Children’s Surgical Services

WAKEMED PATIENT GUIDE
patient name

surgeon's name

surgery date and time

arrival time
Two hours before scheduled surgery time unless otherwise instructed

pre-op phone call OR pre-op on-site
appointment visit appointment
date/time date/time

IMPORTANT
See page 4 for information about pre-op phone calls/visits and food and beverage restrictions. See page 7 if you are not the biological parents.

Pre-op Health
Sometimes a recent illness may affect how a patient reacts during surgery and anesthesia. If the patient has any of these symptoms recently, please call your surgeon and/or pediatrician:

• Fever • Runny nose or Cough
• Wheezing • Vomiting or Diarrhea

When you arrive on the day of surgery, please let the nursing staff know about any new symptoms or problems. Your surgeon and anesthesiologist need this information to determine how to best care for your child.
Hi! I am at WakeMed because I have to get my tonsils taken out. I was a little scared, but my mom said they will take good care of me. When I first arrived, I went to the Day Surgery Registration Desk to check-in. They gave my mom a pager to keep her updated about my surgery.
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Pre-admission Tours

WakeMed’s Day Surgery Center offers pre-operative tours and support to assist you in preparing your child or teenager. This tour is both educational and interactive, and provides an opportunity to familiarize both you and your child with what to expect on the day of surgery. We use child and family friendly language to help your child understand what to expect the day of their procedure. These tours include a combination of teaching techniques such as a walking tour of pre-op and the recovery room, photos of the operating room, and learning about medical equipment, such as an anesthesia mask or IV. Medical play with pretend or actual medical equipment may also be included depending on your child’s age.

Visiting the hospital before admission helps children and adolescents cope with their fears and anxiety. It can also assure them that there is a beginning and an end to a hospital stay. Brothers, sisters and other family members are welcome on the tour. Please call 919-350-7166 to set up a tour or for more information.

If your child’s surgery is scheduled at WakeMed Cary Hospital, please call 919-350-2437 for more information. If the surgery is scheduled at WakeMed North Healthplex, call 919-350-1301.

Day Surgery Center

Two types of patients come to the Day Surgery Center:

• **Outpatients** - patients who have their procedure or surgery and go home the same day.

• **Outpatients to be admitted** - patients who come to the Day Surgery Center the same day as their procedure or surgery and are admitted to a hospital room from the recovery room.
Patient Registration and Parking
The Patient Registration entrance is located just past the Andrews Center. On the day of your surgery, patients should park in the Orange Deck (P3) across from Patient Registration. Family and friends not accompanying the patient on the day of the procedure, or those visiting on days following the procedure, should park in the P1 Visitor Parking Deck and take the pedestrian bridge that connects to the first floor Visitor Lobby. Please see the enclosed map for directions to P1.

Pre-operative Visits/Phone calls
You may be scheduled for a pre-op phone call (or visit) to assist the hospital in gathering information before the day of surgery.

Certain chronic illnesses may affect the way your child is cared for during surgery or anesthesia. If your child has any of the following illnesses, or any other chronic disease, make sure your surgeon and hospital personnel are aware, and make sure your child’s pediatrician is aware that he/she is having surgery.

- Asthma
- Diabetes
- Sickle Cell Disease
- Obstructive Sleep Apnea
- High Blood Pressure
- Heart Disease
Day of Surgery

• The night before surgery, do not let your child eat or drink anything between midnight and the time of surgery, unless approved by the anesthesiologist. This includes water, juice, coffee, candy, chewing gum and breath mints. Your child may brush his/her teeth the morning of surgery, but do not let them swallow any water. It is safer to be sedated or go to sleep for surgery with no food or liquid in your stomach.

• Do not take insulin, diabetes pill or diuretic (fluid pill) prior to surgery on the morning of surgery.

• On the morning of surgery, unless instructed otherwise by the anesthesiologist or surgeon, your child should take his/her heart, blood pressure, seizure, or allergy/asthma medicine with two tablespoons of water. Medicine for pain (other than aspirin) or anxiety may also be taken as needed.

• Be sure your child has a bath or a shower and adequate rest. Patients should not wear fingernail polish or heavy make-up (particularly mascara).

• Check-in at the Day Surgery registration desk at least two hours prior to your child’s scheduled surgery or procedure (unless otherwise instructed by your physician’s office).

• Leave luggage for overnight stay in the car until you have a patient room number. No lockers are available, and we don’t want you to unnecessarily carry it around all day.

• Remove contact lenses.

• Leave valuables at home, including jewelry and money. Patients will be asked to remove all jewelry before surgery.
The use of cellular phones is restricted in critical care areas of the Day Surgery Center. They may be used in the waiting room areas. Wireless internet is available free of charge in the waiting room areas.

- Have your child or teenager wear comfortable clothes that are easy to take off and put on.

**What to Bring**

- If you are the parent of an infant or toddler, please bring a favorite empty bottle or sippy cup for your child to drink from after surgery is complete. Appropriate clear liquids will be provided.

I got my very own ID band that has my name, birthday and other information about me on it. This lets all of the doctors and nurses know who I am while I am in the hospital. I even get to take it home with me!
• It can be helpful for your child to bring a security object with him/her, such as a blanket, favorite stuffed animal, pacifier or special toy. Older children may want to bring fun or relaxing activities to do before the procedure.

• If you are staying overnight, you might want to bring a favorite pillow or pictures.

• Bring a list of all medications that your child or teenager is taking, including dosage amounts, or bring the medications themselves.

• If you are not the biological parent but have legal guardianship, please bring the appropriate supporting documents or records. Proper identification is required to obtain consents.

• Parents should bring an extra outfit.

**Siblings and Other Children**

• Make alternative plans for brothers and sisters. The day of surgery can be very stressful for parents and children. We recommend that you only bring the child scheduled for surgery to the hospital so that you can direct your full attention to him or her.

• If it becomes necessary to bring other children, please be sure that another adult accompanies you to stay with the children while one or both parents stay with the patient in the recovery room.

• Children are not to be left unattended in the waiting room.

**Anesthesia**

• Your anesthesiologist will meet with you in the pre-operative waiting area to discuss your child’s plan of care.
Most of our children and teenagers having surgery receive general anesthesia. This means that they will sleep very deeply during the operation.

Many children benefit from a relaxing medicine, which helps to reduce anxiety. It is given before surgery in the form of syrup, although in young infants is not necessary.

Generally for younger children, anesthesia is given with a mask, since they tend to have a more difficult time with needles. In the operating room, your child will gently breathe in the anesthetic medicines until asleep. After your child is asleep, an IV is inserted to give fluids and any additional medicine.

For older children and teenagers, the IV is started in the pre-operative area, and the anesthesia is given through the IV once in the operating room. We have different forms of numbing medicine to help when starting an IV.

In our experienced hands, each of these techniques is equally safe.

The likelihood of encountering serious complications during routine surgery is extremely low. Children may have minor discomfort such as a sore throat and nausea.

The rare but serious risk with general anesthesia is vomiting and inhaling food or liquid into the lungs when asleep. This is the reason for the rules about not eating or drinking for a certain amount of time before surgery. The anesthesia provider will watch for any damage to teeth or lips while maintaining an open airway after anesthesia is started. Other anesthesia concerns include any side effects or allergic reactions to medicines. Your child’s personal history and family history will be carefully checked before anesthesia is started.
Anesthesia can affect your child’s behavior in many ways. Some children will remain very sleepy and lethargic when waking up; others will be restless, crying and agitated for up to an hour or more. Pain and nausea medicines are routinely started before your child awakens; however, more are added in the recovery room if needed.

As anesthesia wears off, your child will begin to behave like himself again. Peace and quiet is best for anesthesia recovery so it is important not to over-stimulate your child in the recovery room. Please be careful to make sure your child does not pull the IV out.

Typical Day of Surgery
The following schedule will assist you and your child through the steps of surgery. This information is intended to give you a general overview of your child’s surgical schedule. Please keep in mind that some things will vary depending on each individual situation.

Registration
- Enter through the Patient Registration entrance.
- Travel up the escalator or elevator to the Day Surgery registration desk, let the receptionist know you have arrived.
- You will be given a pager that will keep you updated about your child’s surgery.
- An admitting counselor will verify all patient information in the computer and ask you to sign consents for treatment and insurance billing.

Pre-op (pre-operative area)
You and your child will be directed to the pre-op area where a staff person will greet you, check your child’s weight and escort you to the pediatric pre-op area.
While I waited for my surgery, I got to color on the sheets with Kathleen, a child life specialist. Don’t worry – the markers are washable.

In pre-op, your child will change into a patient gown or “hospital pajamas.” After your child has changed, they can play in the playroom or do other activities.

In this area, you will meet with your child’s pre-op nurse, doctor, anesthesiologist and other surgical staff. As part of our ongoing efforts to ensure the utmost safety for our patients, you may be asked the same questions by more than one caregiver. The staff responsible for your child’s care will verify who your child is, what kind of surgery he/she is having, and the part of your child’s body on which surgery is to be performed. You will be asked these questions many times. Staff will also double check what
you tell them against the documents from your child’s doctor’s office. While it might seem redundant, it is an important part of our quality assurance process.

Depending on the type of surgery your child is having, the parent or child and a member of the health care team will mark the correct location on your child's body on which the procedure is to be performed. Called site marking, this is a critical step in ensuring your child’s safety and preventing errors, especially if your child is having surgery on one of his/her legs, hands, fingers, eyes, ears, etc.

The nurse will give your child a quick check-up (perform a pre-operative nursing assessment). The nurse may also have additional consent forms for you to read and sign.

Your child can play with toys, books and puzzles or watch a movie while you are waiting.

You will also meet a child life specialist who can help calm your child’s fears by preparing them with words, pictures and “play doctor” items. She can also teach your child ways to cope with the different “hard parts” of the day. Children usually do better if they know what will happen, how it will feel, and what they are expected to do.

Two family members are able to be with the child or teen in the pre-op area. Your child will be picked up in this area by the operating room nurses.

Do not bring food or drink into this area for infection control reasons and as a courtesy for patients who cannot eat or drink.

**During Surgery/Waiting Room**

After your child goes to the Operating Room, please return to the waiting room. The pager, given to you at registration, will go off when the doctor is ready.
to speak with you, and again when it is time to be with your child in recovery.

Families should wait in this area until surgery is over. It is necessary that a parent or caregiver remain in the waiting room at all times while your child is in surgery. We need to be able to find you if there are concerns. The surgeon will discuss your child’s procedure with you after surgery in the waiting room. While you’re waiting, make a list of any questions you want to ask your child’s physician or nurse.

Just before the surgery begins, the entire surgical team will take a “time out.” During this time out, the members of the team assure that they are performing the correct procedure at the correct site and on the correct person.
After Surgery

Outpatients Only
A patient’s stay in the recovery room may be as little as 30-45 minutes or up to two hours. Your child may still be sleepy when discharged. Once with your child, it can be helpful to do things that usually soothe your child when they are scared or upset. You may want to hold and rock them, sing to them or let them cuddle with a stuffed animal or blanket.

In the recovery room, most children will be able to have juice or soda to drink. We also have popsicles available. Milk products (and formula) are not given immediately following surgery.

Discharge Information
You will receive verbal and written discharge instructions on the care of your child at home, as well as any prescriptions. Most of the operations performed in day surgery require very little physical care other than occasional dressing changes. You will be given the telephone numbers of the surgeon and anesthesiologist on call if you have any questions later that day. A nurse will call you a day or so following the surgery to see how you and your child/teenager are doing.

Other Helpful Information
• You should also plan to have yourself or a responsible adult stay with your child or teen during the first 24 hours after the surgery.
• Ask the doctor when your child or teen can resume normal activities, such as play, school, exercise or work.
• Teens of driving age need to avoid driving for 24 hours.
• Avoid tasks that involve the use of appliances or machinery.
• Avoid alcoholic beverages.
• Avoid making critical decisions.
• When possible, two adults should escort your child home so one can drive while the other cares for the child.

**Surgery May Be Cancelled If...**

• Food and drink guidelines are not followed.
• You arrive late on the day of surgery.
• There are unexpected changes in your child’s medical condition.

Call the doctor prior to surgery if your child has a cold, fever or other illness or if your child has been exposed to a communicable disease, like chicken pox. If you need to cancel your appointment for surgery, please contact your physician.

**Billing**

Payment for services will be arranged at registration. If you have questions about payment, please call the Business Office at 919-350-8359 between 9 am and 6 pm, Monday through Friday. Depending on your insurance coverage, you may be asked for a deposit or copayment.

Please bring your insurance card and any claim forms required by your insurance company on the day of surgery so we can file claims related to your child’s procedure.

Remember to contact your insurance company prior to surgery to determine if pre-certification or a second opinion is required. You will be billed separately for the anesthesiologist’s, surgeon’s and radiologist’s services.

The operating room isn’t scary because the child life specialist stayed with me the entire time. One of the rooms even has Winnie-the-Pooh painted on the walls.
FAQ’s

How can I prepare my child?
Be truthful with your child. Both children and teenagers tend to be less fearful and have a far better experience if you are honest with them. They need to be able to ask questions, express their concerns and be responded to openly and honestly.

When should I tell my child about the surgery?
If your child is very young (up to 5 or 6) or anxious, you may want to wait until just a few days before surgery to tell your child. If your child is old enough to understand (usually around age 7), a week before surgery is enough time. It is usually best to tell your older child or teenager about surgery as soon as it is scheduled.
What should I tell my child about surgery?
Surgery helps the body get better and is not a punishment. Share what will happen while they are in the hospital using words they can understand for their age and development, what things might look, sound or feel like; if there will be any bandages, scars or physical changes. Let them know all their feelings are normal and help them identify ways to cope with their feelings. For assistance with this, call our Child Life Specialist at 919-350-7166.

Why can’t my child have anything to eat or drink before surgery?
We cannot stress enough the importance of the rule for no food or drink before surgery. General anesthesia is safest when given on an empty stomach. The presence of food or fluids in a child’s stomach can cause life-threatening complications. You will be given instructions regarding when your child must quit eating and drinking prior to surgery. Children sometimes don’t understand why they cannot have breakfast or something to drink if they are thirsty. Your close supervision is necessary. Surgery is likely to be cancelled or postponed if the diet guidelines are not followed.

Why must we arrive at the hospital two hours early?
Preparations for surgery must be thorough. It takes time for registration, tests (when necessary), examinations and communications with the doctors and nurses caring for your child or teen. This time also allows your child to adjust to the hospital setting.

How much time can I spend with my child?
You can be with your child at all times before surgery in the waiting room and pre-operative room. After
your child goes to the operating room, you will need to return to the waiting room. The pager, given to you at registration, will go off when you are able to be with your child in recovery. The recovery room process varies depending on the type of surgery and whether your child is staying overnight or going home the same day.

Questions Commonly Asked By Kids

Do I feel anything during surgery?
No. You will be given a medicine called anesthesia. This medicine tells your body it is time to sleep. It is a “medicine sleep,” not like sleep during a nap or nighttime sleep. After you receive the medication, you will not feel anything during your operation. After the operation is over, we stop giving you the medicine and you slowly wake up.

What is going to happen to me?
We are going to go to the hospital today for your procedure. You can bring a stuffed animal or favorite toy with you. The nurse is going to listen to your heart and check your temperature. There is a playroom you can play in before your surgery. You will use a mask to breath in the sleeping medicine air and not feel anything during your surgery. When the procedure is done you will wake up and go to the wake-up room and get to see your family. Soon after drinking some juice or eating a popsicle, you will be able to go home.

When will I see my family again?
We will bring you and your family together as soon as possible. Remember that you will always have someone taking care of you until you see your family.
I don’t remember anything from my surgery, but I woke up with my mom next to me. My throat was pretty sore, but a yummy orange popsicle made it feel better.

Reading About Hospitals

Following are some suggestions for books that you can read to your child before your surgery date. Your local library may have copies of these books and others.

• Silverstein, Alvin, MD. *Sore Throats and Tonsillitis*, 2000.

**Helpful Web Sites**

- www.wakemed.org (Click on Children’s, then Surgical Services)
- American Society of Anesthesiologists www.asahq.org (Go to patient education)
- Kids Health Kid’s Page www.kidshealth.org
- PBS Kids http://pbskids.org/itsmylife/emotions/index.html

**E-mail-a-patient**

E-mail-a-patient is a convenient way for friends and family to send a free message to patients staying in our hospital. Simply go to www.wakemed.org and click on “patient & visitor info” and choose “email-a-patient” option. The e-mail messages are put on stationery and delivered to the patient by a volunteer.

**Care Pages**

CarePages is a new, complimentary service offered to all WakeMed patients. CarePages allows patients (or their family members) to create a personalized Web page, allowing them to post online photos and updates about the patient’s medical condition. In response, friends and family can offer their love and support by posting messages on the patient’s visitor message board.
Green Parking for Visitors
Purple Parking for the Heart Center
Orange Parking for Patient Registration, Day Surgery, Medical Office Building and Andrews Conference Center
Yellow Parking for the Andrews Center, WakeMed Faculty Physicians, Clinics, Conference Center and the Center for Innovative Learning
Blue Parking for Employees

CAT Bus Stops
When it was time to go home I got to ride in a wheelchair all the way to the car! Having my tonsils taken out wasn’t so bad after all.