Facilitating Your Child's Adjustment After Surgery

WHAT ARE SOME COMMON FEARS AND STRESSORS RELATED TO SURGERY AND HOSPITALIZATION?

Surgery can be very stressful for your child and for your entire family. Your child's response depends on a number of different factors, including his or her age/developmental level and general coping style.

Here are some common responses to surgery:

- Regression (e.g., thumb sucking, bedwetting, baby talk, increased interest in pacifier, clingy behaviors)
- · Attention-seeking behaviors
- · Mood swings, temper tantrums, irritability, difficulty being consoled
- Anger and frustration about having the surgery, cast, or fixator
- · Blaming the parents
- Difficulty viewing the affected body part or fixator



Arrange for someone to be with your child at all times after surgery.

If you leave the hospital, tell your child when you are leaving and when you will return.

Validate all feelings. Give a lot of hugs and reassurance.

Your child might express feelings of anger about the surgery, cast, or fixator. It is also common for a child to blame the parents. This is a time of adjustment. Listen to those feelings and let your child know that it is OK to feel that way. Avoid trying to "convince" him or her to feel a different way. Also, try to avoid stating that you "understand" what your child is feeling, as your child will likely respond with anger that "You don't understand!" Use phrases such as "I can see that you are angry" or "It seems like you

are feeling sad about the fixator."

Foster a sense of control.

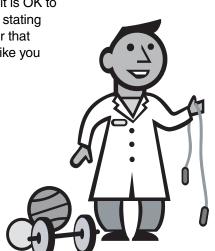
Your child will likely feel a loss of control and a loss of independence after the surgery. Whenever possible, try to provide opportunities for your child to have appropriate levels of control by providing limited choices. For example, allow your child to choose the order of the exercises or to choose whether to shower before or after dinner.

Maintain a regular routine.

Children respond best to structure and routine. As soon as possible, try to set up a regular daily schedule for your child. Schedules help to reduce anxiety by letting your child know what lies ahead. If your child is old enough, work together to develop the schedule. Prepare children in advance for changes in the routine.

Praise and encourage your child.

Your child is going to need a lot of praise and encouragement. Be as specific as possible when praising. For example, say "Wow, you held that stretch for 20 seconds!" rather than "Good job!" Remember to praise effort and to recognize progress/improvements. For example, "You bent your knee to 60 degrees today. That is 5 degrees further than yesterday! You are working hard." Whenever possible, try to track progress on a chart to show your child that his or her hard work is making a difference.





Continue to set limits and to be consistent.

Sometimes parents have a tendency to be more lenient and permissive with a child who is undergoing difficult medical treatment. However, this might actually increase a child's feelings of anxiety and concern about his or her condition. Limits create a sense of safety and structure that children need. Continue to set limits for inappropriate behaviors, as this will also help to avoid bad habits later on.

Say what you mean and mean what you say.

Be honest but appropriate about what your child can expect so that you can maintain your child's trust. For example, your child's trust in you will be damaged if you tell him or her that a procedure won't hurt and it does or if you tell him or her that you will return in five minutes but take longer.



Use language that is appropriate for your child given his or her age and developmental level.

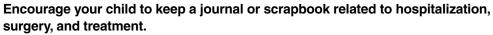
Explain information and procedures in a way that your child can understand. For example, physical therapy can be referred to as "exercises" or "exercise school." If appropriate, it might be helpful to explain the outcome of a visit to the doctor in a way that your child can understand, especially if the tone of the visit was not positive.

Be realistic about which developmental tasks can be accomplished during orthopedic treatment.

Because of the stressful nature of treatment, it can be a difficult time to attempt to toilet train your child or to attempt to discontinue your child's thumb sucking or pacifier use. If you have concerns about a particular behavior/issue, speak with your child's pediatrician or a psychologist.

Maintain contact with peers/classmates.

Your child might not be able to return to school right away; if possible, try to arrange regular visits to school or visits for special events. Try to create opportunities for your child to maintain contact with friends. Talk with your child about how other children might respond to his or her cast, fixator, wheelchair, etc. If you are not living at home during treatment consider developing a CarePage (www.carepages.com/sinai-balt). This is an online, hospital-supported service that provides families with an easy way to update other family members and friends about the child's status.



Journals and scrapbooks can be a great way for a child to track his or her progress. It can also help the child make sense of the treatment and provide a way to explain the treatment to others.

Recognize that surgery and treatment can be very stressful.

Children might show stress in different ways. Some common signs of stress include withdrawal, changes in appetite or sleep, attention-seeking behaviors, physical complaints (e.g., complaints of headaches or stomachaches), separation difficulties, changes in academic performance, frequent worrying, and irritability/mood swings. If you have concerns about your child's adjustment, talk with your child's pediatrician or to a psychologist.

Take care of yourself.

During the medical treatment, try to simplify your life as much as possible and call on available support systems. Allow yourself to take breaks because you will be better able to care for your child if you take care of yourself too. Recognize that treatment causes stress for all family members.

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