child and stay with him until he is asleep under anesthesia. The anesthesiologist can help you choose the best option for your child.
What Can I Do for My Child While He Is in the PACU?

• If your child is asleep, please do not wake him.
• Once your child is awake, speak softly and calmly. Let your child know that he is fine.
• Please respect the privacy of other patients and focus only on your child.
• The use of cellphones and laptop computers is not permitted in the PACU.
• You may be asked to leave the room if there is an emergency.

Will My Child Be in Pain?

After surgery, pain relief for your child will be provided in a variety of ways. Pain relief is a team approach in which you, the surgeon, the anesthesiologist and the nurses will decide what is best for your child.

There are many ways to learn about the pain a child is feeling. The method we choose is based on the child’s age and ability to talk. Older children may be asked to rate their pain from no pain to the worst imaginable pain on a scale of 0 to 10. Younger patients may be asked to look at a set of cartoon faces and point to a face that best illustrates their pain. Sometimes we look at the facial expression and behavior of children who cannot talk to tell us about their pain. These methods help us come up with a rating called a pain score. Pain scores help us manage your child’s pain.

Each child may wake up from anesthesia differently. Some children may be wide awake in the PACU while others may be groggy for hours after surgery. Some get very confused and agitated for 10 minutes to 1 hour. This is called “emergence delirium” and is sometimes part of the normal awakening process, particularly in children younger than 6. The child seems to be awake, but is not aware of what is going on. The child may cry, thrash or reach for a parent, and it may be very difficult to calm her. This may be upsetting to watch. Fortunately, it usually goes away by itself. Emergence delirium is seen in about 20 percent of children having brief surgery.

If your child experiences emergence delirium, her nurse will make sure she is safe. Sometimes a quiet, dark room will help her go back to sleep. Usually it just takes time for the effects of the anesthesia to wear off. It is important to stay calm and comfort your child. She will not remember this excited state and often wakes up feeling fine. If you have questions, ask your child’s nurse or doctor.

The amount of time your child stays in the PACU depends on the type of surgery and your child’s needs.

Hospital Admission

Hospital admission following outpatient surgery is unusual, but can occur. If hospital admission becomes necessary, your surgeon and/or anesthesiologist will explain the reasons to you. Your child will be transported by ambulance or helicopter to The Children’s Hospital of Philadelphia, 34th Street and Civic Center Boulevard, Philadelphia. The main number of the hospital is 215-590-1000.
Going Home
The nurses and doctors caring for your child will decide when he may go home. Before you leave, we want you to be confident that your child feels well enough to go home. We also want to be sure you are comfortable with discharge instructions.

Before you go home, you will receive written information about how to care for your child. We will explain the appropriate activity, medicines, special care, follow-up appointments, what to expect and whom to call with questions.

After surgery, your child will not feel well enough to take public transportation home. Before the day of surgery, please arrange for a ride or taxi home.

What to Expect at Home
Here are some general guidelines on what to expect at home after surgery. You will receive specific instructions on the day of surgery about how to care for your child. A nurse from the Surgery Center will call you within a day or two to ask about your child’s health and your overall experience at the center.

Activity
Depending on your child’s surgery and anesthesia, he may be unsteady for the first 24 hours and will need to be watched closely.

Feeding
The staff will discuss your child’s specific feeding plan with you. Do not force your child to eat, but encourage him to drink, as it will probably make him feel better.

Pain
Your child may have some pain, be cranky or run a slight fever after surgery. The staff will discuss your child’s specific pain management plan with you.

Behavior
Some children have temporary behavior changes at home such as changes in sleep patterns, clinginess, changes in eating, hyperactivity, new fears (not wanting to sleep in his own bed, needing a night light) and acting younger (bed-wetting, thumb-sucking). This behavior is temporary and normal. Some ways for parents to help are:

• assure your child that he is safe and well
• read books about hospitals and doctors
• play hospital
• make a hospital scrapbook
• distract your child with games, toys and music

If you are worried about your child’s behavior changes, or if they last longer than you expected, please call your pediatrician or surgeon.

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You and your child are important members of the healthcare team. We are committed to making your stay as pleasant as possible.
Helpful Information

Surgeon’s name: ________________________________

Phone number: _________________________________

My child’s surgery is scheduled for: ______________

Parent Checklist for Surgery

• Bring any necessary or requested paperwork (for example, a copy of the summary from your child’s most recent office visit with a specialist, referrals, etc.).

• Follow feeding instructions.

Links

• The Children’s Hospital of Philadelphia
  www.chop.edu

• Kids Health Galaxy
  www.kidshealthgalaxy.com

• Preparing for Surgery – Megan’s Story
  www.chop.edu/flash/surgeryprepbook.html

• Directions to the Surgery Center
  www.chop.edu/visitors/directions-maps-and-parking

Surgery Center Phone Numbers:
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The Children’s Hospital of Philadelphia

Hope lives here.

34th Street and Civic Center Boulevard
Philadelphia, PA 19104-4399
1-800 TRY CHOP
www.chop.edu

Founded in 1855, The Children’s Hospital of Philadelphia is the birthplace of pediatric medicine in America. Throughout its history, a passionate spirit of innovation has driven this renowned institution to pursue scientific discovery, establish the highest standards of patient care, train future leaders in pediatrics, and advocate for children’s health. A haven of hope for children and families worldwide, CHOP is a nonprofit charitable organization that relies on the generous support of its donors to continue to set the global standard for pediatric care.

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Keep the connection.

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