YOUR CHILD'S DAY SURGERY

A patient friendly book for:
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Dear parents

We know that a child’s surgery can be a stressful experience for the entire family. You might feel overwhelmed with questions, information, and feel a mix of emotions. The good news is that being prepared and knowing what to expect can help you better cope with stress. Plus, you are not alone. We are here to help!

Using our experience and what parents have told us, we have created this booklet to be useful, practical and easy-to-read. It was developed to help you better understand your child’s hospital experience. It covers important information about your child’s surgery, how to prepare, and what to expect once you are home.

Use this as a reference when you meet with the members of your Pre-Operative Services - Evaluation Team. Review it later with your family. Bring it with you on the day of the surgery. Use it as a guide while your child recovers at home.

Carefully follow all the instructions we have included here for you. They will help prevent any health problems after surgery and help your child recover quickly and comfortably by your side.

As a parent or caregiver, you play an active part in preparing your child for surgery and supporting them through their recovery. Prepare yourself by learning and asking us many questions. Being prepared and feeling at ease with what is ahead is the best way to help your child. We hope that this booklet will support you as you do this. Please know that we are here to help each step of the way.

Your Montreal Children’s Hospital
Pre-Operative Services - Evaluation Team
**DID YOU KNOW?**

Other surgery materials have been developed here at the Montreal Children’s Hospital. Below are a few of them.

A video called “My Visit to Day Surgery”. It offers more information about how to prepare your child for surgery. To watch, visit:

- [www.thechildren.com](http://www.thechildren.com) (search: “day or ambulatory surgery”) or
- [www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca) (search: “day surgery”) or
- [www.youtube.com/watch?v=yfofBT0NRt4](http://www.youtube.com/watch?v=yfofBT0NRt4) (and view directly)

A patient information booklet called “Anesthesia for Kids”:

- [www.thechildren.com](http://www.thechildren.com) (search: “Day or ambulatory surgery”, click at “Day or ambulatory” section, and click at the link “Anesthesia for kids”)
- [www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca) (search: “Anaesthesia for kids”)

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*If you are not comfortable in English or French, please let your surgeon’s office or the Pre-Operative Assessment Services - Evaluation Clinic staff know right away. We will provide you an interpreter (through the hospital’s Socio-cultural Consultation and Interpretation Services). An interpreter will be with you for all your hospital appointments as well as for the day of surgery. This service is free of charge.*
**BEFORE THE SURGERY**

**SCHEDULING YOUR CHILD’S SURGERY DATE**

You surgeon’s office will call you to inform you of your child’s possible surgery date. They will also provide you information for your child’s pre-operative appointment. Sometimes, your child might need to be seen at the Pre-Operative Services - Evaluation Clinic of the Surgery and Intervention Centre before his/her surgery will be scheduled.

The Pre-Operative Services- Evaluation Clinic will also give you information about where to go on the day of the surgery. The registration time might also be given.

Forty eight hours (48) before the surgery, an administrative clerk from the Operating Room, will confirm with you or give you the date of the surgery, and the registration time. Please check or recheck with that person the fasting time for the surgery.

*It is very important that your child follow the surgery food and drink (fasting) instructions. For safety reasons, your child’s surgery may be delayed or cancelled, if these instructions are not followed.*

**Please bring the following to your child’s Pre-Operative Services - Evaluation Clinic appointment:**

- Medicare card
- Hospital card
- Vaccination booklet
- List of medications taken by your child over the last 2 weeks.
- Documents related to your child’s medical and surgical history or any other documents you may feel important.

If your child will need any tests, appointments or consultations, your surgeon and/or the Pre-Operative Services - Evaluation Clinic will make these arrangements with you.
Unless your surgeon has instructed you differently, for at least 7 days before surgery, do not give your child the following medications:

Aspirin (A.S.A.)
Nonsteroidal anti-inflammatory such as:
- Ibuprofen, Motrin or Advil
- Indocid or Indomethacin
- Naprosyn, Naproxen or Anaprox

Speak to your doctor if you have any questions.

**IMPORTANT INFORMATION TO TELL THE PRE-OPERATIVE SERVICES - EVALUATION TEAM**

Tell the Pre-Operative Services - Evaluation team, if your child has:

- been exposed to any infectious diseases in the last 3 weeks (e.g. measles, mumps, or chicken pox)
- cold symptoms, such as cough, runny nose or fever
- any change in his/her health (for example having a rash, diarrhea, or vomiting)

Even minor illnesses, (e.g. sniffles or a cold) may cause problems during surgery and anesthesia (medication to put your child to special sleep during surgery). For this reason, the anesthesiologist (doctor specialized to give anesthesia for surgery) or the surgeon may decide to postpone the surgery until another date.
YOUR PRE-OPERATIVE SERVICES – EVALUATION CLINIC VISIT

Most children need to visit the Pre-Operative Services - Evaluation Clinic. You will be given a lot of important information at this visit. We will provide you the time and date of this clinic appointment and directions on how to get there.

HERE IS HOW TO PREPARE FOR THIS VISIT:

- Make a list of your questions
- Note down any details about your child that we would need to know
- Write up a list of medications taken by your child over the last 2 weeks
- Pack your child’s Medicare card, hospital card and vaccination booklet
- Bring documents related to your child’s medical and surgical history or any other documents you feel may be important (e.g. If you are a legal guardian, please bring us the legal papers that confirm this.)

During your appointment at the Pre-Operative Services - Evaluation Clinic, you and your child will meet with a nurse and a pediatrician. If necessary, an anesthesiologist, a Certified Child Life Specialist or the surgeon (or his/her team member) might meet with you also.

Together, you will review the details of your child’s surgery and how to prepare for it. We will also provide you with after-surgery care instructions for your child. Discuss your (and your child’s) questions and concerns with us during this meeting. If there are any cultural or religious practices that might take place around the time of your child’s surgery, please let us know at this time. This will help us plan.
During this visit, we will also:

- Take your child’s vital signs (e.g. weight and blood pressure)
- Carry out your child’s physical exam (or check-up)
- Discuss any more tests or appointments with specialists that your child might need in order to provide the best care possible for your child

During this visit, or on the day of surgery, we will ask you (as the parent or legal guardian) to sign a surgery and general anesthesia (medication to allow your child to “sleep” and be pain-free during surgery) consent form.

When you sign the consent form, you are agreeing that:
Your child’s surgery has been explained to you.
You understand the benefits and risks involved.
HOW TO PREPARE YOUR CHILD FOR SURGERY

We recommend that all children be prepared for surgery. How and when you prepare them will depend on:

- their age
- if they have had any previous hospital experience
- their personality
- how you think they will cope

The nurse and the Child Life Specialist can help. If you feel your child needs extra support, please talk to your nurse or contact the Child Life Department (514–934-1934, extension 23832)

GENERAL TIPS AND STRATEGIES

No matter his or her age, or level of maturity, there are many things you can do to prepare your child for surgery:

Ask questions. Find out as much as possible about the surgery. This includes the order of events, what your child will see, feel, and hear, and the people you will meet.

Discuss the surgery with your child. Being honest does not mean you have to give every detail of what will happen. Begin slowly with simple information. Let your child know you are willing to talk about the surgery and his or her feelings about it. You may choose to read children’s books together about going to the hospital. You could also try “medical play” with dolls or puppets with a pretend medical set.
Explain to your child why they need surgery.
We know that children are more likely to accept a surgery, test or procedure if they understand it. To understand it, it needs to have real meaning for them.

What you say will depend on your child’s age and level of maturity. For example, you could say: “The doctor needs to fix a problem with your body to help you....”

Reassure your child that he or she will not feel, hear or see anything during surgery. Some children are afraid to wake up in the middle of surgery. Your child needs to be reassured that this will not happen, and that he or she will only wake up once the surgery is finished. Tell your child that they will have a medicine that will put them into a “special sleep”.

Be honest. Provide information about the surgery that is appropriate for your child’s age and level of maturity. If you do not know the answer to a question, tell your child that you do not know. Reassure him or her that you will try to find the answer before the surgery day.
Choose language carefully.

Certain hospital words can confuse some children. For example, when talking about anesthesia, you might want to be careful about using phrases like “put to sleep.” This might scare children who have had pets “put to sleep.” Instead, you might try saying “a special sleep”.

Other examples are:
- “poke” instead of “needle”
- “bed on wheels” instead of “stretcher”
- “fix” or “repair”, instead of “cut” or “remove”

Stay positive. Children are very good at picking up on your feelings, even when you try to hide them. Knowing what to expect about the surgery can help relieve much of your anxiety. Remaining calm will help make the experience positive for you and your child.

Do not make promises you will not be able to keep. Do not say things like “I won’t leave you”. Instead, try: “See you later. I will be waiting for you and I will see you when you wake up.”

Do not bribe or threaten. This may work in the moment, but may get in the way of giving your child positive ways to cope over a longer period of time.
AGE-SPECIFIC TIPS AND STRATEGIES

Babies (newborn to 18 months)
• Bring familiar and comforting items from home: pacifier, toys, stuffed animal or a favorite blanket.
• Play soft music or sing to your child. The sound of your voice will be soothing.

Toddlers (18 months to 3 years old)
• Prepare your toddler 1 to 2 days before the surgery.
• Let your child choose a comforting item to bring to the hospital.
• Due to fasting, your child may act differently, be fussy or upset. This is normal.
Preschoolers (3 to 6 years old)

- Prepare your preschooler 2 to 4 days before the surgery.
- Explain the surgery using simple words. Avoid giving too many details. Emphasize why surgery is important.
- Ask your child to explain what they understand. This will help you correct any confusion or misunderstandings.
- Tell your child that they did not cause the surgery. Preschoolers often think they have “done something wrong,” and that surgery is a punishment.
- Read books about surgery and staying in hospital
- Play with a toy medical set to help your child explore his or her feelings about the surgery.
School-age children (6 to 12 years old)

- Prepare your child 1 to 2 weeks before surgery.
- Explain what will happen before, during and after surgery.
- Describe what he or she will see, hear and feel.
- Your child may be afraid of waking in the middle of surgery. Reassure them that this will not happen. Explain how the anesthesiologist (“sleep doctor”) will be there to make sure they wake up only after the surgery is finished.

Adolescent/Teen (12 years and older)

- Include your teen in talks and decision-making about his or her surgery.
- Your adolescent will want to know if the surgery will change how he or she looks, or how it will change daily activities with friends.

- Ask your teen to write down their questions.
- Encourage them to ask the doctor or the nurse these questions.

Did you know?

In Quebec, the age for legal consent is 14 years old.
PLANNING CARE AT HOME AFTER SURGERY

It will be easier to care for your child after surgery if you stock up on items before the day of the surgery.

Below are some suggestions of things to have ready at home:

- Popsicles
- Soup
- Clear liquids: apple juice, flat soft drinks
- Acetaminophen (e.g. Tylenol®) – you can buy the kind that can be taken by mouth or the suppository form to be inserted in your child’s bum (rectum).

THE DAY BEFORE THE SURGERY

Food and drink

Make sure you know exactly when your child should stop eating and drinking. This will be explained to you during your Pre-Operative Services - Evaluation Clinic visit. Forty eight hours (48) before the surgery, an administrative clerk from the Operating Room, will confirm with you the date of the surgery, and the registration time. Please check or recheck with that person the fasting time for the surgery.

It is very important that your child follow the surgery food and drink (fasting) instructions. For safety reasons, your child’s surgery may be delayed or cancelled, if these instructions are not followed.
Bathing and showering
Your child must have a bath or shower at home on the night before and/or on the same day of the surgery. You will need to wash your child with a special soap, called 4% Chlorhexidine Gluconate Skin Cleanser. You may buy this soap at your local pharmacy. Wash your child’s hair and body with this soap. Do not use this soap on their face or to wash their ears. Rinse well with water afterwards. Avoid using any creams or oils.

Make-up and jewelry
Your child will need to remove any make-up, nail polish, jewelry (including piercings), and temporary (“stick-on”) tattoos.

Hair
If your child has long hair, please tie it up with an elastic band. Be sure that there is not metal on this elastic band.

Who should I contact if my child is unwell?
We will instruct you when and who to call if your child is sick or in contact with any infectious disease before the surgery day.

Even minor illnesses, (e.g. sniffles or a cold) may cause problems during surgery and anesthesia (medication to put your child under special sleep for surgery). For this reason, the anesthesiologist (doctor specialized to give anesthesia for surgery) or the surgeon may decide to postpone the surgery until another date.
THE DAY OF THE SURGERY
WHAT TO EXPECT

As the parent or legal guardian, you must be with your child on the day of the surgery and throughout their hospital stay.

Remember to bring:

- a list of medications taken by your child over the last 2 weeks
- your child’s Medicare and hospital cards
- a clean, comforting item (e.g. a stuffed animal or blanket)
- Items to help pass waiting times (e.g. music, books).
- any of the following, as needed:
  - Bag for clothing, face cloth, tissues, pacifier, diapers, sanitary napkins, extra under wear, bottle/drinking cup, slippers/shoes, sweater/housecoat

Note that you will not be allowed to travel home by public transport, like bus or metro, after the surgery. Please make other arrangements (e.g. taxi or, car with 2 adults, 1 to supervise the child and the other to drive).

After the surgery, only 2 adults at a time will be allowed in the Post-Anesthesia Care Unit (PACU) or Recovery Room. Children under 14 years old are not allowed. Please make arrangements for their care.
The following pages will explain step-by-step what to expect on the surgery day. Read this carefully. Speak to your nurse or doctor if you have any questions.

**WHEN YOU ARRIVE AT THE HOSPITAL**

1. **Go to the Surgical and Intervention Centre reception area.**
   On the day of surgery, unless being instructed differently, go to the Surgical and Intervention Centre reception area, at B03.3103. Present your child’s Medicare and hospital cards to the person at the reception. After, you will be directed to the fasting waiting room. When it will be your child’s turn, you will be asked:

   - To have your child change into a hospital gown. We might give you a paper hat and shoe covers for your child to put on later, just before going into the Operating Room.
   - Some questions. For example: “When was the last time your child ate or drank? Does he or she have any allergies? Is he or she taking any medications?”

2. **Meet the Certified Child Life Specialist, if needed.**
   Depending on the day of your child’s surgery and his or her needs, you might meet a Certified Child Life Specialist. The Certified Child Life Specialist works closely with families and your healthcare team to lower any stress your child may have throughout their hospital experience.
3. Meet the Operating Room team.
We will call your child’s name when it is his/her turn for the surgery, the anesthesiologist will speak with you about the anesthesia plan for your child. The surgeon and the Operating Room nurse will also come to speak with you. If you have any questions, ask them before your child goes in for surgery.

4. Wait in the waiting area or in other place of the hospital.
During your child’s surgery, we ask you not to leave the hospital. It is very important that we can reach you during and after the surgery. When the surgery is over, we will call you so that you may meet your child at the Recovery Room, also known as the Post-Anesthesia Care Unit (PACU).
Outside the Operating Room

When you arrive at the fasting waiting room, please put your child file at the place indicated by the receptionist of the Surgery and Intervention Centre. After, please take a seat.

Please bring toys, books, or CD player to help you distract your child during this time. Playing or reading with your child can make your wait feel shorter. It can also help to lower your child’s stress.

When it is your turn to meet the operating room team, your child’s anesthesiologist, nurse and surgeon will speak to you and your child before the surgery. They will check the consent form that you have signed.

Depending on the type of surgery, the surgeon may mark the area of your child’s body where the surgery will be performed.

Your surgical care team may ask you:

- When did your child last eat?
- When did your child last drink?
- What surgery is your child here for today?
- Does your child have any allergies (for examples to medications or food)?

Throughout the day, you may notice that different members of the health care team are asking you the same questions. It is important that each member of the health care team collect the same type of information from you. This is to make sure that we provide your child with not only high quality care, but the safest care possible.
At the same time, the doctor may do another physical exam (check-up) of your child. For example, if your child has a cough the doctor may listen to your child’s chest.

When it is time to go to the Operating Room, your child will have to put on the paper hat and shoe covers. Your child can bring a small toy or stuffed animal with him or her. A hug, a kiss and a “see you soon” are good ways to part with your child.

The nurse, anaesthesiologist and surgeon will bring your child into the Operating Room. At this point, we will ask you to go to the waiting area or to other place in the hospital, we will call to ask you to meet your child at the Recovery Room (Post-Anesthesia Care Unit)
IN THE OPERATING ROOM

It is important that you explain what will happen next to your child. Once in the Operating Room:

1. Your child will lie down on the bed.
2. The anesthesiologist will place heart monitor leads (3 round stickers), a blood pressure cuff and an oximeter clip on his or her finger or toe. (This will measure the oxygen in your child’s blood).
3. We will place a mask on your child’s face to help him or her go to sleep.
4. Once he is asleep, we will start an intravenous (IV) line to be able to give your child medication(s) and fluid(s). (If an IV is needed before your child is asleep, then a special cream may be used to numb the skin so the poke does not hurt.)

IN THE POST-ANESTHESIA CARE UNIT (PACU)/RECOVERY ROOM

After the surgery, your child will be taken to the Post-Anaesthesia Care Unit (PACU)/Recovery Room by the anesthesiologist and the nurse. Here, expert nurses, trained to care for children recovering from anesthesia or heavy sedation, will be with your child.

We will let you know when your child is transferred to the PACU. As your child begins to wake up, we will bring you in.
To help your child smoothly recover from the anesthesia:
• Do not try to wake him or her up.
• Once he or she is awake, speak calmly and softly.
• Reassure your child.
• Stay at his or her side until it is time to go home

Please speak to the PACU team if you have any questions or concerns about your child’s care.

Help us keep the unit calm and quiet for all patients. For comfort, privacy and safety reasons, we ask you to:
• Arrange for only 2 adults to come in at a time.
• Note that children under 14 years old are not allowed. Please make arrangements for their care.
• Respect the privacy of other patients and families while you are here. Focus on your child.
• Keep in mind: If there is an emergency on the unit, we may ask you leave the room for a period of time.
WAKING UP FROM ANESTHESIA

All children recover differently from surgery and anesthesia. The time it takes for your child to be ready for home will depend on many different things. Some children are wide-awake in the PACU, while others are groggy for hours. Some children are very confused and agitated after surgery. This is temporary. They will feel better with time.

A nurse will monitor your child’s pain regularly and will decide with the doctor on the best pain control plan for your child. If you notice that your child’s pain is not controlled, let the nurses or the surgeon know. We want to make sure your child is comfortable. (See the chapter, “Taking control of pain” for more information.)

GOING HOME

Before you are able to go home, you should expect the following:

A check-up (physical exam)
The anesthesiologist, the surgeon or the nurse will examine your child. They will make sure there are no signs of distress, that your child is well hydrated, and that his or her pain is well controlled. They will check to make sure that everything is in place (e.g. the surgical bandage and tubing) and that there are no signs of problems (e.g. bleeding).

More information for care at home
We will discuss with you how best to care for your child at home and also give you after-surgery care instructions in written form. This would include information on when your child can return to regular activities, medication(s), and any special care that your child may need. We will tell you what to expect and who to call if you have questions or concerns at home.
Please remember that you will **not** be allowed to travel home by public transport, like the bus or metro, after the surgery. Please make other arrangements (e.g. taxi or, car with 2 adults, 1 to supervise the child and the other to drive).

*Before you leave, we want you to be confident that your child is well enough to go home. You must also feel comfortable with the instructions we have given you. Ask us your questions. Tell us your concerns. We are here to help!*
AT HOME

Some children may act differently for a short while after the surgery. This may include sleep changes, becoming clingy, changes in eating, hyperactivity, nightmares, new fears (e.g. not wanting to sleep alone or needing a night-light) and acting younger (bed-wetting, thumb-sucking).

These changes are usually normal and will not last. Your child should return to his or her usual self within 1 to 4 weeks after coming home from the hospital. In the meantime, here are some ways you can help:

- Talk about the hospital experience with your child.
- Read books about the hospital and surgery.
- Play with a toy medical set to help your child explore his or her feelings about their surgery experience.
- Organize a creative activity so your child can express feelings or emotions. For example, paint or draw pictures.
- Encourage your child to play with favorite games and toys.
- Encourage your child to listen to music.

If these changes last longer than you expect, please contact your surgeon’s office.
TAKING CONTROL OF PAIN

No matter how old they are, all children may have pain after a surgery. This pain needs to be properly treated for their wellbeing and comfort. If pain is not controlled, this can delay your child’s recovery and keep him or her from returning to normal activities.

So don’t wait. If you see your child is in pain, give the pain medication as instructed. If you wait, it may take longer for the pain to go away.

Remember: As your child recovers, the pain should get better, not worse. If it seems to be getting worse or is not relieved, speak to the doctor or the nurse.

We experience pain both in our body and in our mind. For this reason, we tend to use medication together with other (non-medication) strategies to control pain.

Please note that, along with this booklet and the resources at our Family Resource Library, we will provide you with more information on how to take care of your child’s pain. This will include how to know if your child is in pain and how to treat it.

MEDICATION STRATEGIES

• Give Acetaminophen (Tylenol® or Tempra®) every 4 hours if needed, but no more than 5 doses total in 24 hours.

  Your child’s next dose may be given only at _______________

• We may prescribe your child other medications. It is very important to follow the exact instructions we have provide on how much and how often to give your child each medication.
NON-MEDICATION STRATEGIES

Why are non-medication pain control strategies so great? They:
• help lower pain and anxiety for kids of all ages
• are safe, inexpensive and easy to learn
• can be used anywhere, in the hospital or at home

Keep in mind: these strategies are to be used with pain medication, not instead of pain medication. Some popular strategies are listed below:

AGE-SPECIFIC NON-MEDICATION STRATEGIES

1 DISTRACTION
This helps your child focus on something pleasant other than pain. Encourage your child to choose the activity.

Babies (Newborn to 18 months)
• Breastfeeding /pacifier
• Holding, rocking, patting/swaddling
• Soft voice, singing and music

Toddlers (18 months to 3 years old)
• Interactive toys
• Blowing bubbles
• Musical toys
• Singing

Preschoolers (3 to 6 years old)
• Blowing bubbles
• Books (“I SPY” or sound books)
• Movies or cartoons
• Story telling
School Age
(6 to 12 years old)
- Deep breathing
- Blowing bubbles
- TV/video games
- “I SPY” books
- Counting
- Singing
- Guided imagery

Adolescence
(12 years and older)
- Deep breathing
- TV/video games
- Music, Books
- Guided imagery

Excerpt from Ellis and Zempsky et al, 2004, and Ellis et al, 2004
2 GUIDED IMAGERY (OR ACTIVE IMAGINATION)
This strategy works best for school age (or older) children. It makes use of your child’s memory or imagination to call up images in their mind. Help your child use his or her imagination to create a safe place by focusing on pleasant thoughts. Ask him or her to tell you about a real or pretend event (e.g. their last vacation or favorite place) using as many senses as possible (that is, what they see, hear, feel, smell and taste). This will help them relive this event.

Visual
Imagine lying with a puppy, swimming with a dolphin, playing your favorite sport

Movement
Imagine flying on a magic carpet, swimming, skating

Auditory
Imagine listening to a favorite song, or to ocean waves

Positive
Imagine winning a game or a race

3 RELAXATION
Relaxation helps decrease stress in the body and mind. Encourage your child to breath slowly and deeply and count his or her breaths.

School Age (6 to 12 years old)
Encourage your child to relax tight muscles by imagining they are a ‘wet noodle’ or letting each body part ‘get heavy’

Adolescence (12 years and older)
Use a technique called “progressive muscle relaxation” involving slowly tensing and relaxing each muscle, going from head to toe
FURTHER READING

For more information on how to control pain using guided imagery, we suggest you try the following books.


“Imagine a rainbow: a child’s guide for soothing pain” by Brenda S. Miles and illustrated by Nicole Wong

MCH Family Resource Library and librarian is also available to help you with information.

Visit us in-person:
Family Resource Centre
Block A, room A RC-1107
Montreal Children’s Hospital
1001 Decarie Boulevard
Montreal (Quebec) H4A 3J1

Go online:
www.mchfamilylibrary.ca

Call:
514-412-4400 ext. 22383

Did you know?
You can borrow these and other books from the MCH Family Resources Library. Feel free to browse the list and search for any topic(s) which might be related or relevant to your child’s surgery.

OTHER RELATED WEBSITE LINKS

Day or Ambulatory surgery:
www.thechildren.com/patients-families/hospital-visits/day-or-ambulatory-surgery

MUHC Patient Education website:
www.muhcpatienteducation.ca
(Search: surgery for children, then click on any related or relevant topic(s) to your child’s surgery)

MCH Family Resource Library
www.mchfamilylibrary.ca
(Click: Pain Management + Resource Centre)