

Getting Ready for Surgery

Preparing your child for surgery will help decrease his or her anxiety. Preparation helps support your child's individual coping skills and gives him/her a feeling of control over stressful events.

Children are very sensitive to what goes on around them, even if they do not understand the words. The child reacts to the pitch of a voice — the tone, speed, volume and stress in the speech — especially of the parent. It is important to have a calm, even, steady voice when talking to your child about surgery.

Young children process information in “concrete” terms. Words and language are experienced literally by a child. (For example, if you describe an injection to a child by saying “you will feel a little stick in your arm,” the child may think a stick or twig will be placed in his/her arm.) The following are suggestions for word substitutes when talking to your child about surgery.

Avoid Saying

Substitute

cut, fix	make better
incision	special opening
edema	puffiness
stretcher	rolling bed
catheter	tube
monitor	TV screen
electrodes	stickers
specimen	sample
put to sleep, anesthesia	special sleep
dye	special medicine
stool	child's usual term
deaden	numb, make sleepy
shot, bee sting, stick	medicine under the skin
organ	special part of the body
test	see how (fill in body part) is working
pain	hurt, discomfort, owie, boo-boo
take your temperature	check your temperature



Additional Preparation Tips and Guidelines

- If your child is 3 years or younger, tell him/her about the surgery the day before. Younger children do not have a concept of time and telling them too far in advance may cause unneeded anxiety.
- If your child is 4 or older, tell him/her about the surgery one to two weeks prior as you see fit.
- Use concrete terms.
- Answer questions as they come up. Be careful about providing more details than necessary.
- Make the surgery trip something to look forward to by promising a small toy afterward.
- Emphasize that no other body part will be involved.
- If the body part is associated with a specific function, stress the change or the noninvolvement of that function (e.g., after a tonsillectomy the child can still talk).
- Use words that are appropriate to the child's level of understanding.
- Avoid words or phrases with dual meanings.
- Clarify all unfamiliar terms.
- Emphasize the sensory aspect of the procedure — what the child will feel, see, smell, touch and hear.
- Introduce anxiety-producing information last (for example, an injection).
- Be honest about the unpleasant aspects of the procedure, but avoid creating undue concern (for example, “Your throat will hurt, but you will get medicine to make it feel better”).
- Stress the positive benefits of the procedure (for example, “After your tonsils are fixed, you won't have as many sore throats”).