

## Preparing your Child for Day Surgery Parent Information Booklet

Thank you for choosing our day surgery for your child's care.

Liverpool Eye Surgery is committed to the safety and wellbeing of all children and young people accessing our service and the welfare of the children in our care will always be our first priority.

**We support the rights of the child and will act without hesitation to ensure a child safe environment is maintained at all times.**

We recognise that a visit to hospital can be frightening for a person of any age, but especially children.

The following information and suggestions are designed to help you and your child before, during and after a visit to our facility.

Many children are unprepared for the hospital experience. The unfamiliar surroundings of the hospital, the strange faces, complicated equipment, and sometimes painful medical procedures, can be distressing for children. This distress can be reduced if children are prepared for hospital.

We hope the information in this brochure will be helpful however if you have any further queries, please contact us on (02) 9734 7000.

### What to tell your child before coming to hospital

Tell your child honestly and truthfully why they need to come to hospital. If your child is under six years of age, tell your child a couple of days beforehand. If they are more than six-years-old, tell them a week or two beforehand.

Telling your child before coming into hospital gives them time to prepare by asking questions, and talking about going to hospital with you and others. Use simple words your child will understand.

This will help your child trust you and the staff at LES.

Ask your child what she or he is thinking and feeling about the surgery. Let your child know that you are happy to answer any questions they have.

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 their age. Use the information provided on the following pages for each age group as a guide to talking with your child about the surgery.

Joking around with adults can 'lighten up' a potentially stressful situation. In children however, humour has not yet developed in the same way, and jokes in this situation can become confusing or frightening.

### Reading books

Reading age-appropriate books about going to hospital is a great way to prepare your child and start conversations about the hospital visit. Books provide your child opportunities to ask questions and explore any worries or misunderstandings they may have.

There are lots of storybook options. Visit your local library or children's book shop to see what's available. Here's a few of our suggestions.

- "Peppa Goes to Hospital" By Lady Bird
- "Going to the Hospital" By Anne Civardi
- "Going to the Hospital- Sticker Book" By Anne Civardi
- "Topsy and Tim go to Hospital" By Jeam and Gareth Adamson
- "My First visit to the Hospital" Bu Eve Marleau and Michael Garton
- "Maisy Goes to the Hospital" By Lucy Cousins
- "Frankin Goes to the Hospital" By Jennings Sharon

When a child goes to hospital, they can feel disconnected from family, siblings, or friends; the books listed below can help children talk about their feelings.

- "My Many Coloured Days" By Dr Seuss
- "In My Heart. A book of feelings" By Jo Witek
- "The Invisible String" By Patrice Karst

## Before Your Child's Surgery

One of the LES nurses will call with you 1-7 days before your child's surgery to ask about:

- Medications your child is currently taking, including over the counter and herbal medications
- Allergies to medications and environmental things like food
- Your child's health history and recent exposure to infectious diseases

The nurse will also explain what you and your child can expect on the day of surgery.

It is important you let us know if your child has been exposed to any contagious disease (chicken pox, measles, mumps, etc.) or has a cold, fever or rash. This information will be passed on to your child's treating anaesthetist who will decide if it is safe for your child to undergo their scheduled procedure.

LES will notify you of your required time of arrival one (1) Business day prior to the surgery date.

If you know we will be unable to reach you, please call us between 1 p.m. and 4 p.m. on (02) 9734 7000.

## What to Have at Home

You will find that going home after surgery is easier if you have on hand supplies of suitable food and drink as well as pain relief.

Some suggestions

- Soup
- Water/fruit juice ice blocks
- Clear drinks such as apple juice or cordial
- Aspirin-free pain relief such as Panadol or Nurofen liquid

## What to Bring to Hospital

- Container's for your child's glasses, contact lenses, hearing aides, etc.
- Your child's favourite toy or blanket
- A bottle or 'sippy cup' for your child to use after surgery
- A portable stereo with headphones, hand-held game or book
- Dress your child in comfortable loose fitting clothing preferably two piece cotton or similar material. Do not dress your child in outfits that are made of a highly flammable material such as dress-up costumes as this material presents a safety risk within the operating theatre

- If your child has a favorite food, you can bring this for them to eat after their procedure (please ensure it is nut free)
- It is often cold in the theatre so a pair of warm socks is a good idea
- Your Medicare card, Health Fund details and pension card if applicable.

## Important Things to Remember

The day of surgery can be long and stressful. You can stay with your child up until the time of surgery and we will reunite you with your child as soon as possible after surgery. For safety reasons, only 1 adult can be admitted to the pre-operative area prior to surgery.

After surgery 1-2 adults are permitted into the Recovery area. Other children are not allowed in the Recovery area.

After surgery, your child will not feel well enough to take public transport home. Before the day of surgery, please arrange for private transport or LES staff will be happy to arrange for a taxi upon discharge from our facility at your expense.

A parent or legal guardian needs to be with the child on the day of surgery. We request this person is able to be contacted via mobile phone during the child's stay.

If a court-appointed legal guardian will accompany the child we will require a copy of the court-issued document proving guardianship. If there are custody issues that LES staff need to be aware of, please provide us with the appropriate paperwork prior to your child's surgery.

## Eating and Drinking Restrictions

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

These instructions will be given to you by our nursing staff during your pre-operative phone call.

## On the Evening before the Operation

- Bathe your child the night before surgery with soap and shampoo their hair.
- Do not use any lotions, creams or powder after the bath.
- Use clean pajamas and bed linens after bathing.
- Remove your child's nail polish, fake nails, jewelry (including jewelry piercings) and make up.

## Preparing your child

### Infants

#### What to expect

Your infant will be hungry on the day of surgery, because they are not able to eat anything prior to surgery.

#### Helping Your Infant

Bring familiar comfort items from home:

- Special blanket
- Stuffed animals, rattles/toys
- Pacifiers (dummies) or any other item you think may help your child to feel safe and secure.

Your nurse will advise when your infant is able to eat after surgery. If your infant requires formula you will need to bring this with you on the day of surgery.

The Recovery staff will be happy to assist you with preparation and heating of formula.

## Toddlers 1-3 Years

### What to Expect

Your toddler will be hungry on the day of surgery, therefore keep food and fluids out of sight on the day of surgery.

Your toddler may find it difficult to wait prior to surgery and may become fussy. It will help if you remain calm and patient.

### Helping Your Toddler

Toddlers do not understand the concept of time so wait until a day or two before surgery to talk with your child about their surgery. Toddlers may worry if told too early.

Talk to your child in simple words they can understand and explain what body part the doctor is going to fix.

Allowing your child to choose a favorite toy or blanket will give your toddler a feeling of control. This object will also comfort your child while they are a patient at LES.

Toddlers can often be distracted by toys and activities as long as they do not see any food or drink.

## Preschoolers 4-5 Years

### What to Expect

Your preschooler will be hungry on the day of surgery, because he or she is not able to eat prior to surgery, therefore keep food and drink out of sight on the day of surgery.

Preschool children often have fantasies about the hospital experience because they do not know what to expect and will use their imaginations to create images in their mind that are much scarier than what the actual experience will be like. Often they think they did something to cause the surgery.

### Helping Your Preschooler

Talk with your child a few days prior to surgery using simple terms as they will be curious about what to expect when they go to hospital. Assure your child the surgery is no one's fault and it is OK to tell you how they are feeling.

Reading books with pictures of medical equipment or playing pretend with toy medical kits are great ways to find out what worries, if any, your child may have regarding their surgery.

Allow your preschooler to choose something familiar such as a favourite toy or animal/doll as this will help them feel in control. Having favourite activities to keep them occupied prior to surgery will help reduce their anxiety.

Be patient as it is not uncommon for preschoolers to regress a bit surrounding a hospital experience.

## School Age Children 6-12 Years

### What to Expect

Your school age child may be worried about:

- Waking up during their anaesthetic or not waking up after their anaesthetic
- Being away from school and friends
- Whether the surgery will affect their appearance and what others will think of them
- Having pain after their surgery.

## Helping Your School Age Child

Wait until one or two weeks prior to surgery to talk with them about their operation. This will allow them time to process the information and develop any questions they may have regarding the surgery.

Be honest and realistic, explain what will happen before, during and after surgery. The use of pictures may help your child understand what will happen.

Talk with your child about any fears or concerns they may have such as:

- **Anaesthesia**
  - Assure your child there are special doctors whose job it is to make sure they stay asleep throughout their operation and that this doctor will be with them as long as your child is in the operating room
- **Pain**
  - Talk with your child about ways to cope with pain such as deep breathing, squeezing an object such as a stress ball
  - Encourage your child to talk about how they are feeling. Try using some open ended questions such as:  
“What are you wondering about your surgery?”  
Or  
“Is there anything you think might be difficult about your surgery?”
- Allow your child to pack a bag with their favourite things to bring to hospital for the day of their surgery.

If you have an older school-aged child speak with their teachers about upcoming assignments and whether they may need extra time. Keep food and drink out of sight on the day of surgery.

## Adolescents

### What to Expect

Your teen may have concerns about

- Waking up during their anaesthetic or not waking up after their anaesthetic
- Being away from school and friends
- Whether the surgery will affect their appearance and what others will think of them
- Having pain after their surgery
- Feeling a loss of control
- Being dependent on others after surgery.

## Helping Your Teen

Include your teen in all discussions and decisions regarding their surgery.

Encourage your teen to write down or discuss any questions they might have regarding the surgery. These can be answered either by you, your treating surgeon or the staff at LES.

## Anaesthesia and Your Child

When surgery is scheduled at LES your surgeon will arrange for an anaesthetist to perform the anaesthetic. The anaesthetist is assisted by one of LES's highly skilled anaesthetic nurses.

During the pre-operative phone call the nurse will note anything about your child that may affect the anaesthetic plan and will be able to answer many of your questions.

You may receive a call from the anaesthetist prior to your surgery if there are particular concerns or complex medical issues. The anaesthetist's main job is to keep your child asleep and to minimise pain.

On the day of surgery, the anaesthetist will meet with you to make sure your child is in the best possible health before surgery. You and your child can ask questions and talk to the anaesthetist about any concerns.

Anaesthetists monitor your child's heartbeat, blood pressure, breathing and blood oxygen level throughout the surgery. The anaesthetic team is specially trained to make the surgery as comfortable as possible for your child.

Your child's safety and well-being are their highest priorities.

## How You Can Help

- Understand that every child reacts differently to anaesthesia
- Be honest with your child. Explain what will happen in words your child will understand
- Reassure your child that they will be asleep during the surgery and will wake up afterward
- Ask the staff any questions you have so you are comfortable and informed.

## Postponing Surgery

Sometimes minor illness such as sniffles and colds may cause problems during surgery and anaesthesia. For this reason, the anaesthetist may postpone the surgery.

Notify LES and your surgeon before surgery if your child has

- Cold symptoms such as runny nose, cough or fever
- Diarrhoea or vomiting
- Any change from their usual health
- Been exposed to infectious diseases such as measles, mumps or chicken pox.

Eating and drinking too close to surgery may make surgery unsafe and cause your child's surgeon and anaesthetist to postpone or cancel the surgery. Follow the feeding instruction you were given.

## Types of Anaesthetics

There are several different types of Anaesthesia. For children at LES we generally use a combination of general anaesthetic and regional anaesthetic. Your anaesthetist will discuss with you and your child what to expect with the anaesthetic they will be giving on the day of surgery.

### General Anaesthesia

General anaesthesia provides complete pain relief and loss of consciousness during surgery. Your child will sleep through the surgery and wake up with no memory of what happened.

Nausea and vomiting are a possible side effect after surgery.

### Regional Anaesthesia

Regional anaesthesia provides pain relief to specific areas of the body in a way similar to medicines used by dentists.

Regional anaesthesia is used in combination with general anaesthesia so your child will be relaxed, comfortable, and have no memory of the procedure.

## Mask or Inhalation

With this method, your child breathes anaesthesia through a mask until they fall asleep. Your child's intravenous (IV) insertion usually occurs after they are asleep.

Your child may experience some muscle twitching or appear extremely floppy as this anaesthetic takes effect. This is normal, your anaesthetist is expecting this, and will ensure that your child remains safe throughout the induction phase of their anaesthetic.

## Intravenous

This method is often used for older children and adults.

The anaesthesia medicines are given through an intravenous (IV) injection.

Your child may have some special numbing cream placed on their hands which are then covered with a special plastic film dressing, or they may be sedated with oral medication prior to the insertion of the needle, known as "IV cannula".

The anaesthetist will decide which method is appropriate for your child.

## The Day of Surgery

- Make arrangements for the care of your other children so that you can focus on the child having surgery
- Place long hair in pigtails, hair fasteners should be metal-free
- Depending on the type of surgery your child is having you should expect to spend approximately 2–5 hours at LES.

## Getting Ready for Surgery

Once your child has been admitted at reception, you will be called through to the pre operative area by one of our experienced pre operative nursing staff. Here your child will be prepared for the theatre.

The nurse will check the child's weight, temperature, heart rate and oxygen level. At this time the nurse will check that all your paperwork is complete, assist you and your child to put on a hat and gown and administer any drops or medication required prior to surgery.

Before going into theatre you will meet the anaesthetist to discuss your child's anaesthetic 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. In most cases, parents go into the theatre with their child and stay with them until they are asleep.

## While your Child is Having Surgery

Family and carers are welcome to wait in reception, which has television and a variety of magazines. There is a coffee shop located next door to LES and this time is a good opportunity for you to eat and drink so you are ready to be with your child once their surgery is complete.

If you are leaving LES let reception staff know and carry a mobile phone which is turned on, so we are able to contact you as soon as your child is ready to see you in the Recovery area.

## After Surgery

After surgery your child will be transferred to the Recovery area to wake up. One of our recovery nurses will take you to your child as soon as they are ready to see you. We will make every effort to reunite you with your child as soon as possible.

Your child may have an eye dressing in place, be receiving oxygen, have an IV cannula and be attached to a heart monitor. A nurse will check your child's heart rate, breathing and temperature regularly whilst in recovery.

Your surgeon may wish to speak with you following surgery.

### What can I do for My Child while they are in recovery?

- If your child is asleep do not wake them
- Once your child is awake, speak softly and calmly
- Let your child know they are fine
- Please respect the privacy of other patients and only focus on your child
- You may be asked to leave the room if there is an emergency

### Pain Management

After surgery, pain relief will be provided in a variety of ways. Pain relief is a team approach in which you, the surgeon, the anaesthetist 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 communicate.

### The Recovery Process

Each child may wake up from anaesthetic differently. Some children may be wide awake in Recovery 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 younger children. 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 difficult to calm them.

This may be upsetting to watch. Fortunately, it usually goes away by itself. Emergence delirium is seen in about 20% of children having brief surgery. If your child experiences emergence delirium, our experienced Recovery nurses will make sure your child is safe.

Usually it just takes time for the effects of the anaesthetic to wear off. It is important to stay calm and comfort your child. They will not remember this excited state and often wake up feeling fine. If you have questions ask your child's nurse or doctor.

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

### Going Home

The doctors and nurses caring for your child will decide when they can go home. Before you leave, we want to be confident that your child feels well enough to go home. We also want to be sure you are comfortable with the 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 appointment times, what to expect and whom to call with questions.

One of the Recovery nurses will call a few hours after you have gone home to check how your child is doing.

### Overnight Hospital Transfer

On very rare occasions following day surgery it may be necessary for your child to be transferred to a different hospital where they can be monitored overnight. The facility they are transferred to will be discussed with you prior to transferring your child.

## What to Expect at Home

### Activity

Depending on your child's surgery and anaesthesia, your child may be unsteady for the first 24hrs and will need to be watched closely.

### Feeding

Do not force your child to eat, but encourage them to drink, as it will probably make them 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.

Paracetamol can be given at home every four to six hours for one to two days if needed. Read the bottle for the correct dose for your child according to their age. Ask for help if you are unsure.

For more severe pain call your child's surgeon or see your family doctor.

Do not give any medicine with paracetamol in it more than six times in 24 hours.

### Behaviour

Some children have temporary behaviour changes at home such as changes in sleep patterns, clinginess, changes in eating, hyperactivity, new fears (not wanting to sleep in own bed) and acting younger (bed-wetting, thumb sucking).

This behaviour is temporary and normal. Some ways for parents to help are:

- Assure your child they are 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 behaviour changes, or if they last longer than you expected, please call your surgeon.

If you have any questions or concerns after discharge, please call the numbers listed on your post-operative instructions.

### Nausea and vomiting

Do not worry if your child feels sick or vomits once or twice after leaving hospital.

If they vomit or feel sick, stop giving food for about one hour. Then try a light diet if your child can manage without feeling ill.

If your child keeps vomiting, please call your child's surgeon or your nearest emergency department.

### Wound care

If your child has a dressing leave it in place until the review appointment, or take it off as told by your child's surgeon.

## Practical tips and ideas

- Tell your child's school, kindergarten, or childcare center about the admission to hospital. They will also be able to help prepare your child.
- Reassure your child that you will be coming and staying with them. Usually, you will be able to stay with your child until they are asleep (have an anaesthetic) before their surgery. You will also be able to be with them in recovery after the operation.
- We strongly recommend that you organise to have another adult accompany you for the journey home from hospital to allow one driver and one dedicated carer for your child.
- We also recommend that you do not bring other children with you to ensure you are able to give undivided attention to your child who is having surgery.
- NEVER threaten your child with a return to hospital, such as a punishment for behaviours you do not like.
- For more information, please visit:  
[https://www.rch.org.au/comfortkids/for\\_kids/](https://www.rch.org.au/comfortkids/for_kids/)

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