



# PATIENT INFORMATION

## Your Child's Chest Wall Surgery

### Getting Ready for Your Child's Chest Wall Surgery

Some children are born with or develop a deformity of their chest wall. These deformities can cause pain, exercise intolerance, shortness of breath and even issues with body image. WakeMed pediatric surgeons are experienced in correcting these deformities and we thank you for entrusting us with your child's care. If you have any questions, please call 919-350-8797.

#### TESTING

Your child may need one or several of the tests below to help us evaluate your child's condition and determine if surgical correction is appropriate.

- CT scan of the chest (determine the severity of the chest defect)
- Echocardiogram (ultrasound of the heart)
- Pulmonary function testing
- Metal allergy testing

#### LEARNING ABOUT THE HOSPITAL

Free tours of the WakeMed Raleigh Campus Day Surgery Center conducted by our child life specialists are available to children, teens and their families. Our surgical scheduler will be happy to arrange a tour for you.

"Tourists" will have the opportunity to see the pre-op area, view photos of the operating room and recovery room and walk through the WakeMed Pediatric Unit, where your child will stay overnight after surgery.

The tours are designed by WakeMed child life specialists to help reduce fear and anxiety, increase understanding about what happens in the hospital and provide an opportunity for you and your child to ask questions.

#### FIVE DAYS BEFORE SURGERY

During your child's hospital stay and after surgery, your child will receive narcotics to relieve pain. The most common side effect of narcotics is constipation. To help prevent narcotics-related constipation after surgery, have your child take one capful of Miralax each day for five days before surgery.

Two days before surgery, your child should also drink a 10-ounce bottle of magnesium citrate. Both Miralax and magnesium citrate are available without a prescription at pharmacies and places like WalMart.

#### THE NIGHT BEFORE SURGERY

To help prevent infection after surgery, your child will need to shower with chlorhexidine gluconate (CHG) soap the night before surgery and the morning of surgery. A common brand name for CHG soap is Hibiclens, but all brands of CHG soaps are acceptable. You are welcome to buy and use the soap in a liquid form or in a scrub brush applicator.

The CHG soap is only used from the neck down. Your child can wash his or her hair with shampoo and use regular soap on his or her face, being careful to rinse well to remove all soap residue.

Your child should wash with the CHG soap for at least 5 minutes, paying extra attention to the areas where the surgery will be performed. After rinsing off the CHG soap, your child should use a clean, soft towel to dry off.

Your child should also wear clean pajamas and sleep on clean sheets the night before surgery.

Because your child will be having anesthesia, his or her stomach needs to be empty during surgery. Therefore, your child cannot eat or drink anything after midnight the night before surgery.

If you have any questions, please call us at 919-350-8797.

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## After Your Child's Procedure

Your child's positive, progressive recovery after chest wall surgery requires a team effort that involves you, your child, the surgeons, nurses, physical therapists and child life specialists. Patients recover and heal in different ways. The following information offers general guidelines that apply to most, but not all, pectus patients.

### THE DAY OF SURGERY: AFTER THE PROCEDURE (POST-OP)

- Your child can have liquids to drink and will eventually advance to a regular diet today or tomorrow.
- Ways we keep your child comfortable:
  - Patient-controlled anesthesia (PCA) pump of an IV narcotic pain reliever
  - Many patients will have two On-Q pain catheters just under the skin where the surgery was performed to provide pain relief with numbing medicine.
  - Muscle relaxants for muscle spasms
- Nurses will assist your child with positioning in bed, sitting up in bed or sitting on the edge of the bed, depending on your child's level of pain.
- A respiratory therapist will show you and your child how to use the incentive spirometer to perform deep breathing exercises.
- Your child will have a Foley catheter inserted in his or her bladder.

### THE DAY AFTER SURGERY: POST-OP DAY 1

- Depending on how well your child is tolerating a regular diet, the doctor may order the PCA pump to be stopped. Your child will then begin taking oral pain relieving medication instead.
- The Foley catheter will be removed from your child's bladder.
- Encourage your child to continue doing deep breathing exercises using the incentive spirometer as per the physical therapist's instructions.
- Your child will have a chest X-ray to evaluate how his or her lungs are doing.
- Physical therapy will include:
  - Gradually raising the head of the bed
  - Standing for a few minutes
  - Walking with assistance
  - Sitting in a chair for at least one meal
  - Education on what your child can and cannot do

### 2 DAYS AFTER SURGERY: POST-OP DAY 2

- Encourage your child to continue doing deep breathing exercises using the incentive spirometer as per the physical therapist's instructions.
- If your child is constipated (no bowel movement), he or she will be given a Dulcolax suppository.
- Dressings will be removed from the incision.
- Your child will continue to use oral pain medication and On-Q balls.
- Physical therapy will include:
  - Walking with assistance
  - Sit in chair for all meals
  - Therapeutic exercises

### 3-5 DAYS AFTER SURGERY: POST-OP DAYS 3-5

- Your child will be able to go home three to five days after surgery, depending on his or her recovery.
- On-Q catheters will be removed from the IV pump and will be attached to two balls filled with pain medicine. You will take them home with your child.
- If your child has not had a bowel movement, the nurse will give your child an enema. Your child must have a bowel movement before he or she goes home.
- Your child's IV will be removed before going home.
- Encourage your child to continue doing deep breathing exercises with the incentive spirometer.
- Your child can shower.
- Physical therapy will include:
  - Stair training
  - Walking with assistance
  - Therapeutic exercises
  - Home education and training
  - After therapy, your child can go home on the day your child's doctor and the physical therapist clears your child for discharge.

## Going Home

- Your child can go home (be discharged from the hospital) if:
  - His or her pain is relieved with oral medication
  - He or she has been cleared by physical therapy and the doctor
  - He or she has had a bowel movement
- You will be given prescriptions for pain medication and muscle relaxers for your child. You can have them filled at your pharmacy or at the WakeMed Outpatient Pharmacy, located near Au Bon Pain on the main floor of the Raleigh Campus so you do not have to make another stop before going home.
- Continue to give your child over-the-counter stool softeners as recommended by your child's physician until your child is no longer taking prescription pain medication.
- Motrin (ibuprofen) should also be used as needed for pain.
- Your child will be discharged from the hospital with On-Q balls (one on each side of the chest) for pain relief. You can remove the balls at home once they are empty (in 3 to 4 days). You will receive instructions about how to remove the On-Q balls before your child leaves the hospital.
- Most insurance plans cover the cost of putting a hospital bed in your home that your child can use throughout his or her recovery (4 to 6 weeks). Your child's case manager will discuss this option with you.
- Before your child leaves the hospital, a follow-up appointment with the pediatric surgeon will be scheduled.
- Your child should not attend school for two to three weeks after discharge from the hospital. The pediatric surgeon will discuss your child's return to school during the follow-up appointment.

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