

## Preparing your child for surgery

### Infants (under 1)

Babies cannot understand what is going on, but they can sense tension in your body and may react with anxiety as a result. If you feel prepared and relaxed, your baby will, too.

### Toddlers (1 – 3)

Help your toddler prepare by reading books about going to the hospital and engaging in doctor-themed play. Use clear and simple explanations, and take turns being the nurse or doctor. Start just one to two days before surgery is scheduled. Allow your toddler to choose comfort items to bring with him or her to the hospital.

### Preschoolers and school age (4 – 12)

Begin preparing your child five to seven days before surgery. Hospital-related books and play can help your child express his or her feelings and let you know if he or she has misconceptions. Provide simple and honest explanations. Reinforce that your child has not done anything wrong, they will not feel anything while the doctor does his or her job, and that you will be there when they wake up.

### Adolescents (13+)

Appropriate books and internet sites, such as KidsHealth.org, can help your teen learn about their upcoming surgery. It is best to start preparing at least a week in advance. Include them in discussions involving their surgery and allow them to maintain their independence and privacy as much as possible. Reassure your teen that it is acceptable to be afraid and to cry. Encourage questions and give accurate and honest responses.

### Talking to siblings

Siblings may feel confused, scared or worried.

Other common feelings are:

- Jealousy – The patient may be getting more attention or presents from family and siblings may become jealous.
- Guilt – Siblings may feel bad for having mean thoughts about their brother/sister and may feel it is their fault that they are going to the hospital.

Siblings should be included in reading, discussions and play, as well as provided with developmentally appropriate explanations.

### Preparation tips

Be honest. You may feel the desire to say things that aren't true in an effort to reassure or protect your child. However, being truthful and letting your child know what to expect (in a developmentally appropriate way) is important in helping your child cope.

### Avoid using the following terms:

- “Put you to sleep”
  - o This term can make a child think of a dog or cat being put to sleep. Instead, say “The doctor will give you medicine that will help you fall asleep. When the surgery is over, the doctor will stop giving you the medicine and you will wake up.”
- “Cut,” “open you up,” “make a hole”
  - o Instead, say “The doctor will make a small opening.” If you know about how big it will be, you can add “It will be as small as a dime [or other familiar object].”

## Helpful hints for surgery day

- On the night before surgery, no solid foods, milk products, orange juice or candy after midnight.
  - Between midnight and two hours before your arrival time, your child may have sips of clear liquids (e.g., water, apple juice, Jell-o, clear soda, Pedialyte, clear tea).
  - From two hours before your arrival time on, your child may not eat or drink anything (including water, ice and chewing gum).
  - Infants may have formula until six hours before arrival time, or breast milk until four hours before arrival time.
- Bring comfort items for your child, such as a favorite blanket, stuffed animal or other toy. It can stay with your child until he or she falls asleep.
- If your child drinks from a sippy cup (or any special cup), bring it from home. Having their own cup can help your child be willing to drink after surgery, leading to a smoother recovery.
- If your child has siblings, it can be helpful to have a babysitter, as there are some areas where siblings may not be allowed to visit (especially at times when hospital visitation restrictions are in place, such as flu season).
- If your child has long hair, it may be helpful to put it into braids on the sides of the head to help prevent knots and tangles. However, make sure hair accessories do not contain metal.

## Staff you may meet

**Nurse:** You will see many nurses on the day of surgery. The preoperative nurse will measure your child's height, weight and vital signs, and ask questions about your child's medical history. He or she will also give any medications your child needs. The operating room nurse will assist the surgeon and monitor your child's status during surgery.

**Child Life specialist:** This professional will make sure you and your child are prepared for what to expect on the day of surgery and help keep your child comforted with activities or toys.

**Surgeon:** This is the doctor who will be performing the surgery. He or she will meet with you before and after surgery.

**Anesthesiologist:** This is the doctor who will administer the anesthesia medication and will be responsible for your child's safety while the surgery is taking place.

**Nurse anesthetist:** Will work with the anesthesiologist for the safe administration of the anesthesia medication while monitoring your child's status and keeping them safe.

**Physician assistant:** This is a medical professional who will assist the surgeon during the operation.

**Surgery/anesthesiology resident:** This is a doctor who is training in surgery/anesthesia and will work closely with the surgeon/anesthesiologist during the operation.

## Helpful questions to ask

- How will the anesthesia be given?
- Where will I wait while my child is in surgery?
- How long will the surgery take and when will I get to see my child afterward?
- Will my child have an IV, breathing tube or anything else after surgery?
- How will my child's pain be managed?
- How long will the recovery process take?