

I'm having surgery!





To make you and your child more comfortable about surgery, please take a few minutes to look through this Picture Book Tour.

It provides simple explanations of each area as part of your surgery.

Important Pre-Op Instructions

Hospitalization can be an anxious and stressful time for children and their families. Your child will require special attention so it's important to make other arrangements for siblings.

Remember, the calmer you are, the easier it will be for your child to adjust to the idea of surgery and remain calm. The time of surgery could change and the post-operative recovery period can be unpredictable so plan to spend the entire day at the hospital. Be honest with your child and provide simple explanations of what to expect.

The night before surgery, do not give your child any solid food after midnight. Up to two hours before you arrive at the hospital, your child can have clear liquids only. Clear liquids include water, Kool-aid, popsicles, Jello and Pedialyte. No formula of any kind.

Remember, your child is NOT to eat or drink anything in the two hours before you arrive at the hospital—no water, candy, gum, mints, food or drink of any kind.

A parent or legal guardian must accompany your child the entire day of surgery.

After surgery, you can provide your child a bottle or a sippy cup with formula in it.

Welcome



“Hi! I’m Ted E. Barnes! I’m here to take you on a picture book tour so you can see some of the people who may take care of you while you are in the hospital. Here we go!”

So you need surgery...



“At ENTA, our doctors have determined that you need surgery. While you are here, please feel free to play in our children’s area. You will find video games, books, toys, and cartoons or movies playing. We hope you enjoy your visit.”



Getting ready for surgery

“Your doctor may want you to visit the DMH Outpatient Care Center before your surgery. Here, the nurses will see how tall you are, how much you weigh, take your temperature and maybe draw blood from your arm. The nurses will ask your family some questions about you. Then you and your family will talk to an anesthesia nurse who may care for you during your surgery.”



The morning of surgery



“You and your family will answer questions at the Same Day Surgery desk in outpatient registration. You and your family will then be taken to the preoperative area.”

“This is where you get ready for surgery. You will change into a hospital gown, hat and slippers. Then you can watch television while lying on a bed or sit on your family’s lap. You can even bring your



favorite toy or blanket to keep with you all day! The nurse will take your temperature, blood pressure and listen to your heart beat. Small round patches (like stickers) will be placed on your chest so your doctor can see your heart beat during surgery. Then your family will be asked questions about you and how you are feeling, so be sure to talk to the nurses and doctors. They will take good care of you.”

Traveling to surgery



“When the doctor is ready for you, your nurse will meet you and your family and ask a few questions. Then it will be time to go to the operating room. You can bring a favorite toy or blanket with you. You can choose to ride on a special bed, walk or be carried to the operating room while your family goes to a waiting room.”



In the operating room



“This is the operating room. It has a machine that helps you rest, a bed with a seat belt and a special mask that you will take big breaths from (like a space pilot wears).”



Surgery family waiting room



“While you are in surgery, your family will wait nearby with other families. After your surgery, your doctor will tell your family how well you did and that they can see you soon.”

What happens after surgery

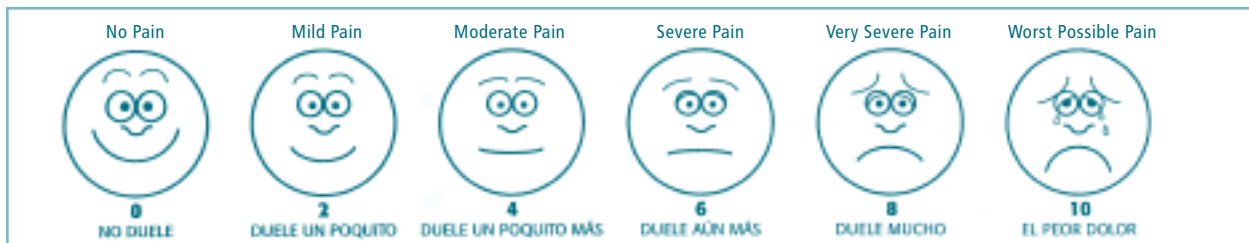
“After surgery, you will be wheeled while on your bed to the ‘wake up’ room. Sometimes we hold you until it’s time to see your family. You may see tubing taped to your hand (IV), but this will be taken off when you get ready to go home. When you wake up, you will go see your family!”



Your last stop before home!



“The DMH post-operative area will be the last place you visit before going home! Your family will join you here. You will be asked to rest, nap or watch television. The nurse will peek in your mouth with a flashlight or look in your ears. She will also check how you are feeling by asking you to point to a picture that has “smile” faces or “frown” faces.



Please note: if you are having your tonsils out, it's very important to drink lots of apple juice, Gatorade, water, and of course popsicles after your surgery! The more you drink the sooner you will be able to go home!”

Good Bye!



“When you have done a good job of drinking “lots” and your throat or ears feel good, the nurse will check your temperature and then you can get dressed to go home. You can leave in a wheel chair, have your family carry you or take a ride in a big red wagon!”

Instructions for going home

Myringotomy and Tubes

An ear with a tube rarely, if ever, gets infected especially if the ear is kept dry. Proper care should result in few, if any, problems. See below.

To help reduce the likelihood of an infection developing, you will be given a prescription for antibiotic ear drops after surgery.

Please note: After inserting a ventilating tube, it is not uncommon for an eardrum to look a little red or discolored. To your pediatrician or family physician, the ear may look “infected.”

Drainage

An ear with a ventilating tube should not drain.

However, if the ear does become infected, a white sticky, stinky pus-like fluid will leak out the tube and out the ear. This is abnormal; not an emergency. Notify your doctor within 24 hours for corrective therapy.

Drainage may also be yellow or bloody and can occur for a variety of reasons and is not a cause for alarm. It could indicate an infection; it could imply that due to a cold or respiratory infection mucus is accumulating in the back of the nose and is running into the ear. If the tube weren't there, an infection could develop. Unusual drainage does not always indicate that an oral antibiotic is necessary. Just get the drainage checked out within 24 hours. Call our office if you have questions or concerns.

Keep ears dry

Do your best to keep water out of the ear. Do not be alarmed if a small amount enters the canal accidentally. This is unlikely to cause any serious problem.

To keep the ear dry, we recommend custom-made ear plugs. We also provide over-the-counter plastic ear plugs. A small amount of cotton coated with a little bit of Vaseline will also work to keep the ear dry.

Follow-up appointments

Unless otherwise indicated by your physician, contact our office to schedule a follow-up appointment one month after surgery. This appointment can be made at your convenience during normal business hours.

In general, tubes stay in place six to nine months before coming out on their own. They may, however, fall out prematurely. The goal is to keep the tube as long as necessary to prevent hearing problems. Tubes that stay in for several years should not be a concern, but should be checked periodically.

Tonsillectomy and adenoidectomy

After tonsil and/or adenoid surgery, patients often go home that same day. However, not all are able to tolerate sufficient liquids by mouth and some remain nauseated after the anesthetic. Do not be alarmed if your child needs to remain over night. Your physician will be notified and special orders will be followed.

Expect throat, ear pain

Following a tonsillectomy and/or adenoidectomy, expect throat and ear pain. The severity varies but can keep the child from sleeping at night. This is normal. A slight fever, gurgling sound in the throat, blood tinged sputum, muffled speech, difficulty swallowing and nausea are common for up to five days.

Medications

For younger children, use liquid Tylenol. In general, a dose should be given every three or four hours around the clock. Do not wait for the previous dose to wear off before giving next. If a high fever develops (over 102 degrees), be sure to give Tylenol and consider a sponge bath. If the temperature persists for several hours, contact the physician or the office.

Bleeding

Excessive bleeding is a MAJOR concern. Bring the child directly to the Emergency Room.

Appearance at back of throat

For a few days following a tonsillectomy, the back of the throat will look pasty. This pasty material is actually an oral bandage and may have an unpleasant odor.

Activity

For most children, three to four days of restricted activity is appropriate. After that, children can resume activities as tolerated.

Diet

Most importantly, keep children hydrated. All liquids and soft foods are permitted. For four or five days, custards, puddings, ice cream, cooked cereal, soft boiled eggs and gelatin are good selections. Avoid crunchy foods, such as potato chips, popcorn, crackers, pretzels, cracker jacks, etc., for five to six days. Also avoid chocolate and foods that are red or orange in color; these foods may mask bleeding.

Thank you



Thank you for choosing Decatur Memorial Hospital for your surgical needs. We will make every effort to ensure that your surgical experience at DMH is as comfortable and as informative as possible. If you have any questions or concerns, please do not hesitate to ask. If you would like your child to have a preoperative tour, please inform your doctor.



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