

HSS



**Lerner Children's
Pavilion**

Family Guide to Pediatric Orthopedic Surgery



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Dear Parents and Families,

We consider it an honor and a privilege to provide your child with pediatric orthopedic care. We at Hospital for Special Surgery Lerner Children's Pavilion strive to provide the best care and patient experience possible. While we understand that preparing for your child's surgery can be overwhelming, this information is intended to streamline the pre- and post-operative process and answer many frequently asked questions.

Hospitalizations and surgery can be a time of concern for you and your family. Preparing as much as possible before your child's admission can reduce the stress you and your family feel. The more you understand and can reassure your child, the more relaxed your child will be about their upcoming hospital stay. **Children, particularly younger children, are sensitive to the feelings of their parents.** If you are worried or anxious, your child may pick up on that, and in turn, their own fears can increase.



It is understandable that you might be worried about your child having surgery. Try to keep in mind that the surgery is in your child's best interests. You can be confident our medical staff will provide the level of care your child needs.



You have many resources to help you with preparing for your child's hospital stay: their physicians, hospital staff including Certified Child Life Specialists, other parents, family members, and clergy.

All children cope differently. Some children have many questions and feelings before their surgery. Questions and feelings may come not only 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. Other children might want to avoid talking about the surgery and their feelings. This is normal as well. They may become more overwhelmed with detail. It is okay to keep discussion limited to "need to know information" such as why your child needs surgery, when the surgery will be, and the basics of what will happen during it. You can take your child's lead or ask them their preferences.

When discussing what sensations they might feel, telling a child that something won't hurt when it will likely hurt might make the child distrustful of answers to their questions about the hospital experience. Be reassuring with your explanations and give your child a realistic sense of what will happen. 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 their hand. The fear of the unknown is likely the greatest factor in your child's concern about the upcoming admission.

Some of the questions your child may have are:

- Why do I need to have surgery?
- 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?
- Did I do something wrong and now this is my punishment?

Certified Child Life Specialists are available at HSS to help you answer these questions if you need support. Please ask your surgeon's office to be referred.

Please remember that children may not always be able to tell you what is upsetting them; they may act out, be more demanding, or less social than they normally are. Asking questions of the medical staff should help you to answer your child's questions.

You may want to ask your care team these questions in case your child asks you:

- What tests will be done?
- What will happen during the admission?
- What clothing is OK for the hospital stay?
- 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 hospital stay be?
- When can they 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 or other children. Neighbors or family members may need to help get them to and from school or to their after-school activities. Some families choose to prepare and freeze meals for the time of the hospital stay as well as the first few days home, which can be an equally hectic time for your family. Some families look ahead and pay household bills in advance.

These details may escape your memory during the hospital stay, so planning will be helpful. If you work outside of your home, think about how much time you can take off from 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 rely on insurance-provided home care; there are many limits 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!

Planning for Your Hospital Stay

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 they go to the 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)
- ☐ Wheelchair, crutches, or any special equipment, if previously provided
- ☐ Flat, supportive athletic or walking shoes that are non-slip
- ☐ Short night gown, loose pajamas, or baggy shorts, etc. (must fit over surgical bandages; your child won't be able to wear pajamas or shorts at first)
- ☐ Short, lightweight bathrobe (short clothing helps prevent tripping while walking)
- ☐ Loose-fitting underwear
- ☐ Personal toiletries (waterless or no-rinse shampoo can be used while your child is in the hospital)
- ☐ Several extra diapers and baby wipes, if your child uses them
- ☐ Formula (the hospital supplies formula but only carries a limited selection of brands)
- ☐ 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)
- ☐ Orthotics (if your child uses them)
- ☐ A favorite toy, blanket, or other comfort item
- ☐ Toys, games, arts and crafts, tablets; Xbox, Playstation, and DVD players are also available on the unit for your child to use
- ☐ Portable electronic chargers with a long cord

Please DO NOT bring to the hospital:

Valuables • Jewelry

A note about medications

Please leave your child's medications at home, unless instructed otherwise by your surgeon or pediatrician. Once your child arrives at HSS, we will supply all of their medications.

If you are instructed to bring your child's medication to the hospital, please ensure that it is in its original container so it can be easily identified by the pharmacy. The medication will be safely stored in our pharmacy and available for your child once they are able to receive it. Also, please let your medical team know if your child does not swallow pills, so that we can ensure we are able to provide an appropriate formulation for your child after their surgery.

It is not uncommon for young women who are having surgery to have an alteration in their menstrual cycle. Sanitary pads are available and can be provided by the hospital. If you have a brand preference, we recommend you bring a few with you.

2. What you will need for your trip home

This will include loose-fitting clothing; proper, non-skid shoes; a jacket or coat (if 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 screening 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.

You will receive a phone call from the Call Center nurse the day before your child's scheduled surgery to confirm the expected time and place for admission. If your child's surgery is on a Monday, you will receive a call on Friday. The nurse will tell you what time you are scheduled for surgery, review your pre-operative instructions, and answer any questions.

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

The Day Before Surgery

Eating

- Please follow the final instructions given to you by the Call Center nurse, as these instructions may differ from the chart below based on your child's age and time of surgery.
- If your child requires special feeding (G tube, breast or bottle feeding, etc.), please follow the instructions provided by the HSS Pre-Surgical Screening pediatrician regarding the time of the last feeding and bring several days' worth of supplies to the hospital.
- Have your child eat a light dinner the day before surgery.
- If you are breastfeeding and pumping milk, please bring your own pump to the hospital. We do not have breast pumps available.

Fasting Recommendations for Pediatric Patients Before Surgery

Type of Food	Minimum Time Before Surgery
Clear liquids (water, fruit juices without pulp (note: orange juice is NOT a clear liquid), carbonated beverages, jello or gelatin, clear tea, black coffee without any milk or creamer added. <i>In some cases, as directed by your doctor, a carbohydrate-rich drink (Ensure® Pre-Surgery 10oz.) will be recommended.</i>	Allowed up to 3 hours before surgery
Breast milk	Allowed up to 3 hours before surgery
Infant formula	Allowed up to 6 hours before surgery
Non-human milk (cow milk, soy milk, etc.)	Allowed up to 6 hours before surgery
Enteral/G-tube formula	Allowed up to 8 hours before surgery
Solid Food (includes smoothies, shakes, and thick juices)	Please do not give your child ANY solid food after midnight the night before their surgery UNLESS specifically instructed by the Call Center to do so.

Medical Needs

- If your child takes medications on a regular basis, follow your surgeon's or pediatrician's instructions on how the medications should be taken before surgery.
- Your child should stop taking ibuprofen and aspirin (Motrin, Advil, Aleve) 1 week before surgery, unless instructed otherwise by your doctor. Also, please stop taking any over-the-counter multivitamins or herbal supplements.
- Have your child practice using the incentive spirometer daily (if supplied during pre-clearance visit).
- Notify your physician if your child is ill; has a fever, rash, or infection; or has been exposed to a communicable disease, such as COVID-19

Personal Care

- Shower or bathe your child's full body with soap and water on at least the night before surgery. Soap can be antimicrobial or nonantimicrobial.
- Have your child sleep in clean bedding the night before surgery.
- Also have them wear clean clothes the night before and day of surgery.
- If your child has long hair, please have it braided prior to surgery in order to avoid hair tangles. Don't use pins or any sharp objects in the hair in order to avoid accidental injury.
- If your child wears contact lenses, please remove them on the day of surgery.
- Please remove nail polish, artificial nails, and all jewelry on the day of surgery.
- If your child wears diapers, please bring a few with you on the day of surgery.

The Day of Surgery

We realize that this can be an extremely stressful time. We want to help make this day as easy as it can be for your child and your family.

Before Surgery

Many of our patients are admitted on the day of their surgery. **Unless otherwise instructed, please go to the Admitting office in the main lobby when you arrive.** You will then be directed to one of our surgery units, where your child will be prepared for surgery.

Televisions are available and patients are encouraged to bring a favorite toy, book, tablet, or music with headphones to use while they are waiting.

Several doctors and nurses will examine your child, answer questions you may have, and do some minimal preparation (i.e., cleaning the operative site) for surgery.

Your child will change into a hospital gown and your surgeon will write their initials on the site of surgery.

You will meet an anesthesiologist from our pediatric anesthesia team, and the full plan for the anesthesia will be discussed and explained. At this time, your child's IV may be started. An IV is a small straw placed in the vein to give your body water or medicine.

For many children, having the IV started is the time of highest fear and anxiety. For this reason, the nurse will often place a numbing cream on the child's hands or arms for IV placement. Some patients will receive medication to help with anxiety. Most children aged 5 years and older will have an IV placed by the nurse in the holding area after the cream has made the skin numb.

A Word About Upper Respiratory Infections, Colds, and Flu

It is common for children to have a cold, or an upper respiratory infection, particularly during the winter months. Flu strains and/or other viruses may be present in the environment throughout the seasons and may cause problems with breathing or result in more serious infections.

If your anesthesiologist is concerned about your child having any symptoms of a cold, flu, infection, or breathing problem on the day of surgery, the procedure will be delayed until your child is better.

If you have any concerns or questions about your child's present or recent health, please call your surgeon and pediatrician before the day of the operation.

During Surgery

Parents can stay with their child until surgery is about to begin. At this point, the Operating Room (OR) 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 shop, and Wi-Fi access. 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 and be mindful of disturbing other families with cell phone use.

Please remember that start times and durations of surgeries are estimates. With all surgeries, there is an OR set-up time that can add to the length of time your child will be in the OR.

After Surgery

When the surgery is over, your child's surgeon will find you and provide you with an update. Immediately following surgery, your child will be transferred by the anesthesiologist to the Post Anesthesia Care Unit (PACU). It is important for your child's recovery to have you nearby when your child wakes up from surgery, so as soon as the nurses in the PACU complete their initial assessment, they will contact you. While you are in the PACU, please follow the nurse's instructions regarding touching, feeding, and waking your child.

The length of time your child spends in the PACU is dependent upon the type of surgical procedure and the anesthesia used 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. If this occurs, a parent is allowed to stay with them in the PACU overnight. Once the medical staff has determined that your child is medically stable, they will be brought to an assigned room in the Pediatric Unit (5 East) or discharged home.

Keep In Mind:

- Every child is different, and every surgical experience is different. If your child has had previous experiences with surgery or anesthesia, they may not react the same way this time.
 - Ask questions if there is something you do not understand or something that has not been explained clearly.
 - Children often mirror their parents' reactions. Children who are calm and relaxed before surgery have a better chance of feeling better after surgery.
 - The medical staff will take good care of your child!
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Pediatric Anesthesia and Pain Management

Members of the Department of Anesthesiology recognize that pediatric patients require special attention. They work with your surgeons, pediatricians, and nurses to make your child's experience a positive one.

Anesthesiologists at HSS who care for children have specialized training in pediatric anesthesia and the management of pediatric pain. These dedicated and caring physicians have many years of experience treating children before, during, and after surgery.

Pediatric Regional Anesthesia

The Department of Anesthesiology at HSS offers a specialized approach to anesthesia and pain management. It is called regional anesthesia. Regional anesthesia is an especially good option for orthopedic surgery because we can temporarily "block" sensation to the area that is being repaired by the surgeons. This is why you may hear the term "nerve block" used. At HSS, we perform over 25,000 regional anesthetics a year. **The best part about regional anesthesia at HSS is that children are sleeping when it is performed in the OR, so they do not feel anything.**

Just like an adult, a child who has an operation on their hip or leg may receive a spinal/epidural for anesthesia. Patients having foot or ankle surgery may have a block placed behind their knee to provide pain

relief long after surgery ends. With the advances of modern science, we now use ultrasound to guide the majority of our nerve blocks.

There are many advantages to using regional anesthesia, including:

- a lower anesthetic requirement
- superior pain control
- fewer side effects, such as nausea and drowsiness
- a lower amount of narcotic pain medications required after surgery

Not all patients are candidates for regional anesthesia. Your child's anesthesiologist will discuss this with you before surgery. For example, general anesthesia is required for spine surgery.

Many parents are concerned that their child will remember something from the surgery, or that the procedures we do in the OR will cause their child unnecessary discomfort. We recognize and appreciate your concerns. The anesthesiologist's job is to keep patients safe and asleep during surgery. If your child is having regional anesthesia, they will be asleep before the block is started. Regardless of what type of surgery or anesthesia they have, the vast majority of patients do not remember being in the OR. Your anesthesiologist will be with your child at all times until they are settled in the recovery room.

Pain Management After Surgery

After surgery, you should expect your child to experience some discomfort or pain. We will use a variety of techniques to help make your child's pain more manageable. We encourage you and your child to communicate to your medical team about their pain. It is important to keep on top of the pain by treating it early. Our goal is to keep your child comfortable after surgery using safe and effective methods.

Many children staying overnight in the hospital receive pain pumps, in addition to pain medications by mouth. The pain pump will be activated by a button, either by the patient or the nurse, depending on the patient's developmental age. For the safety of the child, **parents are not allowed to push the pain button.**

Please Let Us Know:

- How your child lets others know when they are hurting.
- If your child has had surgery or anesthesia in the past, let us know if something did or did not work.

Visiting Patients on the Pediatric Inpatient Unit (5 East)

Daily visiting hours are 8am to 8pm but are subject to change.

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

Sleep-over Parent

Beside each hospital bed on the Pediatric Unit is a sleeper chair that folds out into a bed for the use of one sleep-over parent or guardian. Linens and pillows will be provided by the nursing staff. For your safety and per hospital policy, it is not permitted for visitors to sleep in a hospital bed.

Please designate one parent as the overnight visitor. The parent staying overnight should remain the same person throughout your child's hospital stay. It is recommended that you bring light, comfortable clothing to wear during your child's stay.

Parents can order one parent tray from a Food and Nutrition Service staff member. Kosher and special dietary options are available upon request. At the nurses' station, a menu book is kept with several 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. There is also a Starbucks café located on the 1st Floor and 4th Floor of the hospital.



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 2 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 patient care assistant 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.

Balloons

We are a latex-free unit. 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

After surgical procedures, patients must 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 other pediatric patients. They may be in the same situation, on a special diet, or 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 for 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.

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 healthcare 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 move 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 your child's surgeon, nurses, physical therapists, and/or social workers about their needs after surgery. 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 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.

Outpatient Rehab

Physical therapy that occurs at either an outpatient physical therapy center or with a private physical therapist is known as outpatient rehab. 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?

Outpatient physical therapy can take place at our HSS Pediatric Rehabilitation and Young Athlete Center or at a physical therapy facility near your home. For a list of recommended providers in your area, use the below QR code at right to connect with our HSS Rehabilitation National Network.



Homecare

The term "homecare" covers a broad range of services. These include:

Certified Homecare: Medically necessary, insurance-authorized homecare that provides care related to hospitalization needs, i.e., physical therapy, complex wound care, intravenous (IV) therapy. 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 do 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.

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

Crutches, walkers, wheelchairs, canes, hospital beds, and commodes are all examples of durable medical equipment, or DME. Speak to your doctor about what is medically necessary. Your social worker will be able to assist you with 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 having a student come to school with walking or movement aides. 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. Any paperwork needed for school should be requested from the child's surgeon's office.



Medications

We will provide you with all necessary prescriptions and instructions before your child is discharged home. Depending on your child's surgical procedure, they might be prescribed narcotics for pain management in the days after surgery. Used as prescribed, narcotics are a safe and effective way to control pain after surgery. We ask that you please monitor your child's narcotic prescription carefully and dispose of any unused medications once your child no longer needs them. Teenagers, their friends, and even family members are known to misuse these prescriptions with potentially dangerous results. Upon discharge, you will be given Dispose-Rx, a powder that dissolves pills.

Use this to effectively and safely dispose of your narcotic medications once your child no longer needs them.

As stated earlier, please notify your medical team if your child does not swallow pills, so that we can ensure we are able to provide an appropriate formulation for your child after their surgery.



Caregivers

Caregivers might include you, your family members, friends, or neighbors. Consider what your child's needs are going to be, coupled with all your other responsibilities. For example, if you need to take time off from work, consider planning your time off carefully. 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.

Map and Directions

Hospital for Special Surgery is located at 535 East 70th Street between York Avenue and the FDR Drive. It is easily accessible by car and public transportation, and is less than an hour's drive from Kennedy, LaGuardia, or Newark International airports.



**HSS Main
Campus Map**

For directions, visit hss.edu/maps-directions.asp

By Bus

The M66, M72 and M31 buses run within one block of the Hospital.

By Subway

The Q train stops at East 72nd Street & Second Avenue.

The local number 6 train stops at East 68th Street & Lexington Avenue.

The M66 eastbound cross-town bus to York Avenue can be picked up at the 68th Street subway stop.

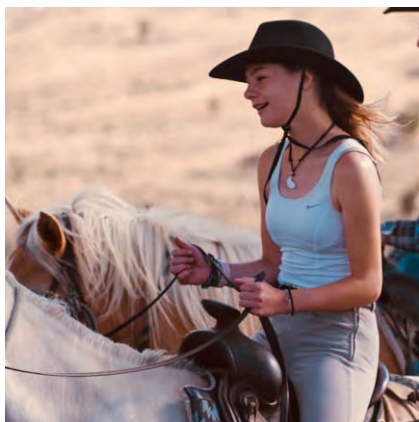
Notes

HSS Main Campus Locations



- **Main Hospital**
535 East 70th St.
- **The Pavilion**
541 East 71st St.
- **HSS Research Institute**
515 East 71nd St.
- **Belaire**
525 East 71st St.
- **East River Professional Bldg**
523 East 72nd St.
- **River Terrace**
519 East 72nd St.
- **Ambulatory Care Center**
475 East 72nd St.
- **Advanced Movement Technologies (AMT)**
510 East 73rd St.
- **BioDynamic Technologies**
431 East 73rd St.
- **Special Procedures Unit**
429 East 75th St.
- **HSS Rehabilitation**
405 East 75th St.
- **HSS Pediatric Rehab & Youth Athlete Center**
510 East 74th St.

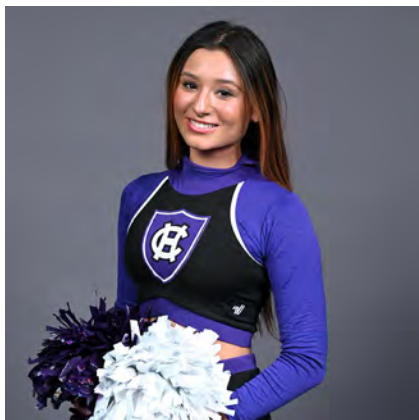
Back in the Game



Addison Nejes is back on horseback and playing field hockey after surgery for scoliosis at HSS.



Basketball player **Scott Perry** had surgery at HSS to fix a painful condition in his knee called osteochondritis dissecans.



Julia Biamonte struggled with pain in her feet and ankles that no one could diagnose—until she came to HSS.



Cerebral palsy and scoliosis haven't slowed down **Ketrina Hazell**, who thrives with the help of her team at HSS.



HSS | Hospital for Special Surgery

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