

Preparing Children for Surgery

What can I do to prepare my child for surgery?

It is important for you to be prepared and feel comfortable about your child's surgery because your child will react to you. Children pick up on unconscious signals from their parents, so if you are anxious, your child may be anxious too. Make sure you have your questions answered, and then try to relax as much as possible. Some parents and older children may benefit from our mind-body class "Prepare for Surgery, Heal Faster" program. For more information or register for this program, call us at 408.236.4466

Should I discuss surgery with my child?

If your child is old enough, it is helpful to discuss surgery with your child. He/She will then have the opportunity to discuss what to expect on the day of their surgery. This helps reduce separation anxiety along with reducing anxiety about the surgery. It is also helpful to be calm and reassuring in the preoperative waiting room.

Can I be with my child before surgery?

Parents are allowed to be with their child in the preoperative area until the child is taken into the operating room. Parents are not allowed in the operating room to observe administration of anesthesia or surgery.

What should my child eat before surgery?

A full stomach increases the risk during anesthesia/surgery because the food could enter the lungs if vomiting occurs. Please follow these guidelines:

Stop food after midnight the night before surgery.

Stop milk or infant formula six (6) hours before surgery.

Stop breast milk four (4) hours before surgery.

Stop clear liquids (water, clear juice) three (3) hours before surgery.

What should we expect while waiting for surgery?

When you arrive at the preoperative waiting unit, the nurse will ask your child to put on a hospital gown. The nurse usually checks the pulse and breathing rate and make sure all the required documents are completed. There are toys your child can play with while waiting for surgery. It is best to bring a toy your child is most familiar with.

If your child is anxious or cries when he/she leaves you, the anesthetist may order a dose of liquid sedative to take by mouth. The liquid sedative usually takes 15-20 minutes to take effect.

The nurse who will be with your child in the operating room will come to see your child about ten (10) minutes before surgery. He/She will double-check the paper work and may verify again the type of surgery, your child's allergies, etc.

The anesthetist will also come about ten (10) minutes before surgery. He/She will perform the preoperative anesthesia evaluation and discuss the type of anesthesia and how the anesthetics are administered. The anesthetist will be able to answer any questions you have at that time.

Will my child get any injections or IV fluid before anesthesia?

Most children will not need injection for sedation. IV lines are usually not needed before anesthesia, so the IV is started after the child is anesthetized (asleep).

When everything is ready the nurse will take your child into the operating room. Young children are often carried; older children ride on a gurney.

How is the anesthetic administered?

If your child is old enough (usually 10 years or older), we may start an IV line for fluid and IV anesthetic medication.

Most children will receive the anesthetic agent by inhaling the anesthetic gas (called mask induction) through a mask placed over the face. The anesthetic smells a little like nail polish. The medicine works quickly, so your child will probably be asleep in about thirty (30) seconds.

Who will monitor my child during surgery and what types of monitors are used?

An anesthesia provider will always be with your child during the surgery. Many times we place monitors on your child before starting anesthesia. We will monitor your child's blood pressure, heart rate, respiratory rate, blood oxygen concentration and the amount of anesthesia being administered. Your child may remember a stethoscope (cold) and an oxygen sensor (similar to a Band-Aid with a light in it).

Will my child have a breathing tube?

The use of an endotracheal tube (breathing tube) in children is common. This tube is inserted after the child is asleep. Depending on the type of surgery, your child may or may not have a breathing tube.

How soon after surgery can I see my child?

One parent or guardian will be allowed in the recovery room when the child is awake enough to respond to verbal commands. This usually takes about 20-30 minutes after surgery. You will be called to be with your child in the recovery room once the anesthetist and nurse are sure he/she is medically stable. The recovery room is a busy place with other recovering patients, so your presence will be reassuring to your child.

Children often cry and are fussy in the recovery room even if they don't feel pain, because of the disorienting effect of the anesthetic, hunger and the unfamiliar place and people. The nurse will be able to give pain medication to supplement the medicine given in the operating room, if your child experiences pain.

What are the risks of anesthesia?

Anesthesia is generally safe in healthy children. There is always the potential danger of complications including death or serious injury. Fortunately these complications are rare. We use high quality monitoring equipment and are equipped for pediatric emergencies. A member of our anesthesia team will monitor your child's safety during the entire surgery.

What are the side effects of anesthesia?

Nausea and vomiting are common after surgery. This may last several days but usually goes away after the first day. Sore throat or hoarse voice sometimes occurs and may take three (3) to four (4) days to clear.

If you have any questions or comments about your child's anesthesia care, please call our comments line at 408.236.5776. You will be asked to leave a message on our machine. an anesthesiologist will call you on the following business day.