Family Guide to Pediatric Orthopedic Surgery
Introduction

This can be a time of concern for you and your family. Preparing as much as possible before your child's admission should reduce the amount of stress you and your family feel. Asking questions of the medical staff should help you to answer your child's questions. Remember that questions may not only come from the child who is scheduled for admission, but also from siblings who may be experiencing their own worries. Keep answers simple, age appropriate, and most importantly, be truthful with your answers.

Telling a child that something won’t hurt when it will might make the child distrustful of answers to his/her questions about the hospitalization experience. Be reassuring with your explanations. For example, if your child asks if the needle will hurt, explain that it will only hurt for a few moments, but that you will be there to hold his/her hand. This gives your child a realistic expectation of what to expect. The fear of the unknown is the greatest factor in your child’s concern about the upcoming admission.

Some of the questions your child may have are:

- Why do I have to have the operation?
- Why is this happening to me?
- Can I go home right away?
- Will it hurt?
- Who is going to take care of me?
- What if I wake up during the operation?
- Will I be different after the operation?
- Will the medication make me look strange?

Please remember that children may not always be able to let you know verbally what is upsetting them; they may act out, be more demanding, or less social than they normally are. This may be particularly true of older children (ages 10 and over) who may be worried, but who are uncomfortable talking about their feelings.
The more you understand and can explain to your child, the more relaxed your child will be about the upcoming hospitalization. Children, particularly younger children, are very sensitive to the feelings of their parents. If you are worried or anxious, the child will pick up on that, and the child’s own concerns will increase. However, denying feelings is not good either. Rather, be honest with yourself, your family, and your child. It’s understandable that you would be worried about your child needing to have surgery. However, this should be balanced with your understanding of why the surgery is in your child’s best interests, as well as your confidence in the medical staff to provide the level of care your child needs. Your comfort and understanding will readily be transmitted to your child. You have many resources to help you with preparing for this hospitalization: your child’s physicians, hospital staff, other parents, family members, and clergy.

Some of the questions you may want to find answers to in an effort to prepare your child might be:

- What tests will be done?
- What will happen during the admission?
- What clothing is OK for the hospitalization?
- Who can visit? When can they visit?
- Can someone stay overnight?
- What is the hospital room like?
- Will there be a lot of pain?
- How should I explain the surgery to my child?
- How long will the hospitalization be?
- When can he/she return to school?
- What restrictions will there be afterwards?
- Are there other parents you can speak with who had a child with a similar surgery/hospitalization?

You may also need to make plans for the rest of your family. Can neighbors or family members get them to and from school and to their after-school activities? Prepare and freeze meals for not only the time of the hospitalization, but also for the first few days home, which can be an equally hectic time for your family. Pay your household bills in advance—little details like these may escape your memory during the hospitalization, but they still need to be done. If you work outside of your
home, think about how much time you can take off from work. If you only have a limited amount of time, use it wisely. It may be a better use of your time to take time off when your child is home. While your child is hospitalized, you will have the staff providing care to your child and you can visit after work. When your child is home, family care is crucial. If this is not possible, consider extended family members and/or neighbors who may be able to help once your child is home. (Do not “bank on” insurance-provided home care; there are many stipulations based on benefits and medical situations. Additionally, nearly all home care agencies will not provide care to a child unless a parent or adult is present.) A planned admission allows you time to plan!
Pre-Admission Testing Day

• The pediatric pre-admission testing department is open 8:00 AM to 4:00 PM, Monday through Friday. We are located at Hospital for Special Surgery, 535 East 70th Street in the main hospital building on the 5th floor 5-West Pediatric Outpatient unit.

• For questions about the pre-admission testing day, please contact 212.774.7182.

• Children coming to HSS for pre-surgical clearance must be accompanied by a parent or documented legal guardian.

• Please be prepared for the possibility of spending up to 3 hours with us.

• A copy of your child’s immunization record is required on the day of your pre-surgical clearance, or you may fax it to us anytime before your pre-surgical clearance appointment (212.606.1614). Advise our department of any special circumstances concerning your child’s immunizations before your appointment.

• If your child is not having surgery on the day of the pre-surgical clearance appointment, there is no need for the child to fast and you may bring snacks for your child.

• If your child has seen a specialist for any health conditions, please let us know and have the name, phone numbers, and any other medical documentation from the specialists available on the day of your appointment.

• Bring a list of medications your child is taking.

• Please inform us if you need an interpreter before your appointment date and one will be arranged for you.

• Please feel free to call us with any questions or concerns you may have.
Planning For Your Hospital Stay (Checklist)

Personal articles and clothing should be limited to those which fit into a single, small piece of luggage. There is very little storage space in the inpatient room. We suggest you plan in two phases:

1. What Your Child May Need, or Want, While in the Hospital
If you expect family or someone else to visit your child as soon as he/she goes to your inpatient room, it may be most convenient for them to bring in the things your child will want while in the hospital.

What to bring to the hospital:
[ ] Immunization record (if not available at pre-surgical screening)
[ ] Signed surgical consent form (if not previously provided)
[ ] X-rays and lab reports (if requested)
[ ] Wheelchair, crutches, or any special equipment
[ ] Flat support athletic or walking shoes that are non-slip
[ ] Short night gown, loose pajamas, or baggy shorts, etc. (They must fit over dressings; you won’t be able to wear pajamas or shorts at first.)
[ ] Short, lightweight bathrobe (short clothing helps prevent tripping while walking)
[ ] Personal toiletries
[ ] Several extra diapers
[ ] Formula
[ ] Eyeglasses, instead of contact lenses (they are easier to take care of and less likely to be lost in the hospital; we cannot be responsible if the child loses them)
[ ] A written list of medications your child has been taking (include any that may have been stopped in anticipation of surgery)
[ ] Telephone numbers of people you may want to call
[ ] Inspirometer (if supplied during the pre-surgical clearance visit)
[ ] Orthotics (if your child uses them)
[ ] Small amount of money for newspapers, items from gift cart, etc.
[ ] Credit card or checks, for TV and telephone services
[ ] A book, favorite toy, blanket, VCR tapes, or a portable DVD player; GameCube is also available on the unit

Please DO NOT bring to the hospital:
Valuables • Jewelry
A Note About Medications
Leave home with only those medications you need for your trip, unless instructed otherwise by your surgeon or pediatrician. Once your child arrives at HSS, we will supply all of his or her medications. If you bring your own supply, it will be deposited in the hospital pharmacy safe. However, if the prescription is brought in the original container, can be identified by the hospital pharmacist, and is authorized by your doctor, it can be administered instead of the same from the hospital pharmacy. Our nursing staff will keep it and administer the medication as prescribed.

It is not uncommon for young women who are having surgery to have an alteration in their menstrual cycle. Sanitary pads are available and will be provided by the hospital.

2. What You Will Need for Your Trip Home
This will include the loose fitting clothing, proper, non-skid shoes, outer coat (in season), etc. These items can be brought in by a family member on the day of discharge.
Pre-Operative Instructions

The following instructions will be discussed by your child's nurse during the pre-surgical clearance appointment. If you or your child has any questions, please do not hesitate to call 212.774.7182, Monday through Friday from 8:00AM to 4:00PM.

The Day Prior to Surgery

• Follow fasting guidelines on the following page.
• If your child is taking medications on a regular basis, follow your surgeon or pediatrician’s instructions on how the medications should be taken before surgery.
• If your child requires special feeding (G tube, breast, or bottle feeding, etc.), please follow pediatrician's instructions regarding the time of the last feeding and bring several days worth of supplies to the hospital.
• If you are breastfeeding you need to bring your own pump as there is NOT one available in the hospital.
• If your child is wearing diapers, please bring a few with you on the day of surgery.
• Have your child take a shower or a bath with betadine scrub the night before surgery, if directed by your surgeon.
  ○ Wash with the sponge part of the scrub from the neck down. Please protect eyes. Rinse eyes with large amounts of water if accidental exposure occurs.
• Notify your physician if your child is ill, has a rash, infection, or has been exposed to a communicable disease.
• Eat a light dinner the day before surgery.
• Practice using the incentive spirometer daily.
• If your child has long hair, please have it braided prior to surgery in order to avoid hair tangle. Avoid using pins or any sharp objects in the hair in order to avoid accidental injury.
• A waterless shampoo (“No-Rinse” shampoo) can be used while your child is in the hospital.
• If your child wears contact lenses, please remove them on the day of surgery.
• Wear loose comfortable clothes.
• Ibuprofen and Aspirin (Motrin, Advil, Aleve) should not be taken before surgery unless instructed otherwise by your doctor.
Please remove nail polish, artificial nails, and all jewelry on the day of surgery.

You will receive a phone call from the Same Day Admissions nurse the day before your child’s scheduled surgery to confirm the expected time and place for admission.

If you do not hear from the hospital by 4:00 PM, please call 212.606.1710 before 6:00 PM.

The nurse will tell you what time you are scheduled for surgery, review your pre-operative instructions, and answer any questions.

### Fasting Recommendations for Pediatric Patients Before Surgery

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Minimum Time Before Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear liquids (water, fruit juices without pulp, carbonated beverages, clear tea, black coffee)</td>
<td>Allowed up to 3 hours before surgery</td>
</tr>
<tr>
<td>Breast milk</td>
<td>Allowed up to 3 hours before surgery</td>
</tr>
<tr>
<td>Infant formula</td>
<td>Allowed up to 6 hours before surgery</td>
</tr>
<tr>
<td>Non-human milk (cow milk, soy milk, etc.)</td>
<td>Allowed up to 6 hours before surgery</td>
</tr>
<tr>
<td>Solid meal</td>
<td>Allowed up to 8 hours before surgery</td>
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The Day of Surgery

We realize that this is an extremely stressful time for your family. All of us want this day to be as easy as it can be for your child and your family.

Dependent upon your child's medical needs, admission to the Hospital for Special Surgery may occur the day before surgery. The majority of our patients are admitted on the day of surgery. This is referred to as SAME DAY SURGERY. Before surgery, you and your child will go to the SAME DAY ADMISSION UNIT. Unless otherwise instructed, please go to the 4th floor in the Main Building of the hospital. This area is where your child will be “prepped” or readied for surgery. Several physicians and nurses will be in to examine your child, answer questions you may have, and do some minimal preparation (i.e., cleaning the operative site) for surgery. At this time, your child's IV (intravenous, which some children refer to as their “ivy”) may be started. For many children, having the IV started is the time of highest fear and anxiety. For some children, the IV can be started in the operating room (OR) after anesthesia has been administered.

Parents can stay with their child until surgery is about to begin. At this point, the operating room staff will let you know that it is time for you to leave and will direct you to the Family Atrium. The Family Atrium staff will be able to update you on the progress of your child's surgery. To provide you and your family with as much comfort as possible, the Atrium has a television, coffee, tea, fax service, and telephones. Hospital staff can assist you with hospital and neighborhood resources. Cell phones may be used in the Family Atrium, but please refrain from using them in patient areas. You can reach the Family Atrium at 212.774.2201.

Please remember that with any surgery, time frames are approximations. Start times and durations of surgeries are estimates. With all surgeries, there is an operating room set-up time that can add to the length of time your child will be in the OR.

When the surgery is over, your child’s surgeon will find you and tell you how the surgery went. If your family is unable to be present after surgery, please notify your surgeon’s office where your family can be reached and provide the telephone number. Immediately following surgery, your child will be transferred to the PACU (Post Anesthesia Care Unit). The
length of time your child spends in the PACU is dependent upon the type of surgical procedure, the anesthesia used (local or general), as well as your child's general state of health. In some cases, your child may need to spend the night in the PACU for further monitoring, particularly if they have had spine surgery. Parents will be advised by staff when they can visit their child in the PACU. Once the medical staff has determined that your child is medically stable, he/she will be brought to an assigned room in the Pediatric Unit (5 East).

Who’s Who At Hospital For Special Surgery

During the course of this hospitalization, you and your child will be encountering numerous Hospital for Special Surgery staff members. It can be confusing to meet so many different people who do so many different types of jobs. A good suggestion is to keep a log or record (one is supplied for you on the back cover of this guide) of all the names and disciplines of the people caring for your child. Here are just some of the people you may meet during this hospitalization:

**Attending Pediatric Orthopedic Surgeons** are specially trained and licensed in orthopedic surgery for children.

**Orthopedic Surgery Fellows** are doctors who have completed their orthopedic surgery residency and are further specializing in either pediatric orthopedic surgery or spine surgery.

**Orthopedic Residents** are doctors who specialize in caring for people who have diseases that affect joints, muscles, and connective tissues.

**Pediatric Rheumatology Fellows** are doctors who specialize in diseases of the joints and inflammatory disorders. The Pediatric Rheumatology fellow assigned to each patient works under the supervision of the attending pediatric rheumatologist.

**Anesthesiologists** are the doctors who will administer and monitor the medication that will keep your child sedated and pain-free during surgery. The Pain Management Team will help control your child’s discomfort after surgery.
**Attending Pediatricians** are physicians who specialize in the medical care of children. There will also be a Pediatric Resident (pediatrician in training) assigned to each patient who works closely with the attending pediatric physician.

The **Nursing Staff** is a group of professionals from a variety of backgrounds and includes Nurse Managers, Registered Nurses (RNs), Nursing Assistants, and Unit Assistants. The Nursing Staff is broken down into three shifts: Days (7:00 AM to 3:00 PM), Evenings (3:00 PM to 11:00 PM) and Nights (11:00 PM to 7:00 AM). For each shift, an RN will be assigned to care for your child. This should not be confused with Private Duty Nurses (PDNs). Staff Nurses are responsible for the care of more than one patient per shift. PDNs work on a one-to-one patient-to-nurse ratio. If you are interested in hiring a PDN, please contact 212.774.7187.

**Physical Therapists (PTs)** are professionals who are specially trained in exercises to strengthen the muscles of the lower extremities/legs or weight bearing joints. Your child’s doctor will contact the PT, and a physical therapy program will be designed for your child’s needs. The PT will also evaluate your child’s need for adaptive equipment (i.e., wheelchair, walker, crutches, cane).

**Occupational Therapists (OTs)** are professionals who are specially trained in exercises to strengthen the muscles of the upper extremities (shoulders, elbows, wrists, and hands). Like PTs, the OTs will be referred by your child’s doctors.

**Case Managers** are professionals who are here to help you and your child cope with the stress of hospitalization and/or surgery. At Hospital for Special Surgery, your case manager may either be a social worker or an RN. Case Managers can also assist you with Discharge Planning, explanations of benefits, and insurance justifications for continued hospitalization.

**Child Life Staff** are professionals who try to demystify the medical environment for you and your child in the inpatient setting. Child Life assistants are available for one-to-one recreational activities.
Speech Therapists (STs) are professionals who use exercise programs to work with children who have difficulty with speaking, swallowing, and eating.

Psychologists are professionals who are trained in psychological and education testing, as well as counseling for children and their families.

Nutritionists are professionals who work in conjunction with the interdisciplinary health care team to provide comprehensive nutritional care that promotes recovery. They evaluate the need for specialized diets and provide nutrition education to patients and their families. Nutritionists can also assist you with any special diet need or request your child may have.

Visiting Patients on 5 East

Daily visiting hours are 10:30PM to 8:00PM.

Children 13 years and younger are not permitted to visit.

It is recommended that each patient have only two visitors at one time. One parent or adult may be with the patient at all times.

Sleepover Parent • Beside each hospital bed on 5 East is a sleeper chair that folds out into a bed for the use of one sleepover parent. Linen and pillows can be obtained from the Nursing Staff. In each patient room, there is a shower in the bathroom that can also be used by parents. It is recommended that you bring light, comfortable clothing (hospitals tend to be warm). Parents can order one Parent Tray from a Food and Nutrition Service Staff member. Kosher options are available upon request. At the Nurses’ Station, a menu book is kept with dozens of menus from local restaurants that will deliver to HSS. The Belaire Café, located across the street on East 71st Street, is open Monday through Friday from 7:00AM to 6:00PM. They serve breakfast, lunch, sandwiches, coffee/tea, beverages, and snacks.
Your Child’s Safety at HSS

Your child’s safe care and recovery are our primary concern. Please read through these guidelines to help us meet these goals.

Beds and Cribs
We keep the beds at the lowest level to make it easier for your child to get in and out of bed, and to prevent falls. While your child is in bed, please keep the side rails up at all times. The bed controls are located on the side rails, which can be used to elevate the head or foot as needed. Your child will also have a remote that has the nursing call bell, as well as controls for the light and television. When using a crib, please ensure that the side rails are up and in the locked position at all times. If you need help with either of these, please ask your nurse or nursing technician for assistance.

We invite you to stay with your child at all times. If you cannot be present, or need special assistance, please tell your nurse so that we can provide extra care if needed.

Home Equipment
We understand that your child may use special electrical equipment at home. Please let us know prior to admission so that we can have our own equipment available for you. We cannot allow the use of home equipment due to our own standards that we must follow for safety of electrical equipment. In the very unusual circumstance that a patient must bring home equipment, please inform us so that we may make the appropriate arrangements. Please do not bring toys that use electricity to the hospital.

Cellular
Cellular equipment (phones, blackberries) may interfere with the function of hospital equipment. We ask that you refrain from using cellular equipment in the inpatient areas. You may be able to use them in designated areas. Please ask our staff for locations.

Balloons
Many of our patients have an allergy to latex. Therefore, we ask that you do not bring or send latex balloons to the hospital. As an alternative, mylar balloons are permitted on the unit.
Food
Most of the children are here for surgical procedures, and they resume eating slowly. Please do not offer food to your child without checking with your child’s care providers. Please do not offer food to the other pediatric patients, as they may be in the same situation or may be on a special diet or may have allergies (e.g., peanuts).

Environment
While staying with your child, please do not walk barefoot, or allow your child to do so. You will need non-skid slippers or shoes. If you do not have any, we can provide them to you. Please limit your personal belongings to the closet and bedside dresser. We need to keep clear pathways to the bathroom and to the hallway for your child and staff to pass through freely. When assisting your child in using a wheelchair, please be sure to lock the wheels before helping your child in or out of the chair. If you are unsure how to use the wheelchair or other equipment, such as crutches or a walker, please ask your child’s nurse or physical therapist for assistance.

Infection Control
Please wash your hands when entering and leaving the room. There are hand gel dispensers on the walls of every room for your convenience. Please follow all guidelines if isolation is required.

Privacy and Confidentiality
We are committed to providing confidential care to your child, as well as to others. Please do not ask us to discuss any other child’s condition. We will safeguard your privacy, and if you have special needs, please let us know.

We invite you to become partners in your child’s care. Good communication with your health care team benefits everyone. Talk with the doctors and nurses about your child and feel free to speak-up and ask questions. Letting us know your issues and concerns helps us to deliver the best care possible.

We are here to help your child and family get through the hospital experience with the best possible outcome.
Discharge Planning

Discharge planning, like preparing for an upcoming surgery, starts before admission to the hospital. Speak to the professionals who are involved with your child’s care—doctors, nurses, physical therapists, social workers—to find out what your child’s anticipated post-hospitalization needs will be. Please remember that insurance coverage may not provide what you think should be covered; plan for what you will do if your insurance does not have a coverage benefit for a particular service or if your insurance denies a certain level of care, service, or service provider. Your social worker/discharge planner will be available to assist you and your family with any questions related to your child’s discharge plans and/or insurance coverage.

Rehab Facilities • There are a very limited number of facilities that are geared to work with children and teenagers. There are two types of rehab facilities:

*Acute*: Patients must be able to participate in 3+ hours/day of physical, occupational and/or speech therapy. This occurs in an inpatient setting.

*Sub-Acute*: Patients are able to participate in less than 3 hours/day of physical, occupational, and/or speech therapy. Still provided in an inpatient setting, sub-acute traditionally occurs in a skilled nursing facility.

Homecare • Covers a broad array of services:

*Certified Homecare*: Medically necessary, insurance-authorized homecare that provides care related to hospitalization needs, i.e., Physical Therapy, Complex Wound Care, Intravenous Therapy (IV). Please note that if homecare is medically indicated and your insurance has authorized this level of care, there must always be an adult present at home with the child. Certified homecare staff does not provide childcare.

*Private Pay*: Private, licensed homecare agencies are available on a fee-for-service basis. Your social worker/discharge planner can provide you with a list of agencies.
**Outpatient Rehab** • Physical therapy that occurs at either an outpatient physical therapy center or with a private physical therapist. Check with your insurance company about your benefits and any procedures that need to be followed. For example, is a prescription from the surgeon enough, or do you need a referral from your child’s primary care physician/pediatrician?

**Transportation** • Non-emergency transportation is not routinely covered by insurance. However, depending on your insurance plan and specific medical situations, it may be covered. Consider not only how you will get your child home, but also how you will take your child to follow-up medical appointments and on routine outings.

**Equipment** • Also known as Durable Medical Equipment (DME) — crutches, walkers, wheelchairs, canes, hospital beds, commodes. Speak to your doctor about what is medically necessary. Your social worker will be able to assist you in what your insurance will cover and what co-pays and/or out-of-pocket expenses may be incurred.

**School** • Please check with your child’s school before admission to find out what the policy is about students returning to school with crutches, wheelchairs, etc. Some schools have policies that provide home instruction rather than have a student come to school with ambulation aids. Also ask what the school’s policy is about the amount of time a student is out of school before home instruction will be provided.

**Caregivers** • You, your family, friends, neighbors. Consider what your child’s needs are going to be, coupled with all of your other responsibilities. For example, if you will need to take time off from work, consider planning your time off for when your child is actually home. When your child is in the hospital, the staff will be providing care to your child. However, if you have a limited amount of time from your job, make the best use of that time—when your child is home. Consider other family members—grandparents, aunts, uncles, cousins and see if you can work out a schedule of caregivers for when your child is home recuperating.
Hospital for Special Surgery is an affiliate of Weill Cornell Medical College.

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