



Planned Surgery Patient Information Pack for Kids





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[My Healthcare Rights](#)

[Top Tips for Safe Health Care](#)



[RCH Kids Health Info - fact sheets](#)



Welcome

Echuca Regional Health (ERH) staff are dedicated to providing patients with the best possible care and service. This patient booklet provides children and their carer/s with information to assist a safe and comfortable planned surgery experience. If there are any queries, please discuss with any member of our staff.

Our Values



Conduct

Patients and visitors may expect that staff demonstrate these values and we ask that patients and visitors also respect these values. We have zero tolerance for physical and non-physical violence.

Having surgery at ERH

Echuca Regional Health is a Victorian public health service which means surgery planning is undertaken according to the [Victorian Planned Surgery Access Policy](#) and reported to the Department of Health [Elective Surgery Information System \(ESIS\)](#).

These policies and reporting systems are designed to ensure patients are treated in turn (regardless of health insurance status), and receive their surgery within clinically recommended time frames.

We are committed to providing services which are patient centred, culturally safe and inclusive for every member of our community.

While preparing for your surgery, if you wish to discuss any specific needs or preferences with our team please call the Planned Surgery Unit on 54 855 378.

Please click on the links below for additional general information.

Refer [Better Health Channel - Planned Surgery](#)

Refer [Better Health Channel - Best care guide for non-urgent planned surgery](#)

Refer [Better Health Channel - Preparing for surgery](#)

Refer [General Information - Private health insurance & informed financial consent](#)



Informed consent

[Informed consent](#) means that you understand your child's condition and provide consent for the proposed medical treatment or surgery.

Before obtaining consent, the doctor has a duty to explain:

- Your child's condition
- All available treatment options
- The expected outcome of the treatment
- Any possible risks and complications
- The success rates for the treatment
- What will happen if the treatment does not go ahead
- Estimated hospital charges or out of pocket fees related to your treatment

It is essential for you to have this information so that you can make decisions about the recommended medical treatment or surgery.

Your doctor has the duty to provide you with this information, but you need to ask questions about anything that you do not understand.

Who can give consent?

On most occasions it is the parent or legal guardian (the person who has legal rights, responsibilities, duties, power and authority to make decisions for a child) who will be asked to provide consent. It is important to understand that children can also give consent in certain cases but their ability to do so depends on their age and capacity to make the decision whether to have treatment. Your healthcare provider can give guidance on the extent to which your child can consent.

Foster carers do not usually hold legal parental responsibility and so the hospital may need to seek advice about who is able to provide consent for a child in an out of home care arrangement, or subject to a Child Protection Order. The office of the Public Advocate can provide direction to both care givers or health facilities.

[Office of the Public Advocate - Medical Treatment - children under 18 years](#)

Pre-operative & pre-anaesthetic review

Some children (but not all) will have a pre-operative nurse review or pre-anaesthetic doctor review before the procedure, which may be in person or over the phone. We will contact you when we have an appointment date and time available.

In person: Ground Floor Lumeah, 231 Leichardt Street (Near Austin Pathology)

If you cannot come to the appointment or you need an interpreter, please telephone the Planned Surgery Unit on 5485 5378 as soon as possible.



At the clinic, your child will see a preadmission nurse who will ask questions about your child's health, discuss the stay in hospital and going home after the procedure. Please have available the following items;

- All regular medications in their original packets
- A copy of recent blood tests, x-rays or any other medical reports
- Any questions about the surgery or stay in hospital

Let the clinic nurse know if you need a doctor's/carers certificate for this appointment.

Two to three weeks before surgery

If your child cannot come for the procedure, no longer needs the procedure or becomes unwell in the week before the procedure, please ring the Planned Surgery Team as soon as you can on 5485 5378.

If your child is taking any medications to thin the blood, anti-inflammatory drugs, diabetic medication or any herbal medications, ask your surgeon or GP how to manage these medications in the week/s prior to the surgery. Do not stop any medications without talking to their doctor.

If you have other children, make alternative arrangements for their care on the day of surgery as they will not be able to go with you and their sibling into the operating suite or recovery room.

Preparing your child for surgery

We recommend that you tell your child honestly and truthfully why they need to come to hospital. If they are under 6 years we recommend a couple of days beforehand, if more than 6 years, a week or two before.

What do I say if my child asks is it going to hurt?

(ref RCH Factsheet – reducing your child's discomfort during procedures)

It is natural for adults to try and protect and reassure their child by saying that a test or procedure won't hurt or will only hurt a little. However, research has shown that telling a child this is not helpful, and it often makes the event scarier.

Always give your child an honest answer, while trying not to frighten them. For example, an honest alternative to saying 'This is going to hurt' is to say, 'Some children say it hurts a bit, others are not so bothered'.

Reassure your child that there are different things that can be done to reduce their discomfort during the procedure, such as medicines, distraction with a favourite book, toy or video, or concentrating on their breathing.



The surgery date may change

Due to emergency cases the hospital may need to change the date of the procedure at any time, including the day of surgery. This does not happen often and you will be notified as soon as possible of any changes.

On the day of surgery

All patients admitted on the day of their procedure should enter the hospital via the main hospital entrance 226 Service Street and follow the signs to the **Day Surgery Unit** – go past reception and take the first corridor on your left right to the end.

Ask your child to have a shower or bath before coming to hospital. Ask them not to use powder, perfume or deodorant or wear makeup or nail polish. Remove all jewellery and leave at home.

What to bring on the day of surgery:

- Medicare card
- Health Care Card
- Private Health Insurance details
- A list of any questions you may have
- All regular medications (including puffers & insulin) in original pharmacy dispensed containers or packaging.
- A bag to put clothes in during the procedure
- **If staying overnight** - sleepwear, footwear, toiletries, and any child comfort and distraction items.
- Also bring along personal items for yourself such as comfortable layered clothing, reading material, charging cables for any devices.

Dress your child in comfortable loose clothing.

The admission time may be up to 2 hours before the procedure, but the order of the list may change on the day, so the waiting time could change.

Up to two parents or carers may be present to support the child. Any siblings should stay at home or be cared for by someone else.

Parents can usually stay until the child is asleep, after surgery you may be called into the recovery room where they may be still asleep or already awake.

After the operation, it is common for children to be restless and confused for a short while, they may also feel sick or vomit. They may have pain, a headache or sore throat.

If an overnight stay is required, we can accommodate one parent or carer to stay overnight in a pull-out bed beside your child.



After surgery

(reference RCH factsheet – discharge care after day surgery)

Before going home

You will need to pay for any medication dispensed from the Pharmacy Department. Accounts can be paid at the hospital main reception - cashier.

Remember to ask for any medical certificates you may need for your child's care or school or for your own workplace.

Ensure you have, and understand, the instructions for your child's care at home including medication and any follow-up appointments

Eating and drinking

Your child can start eating a light diet such as sandwiches, pasta, soups and jelly. Your child may return to their usual diet when they feel well enough.

Babies can start breastfeeding, or drinking formula or water as soon as they are awake from the procedure.

Nausea and vomiting

Do not worry if your child feels sick or vomits once or twice after leaving hospital.

If they vomit or feel sick, stop giving food for about one hour. Then try a light diet if your child can manage it without feeling ill.

If your child keeps vomiting, please call the contact numbers you have been given or your nearest hospital emergency department.

Wound care

If your child has a dressing, please follow the instruction of your surgeon about how to look after it.

Stitches may need removing, or may be dissolvable and not require removal. Check with the nurse before leaving and find out when and who should take them out.

Activity

Because your child has had an anaesthetic, they should rest at home for the next two days with an adult taking care of them.

Your child may be unsteady on their feet for four to six hours after the anaesthetic. They may need an adult to support them when they walk, even for short trips such as going to the toilet.



The surgeon will recommend when your child should return to childcare, kindergarten or school.

Your child should avoid contact sports or bike riding for one to two weeks.

Pain relief

Paracetamol can be given at home every four to six hours for one to two days if needed. Read the packaging for the correct dose for your child according to their age. Ask for help if you need it. Do not give any medicine with paracetamol in it more than four times in 24 hours.

For more severe pain, call the contact numbers you have been given or see your GP.

Advice for teens

Driving: Teens should not drive or operate heavy machinery for 24 hours after surgery. This includes taking driving lessons or driving with supervision. Some surgeries may require them not to drive until their follow-up appointment. The surgeon will discuss this if it is the case.

Alcohol: Anaesthesia and some pain medications can interact with alcohol and increase its effects. It is best to avoid drinking alcohol for at least 24 hours after having an anaesthetic and while taking strong pain medication.

Smoking and vaping: Teens should avoid smoking or vaping for 24 to 48 hours after surgery. This is because smoking and vaping after surgery can increase the risk of infection and can slow wound healing. Teens can speak to a doctor for help to quit smoking or vaping, or contact QUIT helpline (13 78 48) – a free and confidential smoking support service.

Oral contraceptives: Some anaesthetics and antibiotics may affect the effectiveness of oral contraceptives. Speak to a doctor with any questions.

Preparing for general anaesthesia

(reference RCH Factsheet – preparing your child for surgery – general anaesthesia)

General anaesthesia, also sometimes called general anaesthetic or GA, is where a mixture of medicines is given to your child to keep them in a carefully controlled unconscious state, or 'sleep'.

Children can go to sleep for surgery by one of two ways – your anaesthetist will talk to you about the best way for your child to have general anaesthesia.

After surgery, your child will receive ongoing care. Depending on the type of care your child needs after surgery, they may be able to go home directly or be moved to another ward.



What to expect with general anaesthesia

An anaesthetist is a specialist doctor who gives your child their general anaesthetic medicines and monitors your child closely during their surgery. Your child will need to fast before their surgery for the general anaesthetic to be safe. See page 12 to learn about fasting.

Before surgery

You will meet the anaesthetist looking after your child before your child's surgery. This usually happens on the morning of the surgery, but you may also meet them at a preadmission appointment before the surgery.

Your child's anaesthetist will ask questions about your child's health, including medical problems, allergies and whether they have had general anaesthesia before, explain what happens to your child in the operating theatre and answer any questions you have about anaesthesia.

A local anaesthetic cream (e.g. AnGel cream or EMLA) may be applied, to numb some areas of skin where a drip (intravenous or IV cannula) is put in. The cream can take 45 to 90 minutes to work and will reduce the pain associated with having the drip inserted.

Some children will also have a medicine to help them relax before their surgery – this is called a premedication, more commonly called a premed. A premed can be given 15 to 60 minutes before surgery – the medicines usually used for children are midazolam or clonidine. These medicines are usually mixed with a small amount of syrup, cordial or paracetamol mixture (e.g. Panadol) for your child to drink. You can discuss any questions you have about a premed with the anaesthetist.

Regular medicines

Your child should continue taking their regular oral medicines at the usual time unless otherwise requested by your doctor. Medicines can be taken on the day of surgery with a sip of clear liquid.

If your child takes blood thinners (e.g. aspirin, warfarin) or medicines for diabetes (e.g. insulin), they may need to be stopped or adjusted before the surgery. You should contact your doctor at least two weeks before your child's scheduled surgery for a plan in taking these medicines.

Fasting

Your child will need to fast (not have anything to eat or drink) for a few hours before their surgery. Check the fasting instructions in your admission letter and make sure you understand when your child needs to fast. If your child has not appropriately fasted, their surgery may be delayed or cancelled. See fasting information on page 12.



During surgery

Your child moves from the waiting room to an area outside the operating theatres called the pre-operative holding area (usually referred to as preop hold). Your child will be checked in by nursing staff and will wait here while they are getting ready for surgery. The nurses will get your child ready by:

- helping to dress them a hospital gown
- checking their patient identification (ID) bands
- going through a pre-surgery checklist with you.
- Your child is then wheeled on a bed to a room beside the operating theatre. You may be able to go with them and stay until they are asleep, but check with the staff on the day of surgery.

Your anaesthetist will talk to you about the best way for your child to have general anaesthesia. Children can go to sleep by one of two ways. Both methods will put your child to sleep quite quickly and keep your child asleep throughout the operation.

Medicine through a drip

Most children will have a drip (IV cannula) put into a vein. This is done before going to sleep or after they have fallen asleep.

Numbing cream is usually put on the skin. Distraction is also helpful.

A small needle is used to insert the drip, but the metal part (the needle) is then taken out and only a plastic tube or 'straw' (the drip) stays in the vein.

The drip is secured to the skin using tapes and dressings so it will not come out.

The anaesthesia medicine is given into this drip. It may feel cold as it goes up your child's arm.

It takes seconds to go to sleep with this medicine.

Breathing medicine through a face mask

Some children go to sleep with a vapour (gas) medicine given to them with a mask that is placed over their mouth and nose.

The mask is then held snugly over their nose and mouth.

Your child then breathes in a 'laughing gas' and 'sleepy gas' mixture.

It takes a minute or two to go to sleep this way.

It is normal for your child to wriggle, cough, breathe noisily or snore as they go to sleep.

When your child is asleep, the anaesthetist will insert a breathing tube, and other equipment if required. They will also attach some monitoring.

After surgery

The breathing tube is removed at the end of surgery in the operating theatre or sometimes in the post-anaesthesia care unit (PACU, also called recovery). Your child probably won't remember this tube coming out, but they may have a sore throat or



croaky voice for a few hours after. Your child may also have a drip and a dressing over their surgical wound.

Your child will be moved to the PACU. The nurses will call you a little while after they arrive so you can be with your child as they wake up. Your child may be sent directly home from here, or they may be moved to a ward for a night or two.

Depending on the surgery, it may take from a few days up to a few weeks for your child to fully recover. Nurses will monitor your child during their hospital stay for the following common problems as they recover from surgery:

Nausea and vomiting

The anaesthesia plan for your child will usually include medicines to reduce the chance of feeling sick (nausea or vomiting) when your child wakes after surgery. If your child feels sick or vomits after surgery, there are medicines that your child can be given to help them feel better.

Pain

The anaesthetist and your surgeon will give pain relief (analgesia) during your child's surgery so it is working as your child wakes up.

It is helpful for you to share information about pain relief your child has had in the past, this helps doctors choose the medicines to keep your child comfortable. You may be asked:

- whether your child prefers tablets or syrups
- which pain relief medicines they have had, or have worked in the past
- if your child (or you) have had any side effects to pain relief medicines.

Wound care

Nurses will closely monitor your child's surgical wound (cut) to make sure it doesn't keep bleeding. Your child's surgeon will be told if there is too much bleeding, or if nurses are concerned for any other reason.

Some bruising around the wound or cut is normal and should heal as your child recovers.

Returning to usual activities

Your child will need rest and may not feel like doing very much or doing their usual activities. Many children will need some time at home from school or kindergarten. The amount of usual activity your child takes part in should be guided by how they feel. Your doctor will let you know how long your child will need to rest at home, and how long it might take for your child to return to their normal activities.



Fasting before surgery

(reference RCH Factsheet – Preparing your child for surgery – fasting)

What is fasting?

Fasting is the act of not eating or drinking anything.

If your child is having surgery, they will need to fast for a certain amount of time before their procedure.

Fasting before surgery is important because the medicine that puts your child to sleep during surgery can be dangerous if there is food or liquid in their stomach. The medicine reduces their cough and gag reflexes, so if they have any food or drinks in their stomach, they risk breathing them into the lungs and getting pneumonia.

The Planned Surgery team will tell you the exact time your child needs to stop eating and drinking before their surgery.

Fasting guidelines for children and young people at ERH

There are different fasting guidelines for solids and milk products, including breastmilk. This is because food and milk take longer to digest than water.

- 6 hours prior – fasting from solids and milk including formula
 - 4 hours prior – fasting from breast milk
- 2 hours prior – fasting from water

If fasting time is not adhered to surgery may be delayed or rescheduled.

If you have any questions or are confused about the fasting instructions, contact our Planned Surgery Team for advice.

Medicines on day of surgery

Your child should take their regular medicine on the day of surgery unless their doctor says not to. They should take any medicines with a small amount of water.

Brushing teeth on day of surgery

Your child can brush their teeth even when fasting, but they cannot swallow any toothpaste. If you not sure whether they can brush without swallowing anything, it is better not to brush.

Lollies, mints and gum are not allowed whilst fasting

Lollies, mints and chewing gum can cause your child to make and swallow lots of saliva and increase stomach fluids. It is unsafe because these fluids are acidic; if your child breathes them in during surgery, the acid can damage their lungs.



Managing your medicines

ERH Pharmacy Department

Monday to Friday 8.30am - 5.00pm

Main Entrance 226 Service Street, Echuca. Phone 03 5485 5182

Our pharmacists and pharmacy technicians are here to help you get the best from your medicines by:

- Visiting you while you are in hospital to talk about your medicines
- Working with your doctor to choose the best medicines to treat your condition
- Ensure you have enough medicines for your hospital stay and when you go home
- Ensure sure you understand the medicines you take home with you.

Things you can do to help us:

- Bring your medicines with you to hospital
- Include all over-the-counter or herbal/natural medicines, eye-drops and any puffers
- Speak up about any concerns you may have about your medicines
- Tell us about any allergies or side-effects from medicines you may have had
- Show your Medicare card and any concession cards (eg. Pension, HealthCare etc.)

Charges for medications

There is no charge for medications used during your hospital stay.

There will be a charge for outpatient and discharge medications. These charges apply for both private and public patients.

In most cases, normal PBS charges will apply and these items will count towards your PBS Safety Net at your local pharmacy. As our records are separate to your community pharmacy, please ask us for a PBS Safety Net receipt if you need it.