

Post-Operative Care for Pediatric Surgery Patients by Dr Colin Knight MD FACS FAAP

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A Family Guide

By Colin G. Knight, MD, FACS, FAAP Pediatric Surgeon, HCA Florida Lawnwood Hospital

A Note From Dr. Knight

Surgery is only one part of a child's recovery. What happens at home in the days and weeks afterward matters just as much. This guide covers the questions families ask me most often after a pediatric operation. It is a general resource and applies to many different procedures. If I have given you procedure-specific instructions, those always come first.

This guide describes general principles. Recovery is individualized based on each child's procedure and circumstances. Please contact my office for guidance specific to your child.

Pain Control

Most children have less pain after surgery than parents expect, especially with the small incisions used in laparoscopic and minimally invasive procedures. My goal is not zero pain. My goal is comfortable, restful pain control with the safest medications possible.

Local anesthesia at the time of surgery For most procedures I perform, I administer long-acting local anesthesia directly at the incision site during the operation. For infants undergoing lower abdominal surgery, the anesthesiologist may give a caudal block instead, which is a single injection of local anesthetic near the base of the spine that numbs the surgical area for several hours. This pre-emptive numbing means your child wakes up comfortable and stays comfortable through the early hours when pain would otherwise be at its peak.

Acetaminophen and ibuprofen Once any local anesthesia wears off, alternating acetaminophen (Tylenol) and ibuprofen (Motrin or Advil) on a schedule is the foundation of pain control after pediatric surgery. You will receive exact doses based on your child's weight. When given on a schedule for the first 24 to 48 hours, this combination is usually all most children need. I do not prescribe stronger pain medications for the procedures I perform.

Comfort measures Cold packs over the incision area for 15 to 20 minutes at a time can help. Familiar pajamas, a favorite blanket, a calm room, and time with a parent often do more than any pill.

Wound Care

I close most pediatric surgical incisions with dissolving sutures under the skin and cover them with a waterproof dressing. There are usually no stitches to remove.

General principles:

- You do not need to do anything special with the wound.
- Your child can shower right away. The waterproof dressing protects the incision.
- Do not submerge the incision in pools, baths, hot tubs, lakes, or the ocean for the first week after surgery. The waterproof dressing protects against shower water, but submerging is harder on healing skin.
- Do not apply lotions, ointments, or hydrogen peroxide to the incision unless I have specifically told you to.
- A small amount of clear or pinkish drainage in the first day or two is normal. Heavy bleeding or pus is not.
- The waterproof dressing will lift off on its own as the skin underneath heals. Do not pull it off prematurely.

Scar care: Once the incision is fully closed and any dressing has come off, sun protection is important. Cover the scar with clothing or sunscreen for 6 to 12 months. Sun exposure on a fresh scar can cause permanent darkening.

Activity

For most procedures I perform, I do not restrict activity. Your child can return to normal play and sports as soon as they feel ready. The only restriction is that children should stay home from school while they still need pain medication. A child in pain is not at their best for school, and a child still taking medication is not ready to be there.

For some operations, I do give specific activity restrictions, and those will be provided to you at discharge. When that is the case, the procedure-specific instructions always take priority over this general guide.

Infants and toddlers Little ones do a good job of telling you what they can handle. They will rest when they need to rest. Carrying and cuddling are fine and usually help.

Car seats and seat belts A regular car seat or seat belt is fine for most procedures. If the belt rubs the incision, a soft cloth or small pillow between the strap and the skin can help.

Diet

Most children can return to a normal diet as soon as they feel like eating. Start with clear liquids and crackers if they have any nausea, then advance to regular food as tolerated.

It is normal for appetite to be smaller for the first 1 to 3 days. Fluids matter more than food in the early days. Encourage water, juice, milk, or popsicles. As long as your child is making wet diapers

or urinating normally, they are getting enough.

If I have given you specific dietary instructions, such as a low-fat diet after gallbladder surgery, follow those.

Bowel and Bladder

It is common for a child to go a day or two after surgery without a bowel movement. Drinking plenty of fluids, eating fruit, and walking around the house help.

If your child has not had a bowel movement by 3 days after surgery, call my office and we can recommend a gentle laxative or stool softener appropriate for their age.

Urinating less in the first 12 hours is normal. After that, expect normal output. Burning with urination, fever, or no urine for more than 12 hours is not normal. Call my office.

Sleep and Mood

Children often sleep more than usual for the first few days. They may be clingier, more easily upset, or have nightmares. Younger children may briefly regress with potty training or sleep habits. This is normal. Routine, reassurance, and time fix nearly all of it.

Follow-Up Appointments

I see most pediatric surgery patients 2 to 4 weeks after surgery. At the visit I check the incision, answer questions, and review anything that came up during recovery.

Please keep this appointment even if your child is doing great. It is short, and it is the best time to address anything that is on your mind.

My office number is (772) 462-3939.

When to Call My Office

Call my office for any of the following:

- Fever over 101 degrees Fahrenheit
- Increasing pain instead of decreasing pain
- Persistent vomiting
- Redness, warmth, swelling, or pus at the incision
- A new bulge or separation at the incision
- A hard, swollen, or very tender abdomen
- No urination for more than 12 hours
- Pale, lethargic, or unusually difficult to wake child
- Any concern that this guide does not answer

For emergencies, do not wait. Go to the nearest emergency department and have them contact me. After hours, the answering service will reach the surgeon on call.

Signs of Complications to Take Seriously

Most pediatric surgery patients recover without any complications. The signs that need urgent attention are:

- High fever with chills
- Severe abdominal pain
- Repeated vomiting, especially green or yellow
- Hard, distended belly
- Wound that opens, drains pus, or has spreading redness
- Difficulty breathing or chest pain
- Confusion or extreme sleepiness

Trust your instincts. You know your child. If something is wrong, I want to hear from you.

Returning to School and Sports

Most children can return to school as soon as they are off pain medication, which is typically a few days after surgery. For most procedures I perform, there is no specific waiting period for sports or physical activity beyond being off pain medication and feeling ready.

I will give you a school note if you need one.

Emotional Recovery

Surgery is a big event for a child, even when the operation is small. Some children handle it without missing a beat. Others have a few days or weeks of feeling more fragile. Talk with your child in simple, honest terms about what happened and why, and let them ask questions. Most children process the experience well with a little time and reassurance.

Final Thoughts

Recovery from pediatric surgery is almost always smooth, and most families look back and realize it went better than they feared. My job does not end when the operation ends. I am available to answer your questions anytime.

This educational resource is provided for general information and does not replace individual medical advice. Procedure-specific instructions from my office always take priority over this general guide.