Tests and Treatments

During Your Hospital Stay for SEMLS

The Day of Surgery

**Arrival**

Our Perianesthesia staff greets you upon arrival. Your child is weighed and asked to change into a hospital gown. We also check temperature, pulse and blood pressure. A child life specialist helps your child feel more at ease with toys, crafts or movies.

**Surgery Preparation**

Next, you and your child meet with the surgery team: the operating room nurse, surgeon, nurse anesthetist and anesthesiologist. This is time for you to raise any questions or concerns—the anesthesiologist discusses how anesthesia and pain medication are used during surgery. You might talk about your child’s experiences with pain and request medication or other techniques to help decrease anxiety.

**Surgery**

Right before surgery, the surgeon marks the places on your child where incisions will be made. Your child inhales anesthesia through a mask or receives it through an intravenous (IV) tube. When your child is unconscious, we insert a breathing tube. If we haven’t placed an IV tube previously, we do it now. Your child receives anesthesia and fluids through the IV tube during and after surgery—our expert staff monitors breathing throughout the surgery.

The procedure usually lasts several hours. We share your child’s progress during surgery with your family and caregivers.

**Coming Out of Surgery**

Following the operation, your child starts out at the Postanesthesia Care Unit (PACU)—this is where they wake up and you join them. Shortly afterward, nurses ask your child about pain and provide medication for pain management and comfort if needed. The surgeon meets you in the PACU to discuss the surgery and recovery process.

Depending on age, your child then moves to the Orthopedics/Surgical Unit or the Adult Unit.

Shortly after surgery, you might notice temporary changes in your child’s appearance. For example, their face and hands might be puffy due to body position during surgery. There might also be redness around your child’s eyes and lips. That’s because we often place protective tape over the eyes and around the mouth to keep the breathing tube in place.

**After Surgery**
Most kids stay in the hospital for five to seven days after SEMLS. Physical therapy typically starts three to four days after surgery.

After surgery, your child might need a plaster body cast (also called a spica cast). We usually apply casts after surgery, but before your child wakes up from anesthesia. A spica cast goes around the trunk of the body and often includes leg extensions.

Your child will still have the cast when they leave the hospital. They’ll return to Gillette to have it removed.

A medical team—including doctors, nurses, physical therapists, social workers and other medical specialists—discusses progress and decides when your child is ready to leave the hospital.

You’ll receive specific guidelines before you leave the hospital, including:

- Instructions for recovering at home (diet, incision care and cast care).
- Details about scheduling follow-up appointments.
- Activity guidelines.
- How, when and for how long to take pain medication—and what side effects (if any) you should watch for.

Before leaving the hospital, a physical therapist teaches your family and your child’s caregivers how to:

- Move your child from a bed to a wheelchair.
- Roll your child safely in bed.
- Use equipment after the hospital stay.
- Help your child with exercises that prevent stiffness.
- Move your child to and from vehicles.

We might teach you how to use passive range-of-motion exercises to help your child move. It’s our job to ensure you feel comfortable using these techniques before leaving the hospital. A Gillette social worker will help with the transition from the hospital.

Make An Appointment
651-290-8707

Refer a Patient
651-325-2200