

# what to expect when your child goes to surgery

**Cindy Podner, RNFA** • Clinical Anthropologist  
Medical City Children's Hospital • Dallas, TX

The thought of your child going through surgery has to be one of the hardest things a parent will ever have to go through. The extent of this fear became much clearer to me when my youngest nephew required a 30-minute outpatient surgery.

Being a nurse, I believed it to be a simple procedure. Not until I heard my sister crying to me over the phone as they wheeled her son back to the operating room, did I realize how upsetting even the smallest of procedures could be.

In my position, I work with children who have craniofacial syndromes requiring surgery. I see the patients in the office, and I frequently assist my surgeon in the operating room, which has enabled me to provide better support to the children and their families.

As many of our patients do not live locally, much of my contact with the families is via the phone or the Internet. I do my best to outline the day of surgery to the parents. I also try and provide names and numbers of other families who have undergone similar procedures.

Here at our hospital, the children go through pre-admission the day or two before surgery. The hospital's child life specialist and a pediatric nurse meet with the patients and their families to explain the process in age-appropriate terms. The final visit of the day typically is with the surgeon, who goes over the surgical plans and expectations. The anesthesiologist calls the family the night before surgery to review his/her role in the surgery.

The morning of surgery, the family arrives at the hospital, and checks into the pediatric ambulatory surgery center to get ready for surgery. Depending on the age of the child, the anesthesiologist may

order the child to receive a small oral dose of a mild sedative (Versed), to produce sleepiness or drowsiness and to relieve anxiety, prior to transporting the child to the pediatric "holding" area.

The parents then meet with the surgeon, the anesthesiologist and their operating room (OR) nurse in the holding area. The parents are able to stay at the bedside with the child until they are ready to be wheeled back to the operating room.

Once in the OR, the child is placed on a pre-warmed bed, and the anesthesiologist administers some "laughing" gas with a mask to put the child to sleep (older children/young adults are given the option of having an IV started to go to sleep). Once the child is asleep and cannot feel anything, the breathing tube is inserted and an IV is started.

The child is then positioned on the bed, covered with warm blankets and prepped for surgery. Depending on the complexity of the surgery, the time from when the child arrives in the OR to when surgery is actually started can vary from 30 minutes to an hour and a half. The OR nurse updates the family frequently throughout the surgery.

At the end of the surgery, the breathing tube is removed, and the child is taken to recovery. The surgeon then comes to see the family to let them know how the child is doing and the outcome of the surgery.

Although anticipation of the surgery date is extremely difficult, I have found that being able to provide some information about the day of surgery to the family helps them to better expect what the day will hold.

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