When Your Child Needs Laparoscopic Urologic Surgery

Your child's healthcare provider has advised laparoscopic urologic surgery for your child. This is to help diagnose or treat a problem in the urinary tract. Laparoscopic surgery uses smaller cuts (incisions) than traditional open surgery. This means your child is likely to have less pain and a faster recovery.

What are the benefits of laparoscopy?

Laparoscopy is a type of surgery that uses a long, thin, tube-like instrument with a camera and light (laparoscope). The scope lets the surgeon see and operate inside the belly (abdomen). Small surgical tools are also used. With laparoscopy you can often expect:

- A short hospital stay (your child may even be able to go home the same day)
- A faster recovery than with open surgery
- Smaller scars on the skin
- Less pain after the procedure

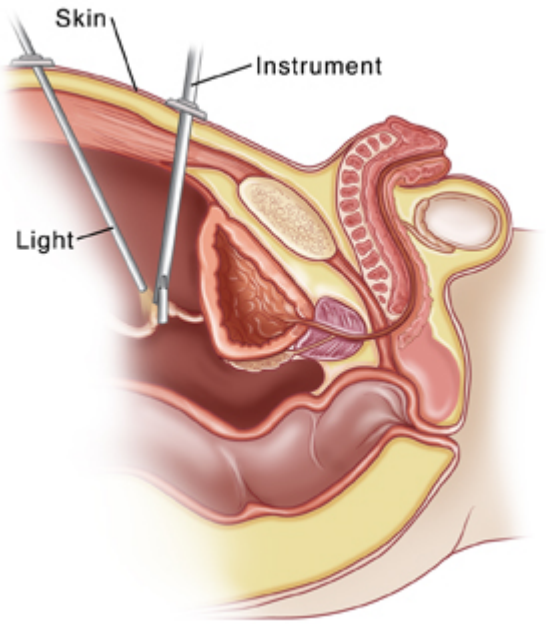
How do we get ready for the procedure?

- Tell the surgeon about any medicines your child takes. Include herbs, vitamins, and both prescription and over-the-counter medicines. You may need to have your child stop taking certain medicines, such as ibuprofen, before the surgery.
- Discuss with the surgeon any allergies and health problems your child has.
- Follow any directions your child is given about not eating or drinking before surgery. If you don't follow the directions, the surgery may have to be delayed.
- Meet with the anesthesiologist or nurse anesthetist before the surgery. They give your child medicine so your child sleeps and does not feel pain during the surgery. The anesthesiologist or nurse anesthetist also checks your child’s heart rate, blood pressure, and oxygen levels during the surgery.

What happens before the procedure?

Your child will be given a mild sedative to help them relax. When it’s time for the procedure, your child will be given medicine to help them sleep through the surgery (general anesthesia). A soft, plastic tube (catheter) may be put into the bladder to drain urine during or after surgery.

What happens during the procedure?



Once your child is asleep, the laparoscope is passed through a small cut made in the belly. The surgeon uses a small camera on the scope to see images on a video screen. Gas is used to inflate the belly to make room for the surgeon to see and work. Surgical tools are put through the other small cuts when needed. Depending on what the surgeon finds, they may be able to treat the problem at this time. In some cases, a surgical robot helps with the surgery.

What happens after the procedure?

- Your child will be taken to a recovery room to recover from anesthesia. You may be able to join your child at this time.
- Nurses will care for and watch your child during recovery.
- Your child may feel some shoulder pain. This is due to irritation from the gas used to inflate the belly.
- Your child may feel some pain at the incision sites. Medicine will be given to ease any pain.
- If a catheter was placed in the bladder, it may be removed before your child goes home.
- The healthcare provider will tell you when it’s safe for your child to leave the hospital.

Follow-up care

You will receive discharge directions when it’s time for your child to leave the hospital. Follow these carefully. Make a follow-up appointment with the healthcare provider within the next 2 to 6 weeks. Your child’s condition and future care will be discussed at that appointment.

When to call your child's healthcare provider

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Call your child’s healthcare provider right away if any of the following occur:

- Fever (see "Fever and children" below)
- Chills
- The incision site is red, swollen, draining, or bleeding
- The incision site has a bad odor
- More swelling at the incision site
- Severe belly pain or bloating
- Nausea or vomiting
- Refusal to eat
- Pain that doesn’t go away or that gets worse with prescribed medicine
- Shortness of breath or trouble breathing
- If going home with tubes or drains, call if they are not working correctly or come out
- Numbness, tingling, or pain in the lower leg

Fever and children

Use a digital thermometer to check your child’s temperature. Don’t use a mercury thermometer. There are different kinds of digital thermometers. They include ones for the mouth, ear, forehead (temporal), rectum, or armpit. Ear temperatures aren’t accurate before 6 months of age. Don’t take an oral temperature until your child is at least 4 years old.

Use a rectal thermometer with care. It may accidentally poke a hole in the rectum. It may pass on germs from the stool. Follow the product maker’s directions for correct use. If you don’t feel OK using a rectal thermometer, use another type. When you talk to your child’s healthcare provider, tell them which type you used.

Below are guidelines to know if your child has a fever. Your child’s healthcare provider may give you different numbers for your child.

A baby under 3 months old:

- First, ask your child’s healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

A child age 3 months to 36 months (3 years):

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

Call the healthcare provider in these cases:

- Repeated temperature of 104°F (40°C) or higher

- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older

How to help children cope with surgery?

Many hospitals have staff trained in helping children cope with their hospital experience. This person is often a child life specialist. Ask your child's healthcare provider for more information about this service. There are also things you can do to help your child prepare for the procedure. The best way to do this depends on your child's needs. Start with the tips below:

- Use short and simple terms to describe the procedure to your child and why it's being done. Younger children tend to have a short attention span, so do this shortly before the surgery. Older children can be given more time to understand the procedure in advance.
- Make sure your child understands which body parts will be involved in the procedure.
- As best you can, describe how receiving anesthesia will feel. For instance, the medicine may be given as gas that comes out of a mask. The gas may smell like bubble gum or another flavor. It will make your child sleepy, so they nap during the surgery.
- Tell your child what they will likely see in the operating room during the surgery. For instance, you could mention who will be there or that the person giving your child medicine to help your child nap will be in uniform.
- Allow your child to ask questions and answer these questions truthfully. Your child may feel nervous or afraid. They may even cry. Let your child know that you'll be nearby during the procedure.
- Use play, if appropriate. With younger children, this can include role-playing with a child's favorite toy or object. With older children, it may help to read books about what happens during the procedure.

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