



COLORECTAL AND PELVIC
RECONSTRUCTION SERVICE

Theatre

Information for families

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Colorectal and Pelvic Reconstruction Service (CPRS)
Information for families

Design, photography and medical illustrations by
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About this booklet

The Colorectal and Pelvic Reconstruction Service (CPRS) at The Royal Children's Hospital Melbourne (RCH) is leading the way in colorectal and pelvic care in Australia.

We aim to deliver the highest quality clinical care to children and families with colorectal and pelvic conditions. We play a vital role in increasing the awareness, understanding and knowledge of these conditions in the community, and work collaboratively to educate health care professionals.

This booklet has been developed to support parents, carers and children who have colorectal and pelvic conditions. The CPRS seeks to establish a healthy relationship with all families, as we believe this enables the best care possible. The content of this booklet has been developed based on the extensive clinical experience of the authors and the most recently published evidence for this clinical condition.

This CPRS booklet has been categorised into different stages of your child's journey, which allows you to read the information that is important to you at the time. Some parts may appear repetitive. This is because some of the information is relevant throughout different periods of your child's care.

Everyone learns differently. Some people like to read instructions, some like to learn by having information explained to them, and many like to do both. Make sure you tell the members of the CPRS team if you are finding any information in this booklet difficult to understand.

Theatre— pre-operative information

Each child with a colorectal and pelvic condition has unique needs. The CPRS will make a surgical plan suited for your child's condition and their stage of life. Our team includes Paediatric, Urological and Gynaecological Surgeons, Clinical Nurse Consultants (CNCs), Stomal Therapy CNCs, a Clinical Psychologist, a Social Worker, a Child Life Therapist, a Dietitian and Coordinators who are able to provide advice and support for any questions or concerns prior to your child's procedure.

Procedures commonly performed for colorectal and pelvic conditions include:

- Formation of Colostomy/Ileostomy
- Full Thickness Rectal Biopsy
- Posterior Sagittal Anorectoplasty (PSARP)
- Laparoscopically Assisted Anorectoplasty (LAARP)
- Pull-through Procedure for Hirschsprung Disease
- Examination Under Anaesthesia (EUA)
- Anal Dilatation education
- Manual Disimpaction
- Closure of Colostomy/Ileostomy
- Formation of Appendicostomy/Caecostomy
- Change of Chait Tube or Mini-ACE
- Botox
- Closure of Appendicostomy/Caecostomy
- Anorectal and Colonic Manometry

The CPRS team will talk to you about the timing for your child's procedure and decide upon a schedule that is specific to your child's needs. You will receive a letter from the hospital when your child has been placed on the waiting list.

Once the surgical procedure has been scheduled you will receive a second letter from the hospital advising you of a date for theatre. Please read the letter carefully, as you will be required to call the hospital to confirm the date. In the week leading up to theatre you will receive two phone calls. One from a CPRS team member who will talk you through the procedure and inpatient stay, and one from a member of the preadmission team. This team will advise you on what time your child will need to fast from, and what time you need to arrive at the hospital.



Theatre— preparation

A hospital stay may be frightening for a person of any age, but it may be especially frightening for children. Children react to the stress of anaesthesia and theatre in an age-dependent manner. Talking to your child about what to expect in the hospital using very simple, clear language is important. This may lead to discussions about why the surgery is needed and how it will help their body, adjusting explanations for your child's age. Talking about positive activities or experiences around the hospital may help your child cope with coming into hospital.

The hospital has a number of resources available to help minimise pre-theatre distress. Please discuss these with a CPRS team member early on, if you would like to learn more. They are particularly helpful for children with previous high procedural distress, trauma, sensory processing concerns, or any behavioural concerns that may impact a child's ability to cope. The CPRS clinical psychologist and social worker may also offer support prior, during or post theatre.

Resources:

Child Life Therapy

The Child Life Therapy team provide individualised support to children and young people to promote effective coping before their procedure. A pre-admission visit may be arranged by Child Life Therapy to help children better understand their stay and what may happen to them while in hospital.

A Child Life Therapist may also be available on the day of surgery to work with your child to provide further targeted preparation and support around their surgery and anaesthetic. Child Life Therapists use evidence-based, developmentally appropriate strategies, such as therapeutic and medical play opportunities, to familiarise your child with medical equipment and promote and rehearse the use of coping strategies.

Please let the CPRS team know during your pre-admission call if you feel your child would benefit from a referral for Child Life Therapy support.

Comfort Kids

Comfort Kids are CNCs that support children and their families before their procedure. They may coordinate pre-operative medication to decrease anxiety and will work with the Child Life Therapy team. They have a list of coping resources on their website, which may be found in the resources section at the end of this booklet.

Be Positive (B+)

This is a child's guide to hospital, found on the RCH website. This may help your child find out more about the hospital and what happens there. There are several video clips available on the web page, including one on surgery, which may be found in the Resources section at the end of this booklet.

Theatre— what to bring

For your child:

- Light weight, loose fitting pyjamas or clothes
- A special toy, simple activity, dummy or cuddly blanket to provide comfort
- Electronic devices that may distract your child
- Any special feeding equipment and formula if applicable. Formula needs to be brought in as an unopened tin
- All current medications
- Anal dilators, if required
- Maternal and Child Health book, and any other relevant health information
- A supply of nappies and nappy wipes

For yourself:

- Phone charger
- Personal items and toiletries if you are staying overnight
- If you are breastfeeding, you may bring along any equipment necessary for expressing milk. The inpatient wards provide a breast pump and equipment on request. Please speak to the nursing staff for support with this, if needed.



Theatre —before

Your child will be admitted to the hospital on the day of their procedure. You will be asked to present to Reception J and let the staff know you have arrived. The easiest way to get to Reception J is to use the Green lifts to Level 3. When you exit the lifts, turn right and walk towards the glass windows. You will see a green sign for Reception J on your left. Please ask for assistance if you need to.

Your child will need to fast before surgery. Please make sure you read the admission letter carefully and follow the fasting instructions given during your pre-admission call. Plan some strategies for distracting your child if they become thirsty (ideas: cuddles, special toys, electronic devices and games).

Your child will be required to wear a name band at all times during their hospital stay. You may expect that a name band will be fitted to your child during the admission process. During your child's admission you will be seen by the surgical team, nursing staff and an anaesthetist. They will make sure your child is fit for surgery and will answer any last-minute questions you may have.



After admission, your child will be taken to the pre-operative area. You may stay with your child until the beginning of the anaesthetic. Young children (from six months to three years) may find this period of waiting difficult, as a child's separation anxiety is at its maximum at this time, and they are less likely to understand what is happening. Remaining calm and comforting your child through a calm voice, holding their hand, or giving them a cuddle or hug may help to minimise any distress while you are waiting for surgery. Providing reassurance that you will be staying with your child right up until they are asleep and will be there when they wake up, may also be helpful.

The surgical team will give you an idea of how long the surgery will take. This is a guide only and does not include anaesthetic time. There is a waiting area next to Reception J, or you may want to go to the ground floor and visit one of the RCH food outlets. Please make sure that you are easily contactable by having a fully charged phone and answering all calls from private numbers.



Theatre —after

Stage 1 Recovery

Every child who has an anaesthetic must spend time in Stage 1 Recovery after their procedure. This is where they will slowly wake up from their anaesthetic. If your child has taken pre-medication to reduce their anxiety before their procedure, they may take longer to wake up. The nursing staff in the recovery room are specifically trained to look after children who have been to theatre.

Staff in Stage 1 Recovery will ensure your child:

- Is recovering appropriately from the anaesthetic
- Is not in pain
- Does not require medications for nausea or vomiting
- Does not have excessive bleeding

The recovery room has a number of monitors, similar to those in the anaesthetic room. Sometimes your child will require extra oxygen, given with a mask, to help recover from their anaesthetic.

Transfer from Stage 1 Recovery

Once your child has woken from their anaesthetic, and it is safe to leave Stage 1 Recovery, they will be transferred to either Stage 2 Recovery or an inpatient ward.

If your child is having a day procedure, you will be allowed to go home once your child is pain free and has had something to eat and drink.

If your child is staying overnight in hospital, you may remain on an inpatient ward for a number of days, depending on the extent of their procedure and their associated conditions.

Your child may receive fluids through an intravenous (IV) drip and antibiotics to help prevent infection, as well as pain medication while they are in hospital.

While your child is an inpatient, one family member is encouraged to stay at the child's bedside overnight. Each room has a fold-out bed, with linen and pillows provided. Shower facilities are available on each of the wards. Food may be brought in; however, it must be clearly labelled with your child's name and the date.

Postoperative behaviour change

Every child is different with how they respond to having an anaesthetic. It is common for children's behaviour to change following an anaesthetic. This may be immediately following their surgery or in the days that follow. Typically, behavioural changes do not persist for greater than two weeks. Examples may include disturbed sleep, poor appetite, temper tantrums, and a lack of interest in typical activities.

Pain relief

Your child may be unsettled following their procedure and require pain relief.

Pain relief will be administered as per the Children's Pain Management Service (CPMS). Depending on the procedure, pain relief may be given through a drip to begin with and then, when your child is more comfortable and able to drink, pain relief will be given orally.

Basic pain relief will be prescribed for you to administer at home, if required. Nursing staff will go through this information with you prior to discharge.

Diet

Your child may not be able to eat or drink for several days following their procedure. Once the doctors are happy with your child's progress, clear fluids (water or clear apple juice) may be given and diet will be slowly included until your child is back on their normal diet. This is normal protocol for procedures done on the bowel.

Wound

Depending on the type of procedure your child has had, there may be dissolvable stitches on their abdomen, around their stoma site and/or around their bottom. The stitches will start to dissolve in two to six weeks, and it is important to keep these clean. The CPRS team will monitor your child's wound, both as an inpatient and once you are discharged home.

Theatre —resources

Below are links to RCH websites that the CPRS recommends you visit prior to child's procedure.

<https://www.rch.org.au/be-positive/>

<https://www.rch.org.au/comfortkids/>

https://www.rch.org.au/comfortkids/for_parents/

<https://www.rch.org.au/rch-tv/>

https://www.rch.org.au/kidsinfo/fact_sheets/Reduce_childrens_discomfort_during_tests_and_procedures/

If you have any questions in regard to your child's procedure, please contact the CPRS Clinical Nurse Consultants on (03) 9345 6970 or at colorectalnursingcnc@rch.org.au

If your child is unwell in the week prior to theatre or you have any questions in regard to timing, please feel free to contact the CPRS Coordinator on (03) 9345 6979 or at colorectal.coordinator@rch.org.au





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