

The background features a large, light orange triangle pointing downwards from the top left, and a large, light blue triangle pointing upwards from the bottom left. These triangles overlap a white background. Scattered across the white background are numerous small, light grey dots. On the left side, there are overlapping geometric shapes in blue, red, and teal. On the right side, there are three stacked, rounded rectangular shapes in blue, red, and teal. A small blue horizontal line with dots at each end is positioned below the main title.

Health Facts for You

**Preparing for your child's
surgery at American
Family Children's
Hospital**


Date of Surgery: _____

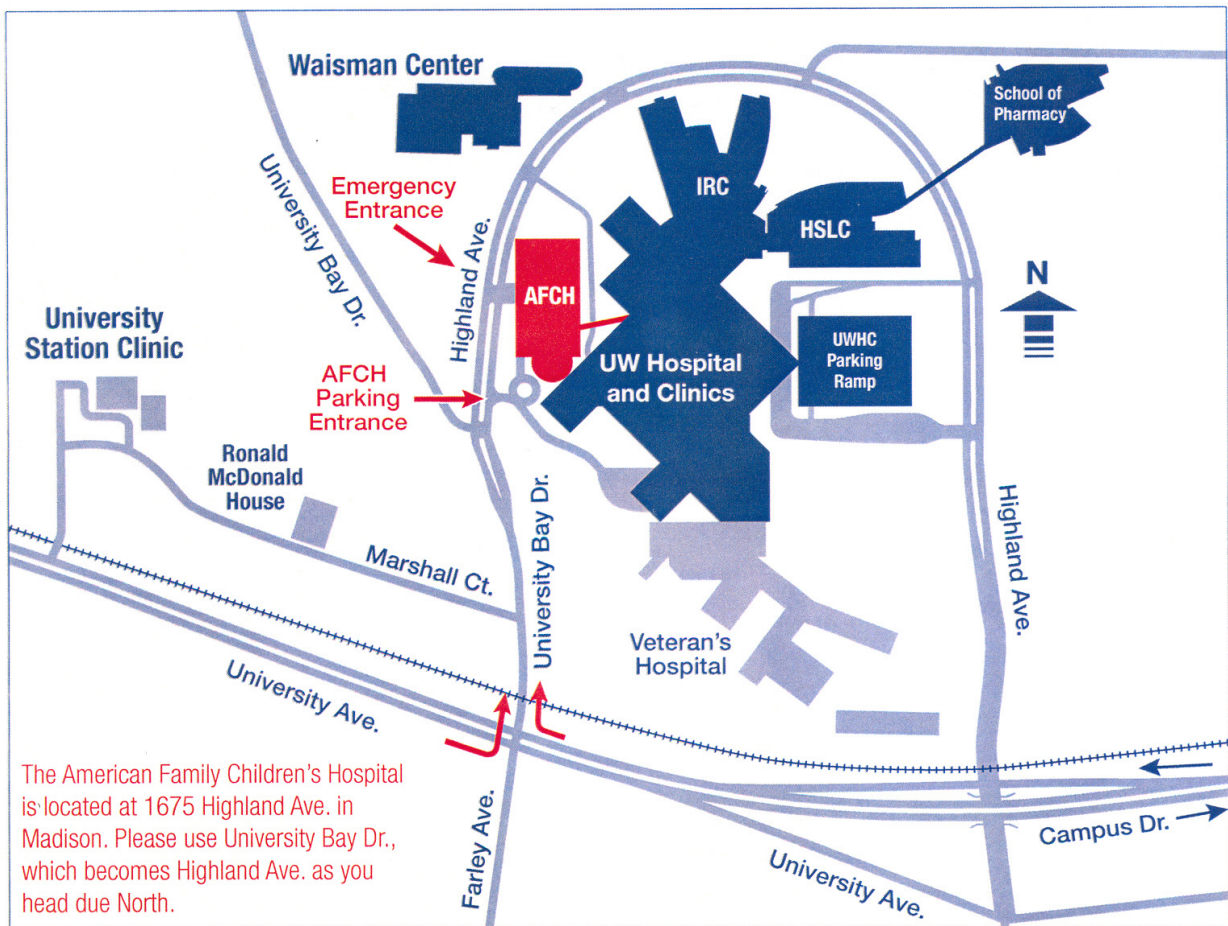
Your Child's Surgery: _____

Surgeon: _____

Parking in the visitor's ramp is free for the day of surgery. Valet parking at AFCH is available 7:00 am-3:30 pm. Valet parking is free for outpatients. Families who valet park will drop their car off with a valet attendant who is near the large revolving door entrance at AFCH. When the family is leaving they will be sent to security to get their keys.

Please arrive by your scheduled time.

- Park in the AFCH Ramp
- As you enter the AFCH Ramp, you will receive a parking stub. Please bring it with you to get it stamped. Do not leave it in your car.
- Take the elevator from the parking ramp to the first floor.
- Get your parking stub stamped at Guest Depot, located on the first floor.
- Take the AFCH elevators (marked with ) up to the third floor.
- Check in at the Reception Area on the third floor.



Before your child's clinic visit, please

- ❑ Read this booklet and bring it with you to your child's pre-surgery visit.
- ❑ If your child's own doctor did the pre-surgery exam, bring the forms with you.

Welcome to American Family Children's Hospital

Knowing what to expect is an important part of getting ready for surgery. We will help you and your child through each step of surgery and recovery. The family is part of the team helping your child. One of the best ways to help prepare your child is to explain what will happen before the day of surgery. Please ask any questions that you may have during the time that you are with us.

If you are unsure about what to tell your child or if your child has fears, nursing and child life specialists can help you. They can be reached through the Child Life Office at **(608) 890-7888**.

Your Child's Pre-Surgery Clinic Visit

Members of the surgery team will meet with you and your child. You can expect to:

- Learn about what to expect before, during, and after surgery.
- Answer questions about your child's health history.
- Have a physical exam, unless it was done by your child's own doctor (provider).
- Complete any tests that are needed.
- Get answers for any questions you may have.

This clinic visit may take 1 – 4 hours or more to complete.

You will be asked to sign a consent form showing that you understand and wish your child to have the operation. You may also meet with the anesthesia staff.

Before Surgery

You will be given the approximate time for your child's surgery the day before surgery (or on Friday before a Monday surgery). A nurse will call you at your preferred phone number listed in our system to tell you when to arrive. The nurse will also answer any questions that you may have. **If you do not hear from us by 2:00 pm, please call (608) 890-9994 to ask about your time.**

If your child has been exposed to chicken pox, has a cold, fever, new rash, oral rash, break in skin, acne, or other illness the day before surgery; please call your surgeon's office between 8 a.m. and 4:30 p.m., Monday through Friday. If it is after hours, please call **1-608-262-2122** and your call will be answered by the paging operator. Ask for the pediatric anesthesiologist on call. If you live out of the area, please call **1-800-323-8942**.

Steps for Getting Ready

- If your child takes medicines that contain aspirin or ibuprofen (Advil[®], Pediaprofen[®], Children's Motrin[®]) or blood thinners (Coumadin[®], warfarin), please check with the surgeon at the clinic visit to see if these should be stopped before surgery. Some of these medicines may need to be stopped 7 to 14 days before surgery. If your child is taking OTC supplements check with the surgeon to see if these should be stopped before surgery. Omega 3 supplements may also need to be stopped before surgery. Acetaminophen (Tylenol[®]) may be used if needed for pain or fever.
- Your child will need to stop eating solid foods at midnight the night before surgery. Also, no candy or chewing gum. **Six (6) hours before surgery your child will need to stop drinking formula/milk. Two (2) hours before surgery, your child will need to stop drinking clear liquids (apple juice, Pedialyte, water).** This will help prevent stomach contents from getting into your child's lungs. If you are breastfeeding, the last feeding should be finished 4 hours before surgery.
- The night before, your child should bathe or shower. Wash your child's hair with shampoo. Depending on the type of surgery, your child will get a bath with chlorhexidine gluconate (CHG) to help prevent infection. Your child may get a second bath with CHG cloths the day of surgery. Your nurse will give you specific written instructions and bathing cloths if needed for the night before surgery.
- The morning of surgery, your child may brush his or her teeth and rinse but should not swallow. If your child is young, you may want to skip brushing in the morning, so he or she does not swallow any water.
- You will be told if your child should take any morning medicines with a sip of water.
- Remove all make-up and fingernail polish.
- Leave all jewelry at home.

- If you are coming from out of town, you may wish to stay in Madison. A Housing Coordinator can provide you with a list of nearby motels and arrange for your stay at a discount rate **(608) 890-8000**. A Ronald McDonald House, a place for parents and families to stay, is just a few blocks from the hospital.
- We will have a gown for your child to wear. Bring your child's socks or slippers to wear before and after surgery.
- You may bring a special toy, blanket, book, or video to comfort or entertain your child if it was cleaned or washed before coming to the hospital. Your child's name should be on all items.
- Bring along any of the nebulizers, inhalers, hearing aids, or other special equipment that your child may need. Be sure these items are labeled.
- If your child wears contacts, do not wear them to the hospital. Please have your child wear glasses instead and bring a labeled case to hold the glasses during surgery.
- Please try to leave other children at home. It may be hard to care for your child with other children present. You may wish to bring something to read or do while waiting.
- When your child returns home, it may take a few days or weeks to resume the normal routine (school, daycare).
- You will want to plan for the time it takes your child to get better. The length of time will depend on the surgery done. During your child's clinic visit, nurses and doctors will talk with you about how to take care of your child at home. Keep in mind that even minor procedures are still surgery. Your child should plan to take it easy for a while.

The Day of Surgery

On the day of surgery, check in at your scheduled time at the reception desk on the 3rd floor of AFCH. You will be checked into a private room where a nurse will ask you questions. Anesthesia staff will see you and your child. Liquid medicine may be given to help your child relax 30 minutes before going to the operating room. When it is time to fall asleep some children may fall asleep with a clear mask over



their nose and mouth. Some children may get some medicine through a plastic tube in their arm call an IV. This medicine helps them to fall asleep. Younger children have the IV started after they are asleep. The Child Life program at AFCH is made up of trained professionals with backgrounds in child development. Certified Child Life Specialists help children, adolescents and families cope with the fear and anxiety of being in a hospital.

In the Operating Room

One parent may be allowed to go into the operating room (OR) and stay until the child is asleep. Anesthesia will discuss this with each parent the day of surgery. Parents of very young infants will be asked to wait in their child's room. The anesthesiologist will discuss this with you on a case by case basis.

The OR is cold and bright. Here are a few things you can expect to happen and things you may see while in the OR:

- The OR will be brightly lit. A nurse will be there to explain what is being done.
- Once in the room, your child will be moved to a narrow, firm bed with a safety belt much like a seat belt.
- A blood pressure cuff will be put on your child's arm.
- Sticky patches will be placed on your child's chest to watch their heartbeat.
- A special tape or lighted clip will be put on their finger or ear to check the oxygen level in the blood.
- While in the OR, you may see staff wearing masks, gloves, and goggles.

Waiting for Your Child

The time your child spends in the OR depends on what is being done. Your nurse will tell you where to wait depending on the estimated length of your child's surgery. If your child's procedure is more than 60 minutes you will be given a pager. If you wish to leave the area, please take your pager with you. This allows us to page you back when the surgeon is ready to talk with you. Please do not leave the AFCH for any reason.

For longer surgeries, we will give you an update about every hour as well as when surgery is almost done.

All children under age 18 must have a parent or legal guardian remain in the hospital during surgery.

Recovery Room

You will be able to go to the recovery room once your child is awake and settled. Nurses will check your child's blood pressure, pulse, and incision. This may be done often depending on the type of surgery your child had. You may notice beeps and sounds from machines used in the room.

In the first half hour after waking up from surgery your child may appear very unhappy and upset. Children often wake up from anesthesia quite confused and very agitated. This agitation is not always related to the amount of pain they feel. This will slowly improve as your child becomes more awake. Two adults are allowed in the recovery room.



Dealing with Pain

Our goal is to help your child have as little pain as possible. Even so, your child may have some pain. The steps below may be helpful to you and your child.

- Ask the nurse or doctor what kind of pain your child might have and what can be done to help decrease your child's pain.
- Talk with your child about how to describe and rate pain.
- Older children may be able to use a number rating scale.
- Younger children can be taught to use this pain face scale.

Faces Pain Scale Revised (FPS-R)



The face on the left shows no pain and the face on the right shows a lot of pain. Your child will be asked to point to the face that shows how much hurt they are having right now.

Help the nurses and doctors assess your child's pain and let them know what helps to make your child feel better.

Pain medicine may cause your child to feel drowsy or lightheaded. When you get home and if your child is old enough, do **not** allow your child to drive, drink alcohol, or do jobs that require alertness.

Outpatient Surgery

Your child's surgery is scheduled as Outpatient Surgery. You will be able to take your child home the same day. When your child is ready, a nurse will take you and your child back to the room in the Pre/Postoperative area. Nursing staff will keep checking on your child. Our goal is to make sure your child is as comfortable as possible after the surgery. The length of your child's recovery time before going home varies.

First Day Surgery

Your child's surgery is scheduled as First Day Surgery. This means that your child will be staying in the hospital after surgery.

Depending on the type of surgery, your child may have:

- An **IV** which is placed in a vein to provide fluids and medicine until your child can drink fluids well.
- A face mask or tube under your child's nose to supply **oxygen**.
- A **monitor** to record heart rate and breathing.
- A **catheter** to drain urine from the bladder. Your child may have the urge to urinate even though the bladder is empty.
- An **NG (nasogastric)** tube through your child's nose into the stomach to help prevent nausea and vomiting.
- **Wound drains** to help the incision heal.

You and your child will be taken to one of the inpatient floors when your child is ready to leave the recovery room. Once your child is settled into one of the private rooms, nursing staff will check on your child often. Each room has a bathroom and a couch/bed for one parent. In the Pediatric Intensive Care Unit (PICU), a sleeping room may be provided for both parents.

Your child may not be able to eat right away since eating can cause nausea or vomiting. Depending on the surgery your child had and how well your child can take fluids, your child's diet will change from clear liquids (Pedialyte[®], juice, or gelatin) to full liquids (formula, milk, or ice cream) to solid foods.

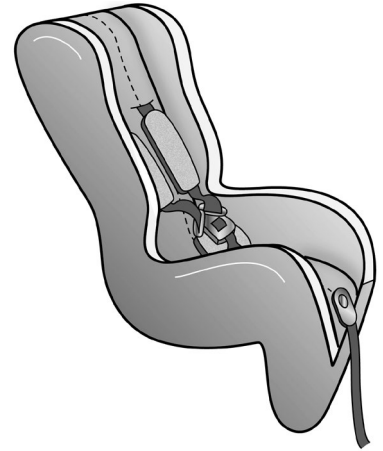
Your child will be asked to take deep breaths. The nurse will help you hold your young child if needed. As soon as the doctor allows, your child will be able to slowly resume normal routines. For those children who cannot walk, strollers, wagons, and wheelchairs will be used. When able, your child may take part in the playroom or schoolroom.

Going Home

If your child has outpatient surgery, we make every effort to send your child home on the same day. There is always a chance your child will need a short hospital stay. If we have any concerns, we will have your child stay until he is well enough to go home. Parents may stay overnight if this should happen.

If your child has First Day Surgery, the length of the stay in the hospital depends on the type of surgery. Before leaving, we will talk with you about how to care for your child at home. You will receive prescriptions for any medicines your child will need which can be filled here, at your HMO pharmacy, or at a place of your choice. Please bring your insurance card.

You may want to have someone else drive so that you can take care of your child on the way home. **Please bring your child's car seat for the ride home.**



List any questions you may have.

Important Phone Numbers

If you have questions about surgery or any other service, please call.

Admissions and Insurance Advisors (Financial Counselors) E5/213	(608) 263-8770
AFCH General Information	(608) 890-8000
AFCH Surgical Services Unit Pre/Post Surgery	(608) 890-6900 or (608) 890-9994
Billing Office	(608) 262-2221
Child Life Specialist	(608) 890-7888
Hospital Paging Operator	(608) 262-2122
Housing Accommodations and Ronald MacDonald House	(608) 890-8000
Spiritual Care Services	(608) 263-8574
Patient & Family Learning Center	(608) 890-8039
Patient Relations Office	(608) 263-8009

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 4/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4292