

## When your child is having surgery

Information for parents and carers

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St George's University Hospitals  
NHS Foundation Trust  
St George's Hospital  
Blackshaw Road  
London SW17 0QT  
Tel: 020 8672 1255  
E-mail: [general.enquiries@stgeorges.nhs.uk](mailto:general.enquiries@stgeorges.nhs.uk)  
Website: [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

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If you need an interpreter or signer, please tell a member of staff. We sometimes need notice for this, but we will try our best to support you and make arrangements for your next visit.

English

إذا كنت بحاجة إلى مترجم أو إلى من يوقع، نرجو أن تعلم أحد الموظفين. نحتاج أحياناً إلى مهلة للقيام بهذا الأمر، ولكننا سنبتذل قصارى جهننا لمساعدتك ولتعمل الترتيبات لزيارتك المقبلة.

Arabic

જો તમને દુવાચિયાની અથવા ઈશારાની ભાષાથી વાત કરી શકનાર (સાઈનર)ની જરૂર હોય તો કૃપા કરીને કોઈ કર્મચારી સભ્યને કહો. કેટલીકવાર આના માટે અમને થોડા સમયની જરૂર પડે છે પરંતુ તમને સહાયતા કરવા માટે અને તમારી હવે પછીની મુલાકાત માટેની ગોઠવણી કરી આપવા માટે અમે અમારાથી બનતા પ્રયાસ કરીશું.

Gujarati

Jeśli potrzebują Państwo tłumacza ustnego lub osoby posługującej się językiem migowym, prosimy o poinformowanie członka personelu. Potrzebujemy czasami w tej kwestii powiadomienia, jednakże postaramy się uczynić wszystko, co w naszej mocy, aby udzielić Państwu wsparcia oraz zorganizować Państwa kolejną wizytę.

Polish

Caso necessite de um intérprete ou intérprete de língua gestual, informe um dos funcionários. Por vezes é necessário avisar com alguma antecedência, mas faremos os possíveis para lhe prestar auxílio e organizar o que for preciso para a sua próxima visita.

Portuguese

Hadli aad u baahantahay turjubaan ama bilmaamaha gacnaha ee dhagoolaha, fadlan u sheeg shaqaalaha midka tirsan. Anaga mararka qaarkood waxaan u baahanahay ogeysiin, laakiin waan isku tijaabinaynaa sida ugu wanaagsan sidii aan kugu taageri laheyn si aan kugu habeyno marka dambe ee aad na soo booqatid.

Somali

உங்களுக்கு ஒரு மொழிபெயர்ப்பாளர் அல்லது சைகை மொழி பேசுபவர் தேவைப்பட்டால், தயவு செய்து ஊழியர் உறுப்பினர் ஒருவரிடம் அது குறித்து கூறுங்கள். சில நேரங்களில் இதற்கான ஒர் அறிவிப்பு எங்களுக்குத் தேவைப்படுகிறது. ஆனால் உங்களுக்கு ஆதரவு அளிக்கவும் மற்றும் உங்களுடைய அடுத்த வருகையின் போது இதற்கான ஏற்பாடுகளை செய்யவும் எங்களால் முடிந்த அளவுக்கு நாங்கள் முயற்சி செய்வோம்.

Tamil

اگر آپ کو ترجمان (انٹریپرینر) یا سائینر (اشاراتی زبان کے ترجمان) کی ضرورت ہو تو براہ مہربانی کسی بھی کارندے کو بتائیں۔ اس کے لیے ہمیں کبھی کبھی پیشگی نوٹس کی ضرورت پڑتی ہے لیکن ہم اپنی پوری کوشش کریں گے کہ آپ کی مدد کی جائے اور آپ کے ساتھ اگلی ملاقات پر اس کا انتظام کیا جائے۔

Urdu

## Help with travel costs

If you are on a low income or benefits you might be entitled to reclaim your public transport costs to and from the hospital under the Healthcare Travel Cost Scheme. Please call the hospital cashier on 020 8725 1632 or see the Department of Health leaflet, **HC12** available on our website or by calling 0845 850 1166.

## Data Protection Act 1998

We collect information about your child and family relevant to their diagnosis and treatment. We share it in written records and on computer systems. We may have to share some of this information with other people and organisations. If you have any questions and/or do not want us to share your child's information with others, please talk to the nurses/doctors looking after your child or contact the PALS team using the details given above.

## How do I get advice?

If you have any questions or worries about any aspect of your care, please speak to the nurse in charge. If you remain concerned, you can contact the Patient Advice and Liaison Service (PALS). The PALS team is here to let you know about our services, listen to your experiences and help to resolve any problems.

To contact PALS, you can:

- telephone: 020 8725 2453
- email: [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)
- visit the PALS office on the ground floor of Grosvenor Wing (Monday to Friday, 9am to 5pm).

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Whether your child is coming to St. George's as an inpatient or day case, this booklet will help you prepare yourself and your child and explain what you can expect during your child's stay.

## Before you come to hospital

### What information will I receive at home before coming into hospital?

We will send you an admission letter telling you the date, time and the ward to go to for your child's admission to hospital.

### Do I need to have anything at home ready for my child's discharge?

When the consultant sees you in the outpatients department they will tell you if there are any specific preparations that you need to make for your child. For example, for young children having orthopaedic surgery you may need to think about how they will fit into their car seat or pushchair with a plaster cast on.

We no longer supply you with paracetamol and ibuprofen when your child is discharged. Please ensure that you have supplies at home. The doctor/nurse discharging your child from hospital will discuss pain relief with you and answer any questions you may have.

### What shall I tell my child about coming into hospital?

Most children are less anxious about coming to hospital if they know what to expect. It is important to tell your child that they are going to have an operation, why this is needed and what will happen.

Tell your child in a simple but honest way about what to expect. You may find it helpful to use pictures, leaflets or storybooks.

their hands before and after touching food, touching another person or using the toilet.

### Help us to stay clean and prevent infections by:

- following instructions to clean your hands with alcohol gel before you enter and leave the ward
- asking your visitors to do the same
- asking your visitors to follow any special instructions, such as wearing aprons or gloves
- understanding that we may need to isolate some patients for infection control purposes, which might mean moving them to a side room
- cleaning your hands before eating and after using the toilet or commode
- avoiding touching any wounds or lines you may have
- asking staff attending to you if they have cleaned their hands
- asking visitors not to visit if they have any infections (including diarrhoea and colds)
- putting your litter in the bin
- telling the staff member in charge if you see dirt, dust or rubbish.

## What do you think of our services?

Your views about our services are important to us and we welcome your comments. Please ask your nurse for a copy of the leaflet, **Help us to help you** or send an e-mail to [complaints.compliments@stgeorges.nhs.uk](mailto:complaints.compliments@stgeorges.nhs.uk)

We also gather feedback about our services to improve patient experience. All information collected is treated in the strictest confidence and is anonymous (meaning that we do not know which patient has given which feedback). Each ward or department will display a poster to show how they are performing and what plans they have taken to improve the service we provide.

## Play and activities

Each ward has a play room where you and your child can play together. We also have a team of play specialists who use play to help prepare your child for treatment, helping them to understand, accept and co-operate.

## Retail outlets

There are a number of retail outlets including:

- Marks & Spencer Simply Food Store
- Whistlestop newsagents and convenience shop
- Friends of St George's shop
- M&S Cafeteria
- Peabody's Cafeteria
- Ingredients Restaurant (resident parents are entitled to a meal voucher worth £1 per meal).

## Telephones

Pay telephones and mini-cab freephones are available in all the main entrances. Mobile phones can interfere with sensitive equipment in some areas of the hospital so please look out for the signs and cooperate with their instructions. Please also be considerate and switch them off or onto silent while you are on the wards. Please do not use your phone to take photographs in the hospital.

## Infection control

We all carry bacteria (germs) on our skin or in our bodies. These bacteria can be passed from person to person. There is a higher chance of cross-infection in hospital because of close contact between patients and staff. It will never be possible to prevent all infections acquired in hospital. For example, patients can infect themselves with their own bacteria. We can, however, take measures to ensure the spread of infection is kept to a minimum.

The best way to prevent infection from spreading is good hand hygiene. All staff, patients and visitors should wash

There are also several books in the local library that can be helpful. If your child is between six and 12 years old then the books "Hospital" by Althea Braithwaite, as well as "Going to the hospital" by Anne Civardi and Stephen Cartwright are good to read through before coming into hospital.

You can also contact the specialist play centre at the hospital on **020 8725 0331** (8.30am to 4.30pm, Monday to Friday). Specialist play centre staff will be happy to make suggestions about how to prepare your child for their operation.

## Safari Club – Teaching children what to expect



Safari Club is a weekly session for parents and children which allows you to come in to the hospital and familiarise yourself with some of the areas and experiences you will encounter at the time of your child's surgery. The session is held on Saturday mornings at 11am (not Bank Holiday weekends) and enables you and your child to:

- play with some equipment
- see the wards
- ask questions
- watch a film about having an operation

- visit theatres.

To find out more about Safari Club, call **020 8725 2034**.

### **What do I need to bring with me if my child is staying in hospital?**

#### **Please bring:**

- nappies
- clothes and footwear (day/night). The clothes should be easy to get on and off and appropriate for the surgery your child is having. For example, if your child's arm is going to be in a sling, an oversized top may be required
- familiar toys/games
- any medicines your child is taking
- toiletries (dry shampoo is useful)
- a comforter (dummy/toy) to settle your child when upset
- your Child Health Record
- your child's Hospital Passport / "All about me" folder, if they have one.

If your child has a special diet / milk, please inform staff on the ward your child will be coming to and we will contact our dietetic department. Please bring your child's normal milk with you on the day of admission.

### **Shall I still bring my child into hospital for their operation if he/she has had a cough, cold or other illness, or has been in contact with an infectious disease?**

Please contact the ward before coming into hospital if your child is unwell or if you think your child or a close family member has been in contact with an infectious disease, such as chickenpox, measles, mumps or diarrhoea and vomiting (tummy bug). Some of these diseases can take up to four weeks to develop and can be infectious before they make someone ill. Please tell any family members and visitors who have been in contact with infectious diseases not to come to the hospital until they have spoken to the nursing staff.

your child's nurse / doctor and as required.

In most cases your child's wound will have been closed using dissolvable stitches, so there is no need to have them taken out. If non-dissolvable stitches have been used the nurse and/or doctor will explain where and when you need to have these removed.

If a dressing falls off or if you are unsure about anything, please contact the ward and we can arrange for you to be seen if necessary.

### **What facilities are provided at the hospital?**

#### **Breastfeeding facilities**

St. George's encourages breastfeeding. All wards have suitable facilities where you can breastfeed, including access to a breast pump if you need one. Breastfeeding mothers are entitled to free food from the ward meal trolley, but only after the children have been fed.

#### **Car parking**

There is a pay and display car park in the hospital grounds near to the hospital exit which can be entered from Blackshaw Road. This costs £2 for the first hour with half hourly rates after that. Parents staying with their child are entitled to a discount voucher, available from the nursing staff.

#### **Cash machines**

These are located in the main entrance of Grosvenor Wing.

#### **Chaplaincy service**

There is a hospital chaplain available and a chapel in St James Wing. Other faith leaders visit the wards and arrangements can be made for you to see them if you wish. Please ask a nurse for details on how to arrange this.

operation and explain how the operation went and whether they need to see your child again in the outpatients clinic.

## When can I go home with my child?

### Day case admissions

It takes at least two hours to recover from a general anaesthetic, so you cannot usually leave before then. In order to leave hospital your child must be:

- drinking fluids without being sick
- walking without assistance (if appropriate)
- comfortable and not in pain
- communicating with you as normal.

Your child will be able to go home on the same day once the doctors and nurses have checked they are fit and well; although this may not be possible if it takes longer than expected for your child to recover. It is a good idea to bring an overnight bag for you and your child just in case.

### Inpatient admissions

When the doctor sees you in the outpatients department they will give you an indication of how long your child will need to stay in hospital for. We aim to discharge children before 11.00am, so please ensure that someone is able to pick you up around this time on the day that your child is leaving the hospital.

## What other information might I need to know before taking my child home?

If your child has had an operation and an anaesthetic, they may feel lethargic for the next couple of days. They should rest as much as possible when they get home. Your child will probably feel a bit sore on the night of the operation and the day after. You should ensure that you have a supply of paracetamol and/or ibuprofen at home to relieve any pain they might be experiencing. Give these as directed by

## Can my child eat and drink before coming to the hospital?

If your child is having an operation this will be done under general anaesthetic. This means that he/she will be asleep during the procedure and will need to stop eating and drinking for a period of time before the anaesthetic. We call this a period of **fasting** or **nil-by-mouth**.

It is very important that you follow these fasting instructions. Fasting helps to prevent your child from inhaling (breathing in) food into their lungs whilst they are under general anaesthetic. If you do not follow these instructions your child's surgery may need to be cancelled.

St George's Healthcare NHS Trust

### Vital Information

- 2 hrs** You can drink water up to 2 hours before your surgery
- 4 hrs** Your baby can drink breast milk up to 4 hours before their surgery
- 6 hrs** You can eat food or drink milky drinks up to 6 hours before your surgery

St George's Healthcare NHS Trust, St George's Hospital, Blackshaw Road, London, SW17 0QT.  
Tel: 020 8672 1255 Website: [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## What should I do if my child is having surgery or a procedure in the morning?

Please give your child a milky drink and a light nutritional snack of their choice (such as toast or cereal) before they go to bed the day before their surgery. This will reduce the amount of time that they are without food or drink and will make them more comfortable.

Your child can eat any food or have any milky drinks (including formula milk) until 2.30am. Milk counts as a food product as it takes longer to digest. Food also includes chewing gum, boiled sweets and crisps.

If you are breastfeeding and your baby is having surgery you may continue to breastfeed your baby until 4.30am.

Your child may safely continue to drink clear fluids from the following list until 6.30am on the morning of their surgery:

- Water (not fizzy)
- Diluted squash (without bits)
- Clear apple juice (no pulp)

You should give your child a drink just before 6.30am to prevent them from becoming dehydrated. You may give any regular medications with water until 6.30am unless we have asked you not to.

Research has shown that drinking fluids up to two hours before surgery can:

- reduce postoperative nausea (feeling sick)
- reduce vomiting (being sick)
- help recovery.

concern. We can give medicine to try to stop this happening again. He/she may also look pale and lethargic, but again this is quite normal.

We will sometimes place a plaster or dressing over your child's wound and there will be a bandage on the hand with the cannula in it. There might also be a bag of fluid (drip) attached to the cannula. This will usually only be there for a short time or until your child is drinking normally.

The recovery nurse will tell you about the care and treatment your child has been given. Once your child is settled they will be taken back to the ward.

## What happens back on the ward?

The nurse will observe your child's wound/dressing regularly. It is important that the nurse looks at the wound to check that there is no bleeding.

The nurse will also record your child's temperature, pulse and blood pressure. This is to check that your child is not having any problems after the operation. Please tell the nurse if your child passes urine or needs any medicine for pain or discomfort.

You may find that your child is grumpy and unsettled at first, but he/she will be back to their usual self quite quickly. They may also be very sleepy, feeling dizzy and sick, or complaining of a headache. He/she should try to sleep and rest as much as possible, and then try to slowly sip on a drink of water or squash (non fizzy). If this is taken without any problems, a light snack of toast/biscuits (not chocolate) can be given.

After some operations and anaesthetics there might be strict instructions for your child to follow in relation to walking. The nurse will let you know when your child can get out of bed and start walking.

The doctor/surgeon or nurse will come and see you after the



mouth. The injection works very quickly. If gas is used, your child may become restless before they are unconscious. Once your child is asleep you will be escorted back to the ward by a member of staff.

The anaesthetist will remain with your child during the operation, and will take your child into the recovery room afterwards. In the recovery room a member of the theatre team will be with your child at all times.

So that you can go for a walk / get something to eat whilst your child is in theatre, we will give you a pager which we will use to alert you once your child's operation is over and they are settled in the recovery room.

### **How long will my child's operation take?**

This depends on the type of operation your child is having. Please remember that although operations might only take a short time, the waking up time in recovery may mean that your child is away from the ward for longer than you expect. You will be called as soon as your child wakes up.

### **What happens after my child has had their operation?**

Your child will be taken to the recovery ward in the theatre department where they will be woken up. They will have one nurse looking after them until they are fully awake. The nurse in recovery will phone the ward to tell the ward nurse that your child can be collected. We will page you at this point if you have been given a pager.

When you arrive at the recovery room there may be other children, parents and staff present.

Do not worry if your child is upset or needs oxygen through a face mask. This is normal following an anaesthetic. Once your child has settled they will calm down and the oxygen mask can often be taken off when you are back on the ward. If your child is in pain, medicines can be given to help them feel more comfortable.

Your child may be sick (vomit) but this is not cause for

### **What should I do if my child is having surgery or a procedure in the afternoon?**

Please give your child an early breakfast before 7.30am. This will reduce the amount of time that they are without food and drink and will therefore make them more comfortable throughout the day.

Your child can eat any food or have any milky drinks (including formula milk) until 7.30am. Milk counts as a food product as it takes longer to digest.

If you are breastfeeding and your baby is having surgery you may continue to breastfeed your baby until 9.30am.

Your child may safely continue to drink clear fluids from the following list until 11.30am on the day of their surgery.

- Water (not fizzy)
- Diluted squash
- Clear apple juice (no pulp)

You should give your child a drink just before 11.30am to prevent them from becoming dehydrated. You may give any regular medications with water until 11.30am unless we have asked you not to.

Research has shown that drinking clear fluids up to two hours before surgery can:

- reduce post-operative nausea (feeling sick)
- reduce vomiting (being sick)
- help recovery.

**If you have any queries or concerns, please contact the relevant ward:**

Jungle Ward: **020 8725 2034** or **020 8725 2035**

Nicholls Ward: **020 8725 2098** or **020 8725 2099**

## Arriving at the hospital

### What time should we arrive at the hospital?

Your admission letter will tell you what time you need to arrive at the hospital. If you get held up in traffic, or are running late, please contact the ward. Remember to allow time for parking.

If your child has a cough, cold or temperature on the day of admission to hospital or the day before coming into hospital, please contact the ward as soon as possible so that we can advise you further.

### What should we do when we arrive at the hospital?

There is a map of the hospital on page 10. This has been developed as a pathway map (like the map of the London Underground) to help you find your way around. If you prefer a traditional map of the site, please look out for maps around the hospital or ask at a reception desk in Grosvenor Wing or Atkinson Morley Wing.

Please report to the ward named in your admission letter. All our wards and departments are wheelchair accessible. You may be asked to wait in the play area until a bed is available. Please hand all of your child's medicines to the nurse for safekeeping, but please remember to take them home with you when you leave St. George's.

whether it is best to cancel your child's operation for the time being.

If the anaesthetist knows that your child's operation will be delayed, then during the day he/she will keep you informed of any changes that might have to be made.

### The play specialist

The play specialist's job is to help children cope with any pain, anxiety or fear they might experience during their time in hospital. The play specialist will:

- introduce themselves to you and your child
- support and work alongside you and your child preparing for all the various stages of the day. This includes working through any anxieties and distracting the child for various procedures, if required
- find your child activities to enjoy and help them to understand or cope with their admission. A variety of toys, games and crafts will help to pass the waiting time and distract anxious children.

## Your child's operation

### What will happen when it is time to go to theatre?

The theatre porter (who will take your child to theatre for their operation) will introduce themselves, check they are collecting the right patient and take you, your child and the nurse to the anaesthetic room. Normally, one parent can go into the anaesthetic room with their child.

### What happens in the anaesthetic room?

The anaesthetist will put your child into a 'special type of sleep' using the method discussed with you and your child earlier that day. This might be by injecting the anaesthetic medicine into the cannula (thin plastic tube in your child's vein) or by giving your child anaesthetic gas to breathe. The gas may be given through a mask, or by the anaesthetist cupping their hand over your child's nose and

The doctor will ask you to read and sign a consent form to show that you agree for your child to have the treatment and understand what it involves. There is also a space for your child to sign, indicating that your child knows what will happen. This also helps your child to feel important and realise that we are listening to them. If you signed the consent form in clinic or in the outpatients department, it is very important that you read the form and sign it again on the day of admission. This is because you might have some more questions to ask since you last saw the doctor.

### The anaesthetist

The anaesthetist is the doctor who will give your child the anaesthetic to put them to sleep during the operation.

Before your child's operation, the anaesthetist will:

- introduce themselves to you and your child
- discuss your child's anaesthetic (how they put them into a special sleep for the operation) in more detail
- answer any questions you may have.

If your child has any loose or wobbly teeth, medical problems, allergies or has been unwell recently, then please tell the anaesthetist. It is important that they know this in order to decide on the type of anaesthetic that is needed.

You should also let the anaesthetist know if your child has had any problems with anaesthetic in the past or if he/she has any concerns about having the anaesthetic so the anaesthetist can prepare for these issues and make 'the special sleep' as easy as possible for your child.

If your child is very upset or worried about the operation a medicine can be given beforehand to help them relax. This is called **premedication** and the anaesthetist will discuss this with you in more detail.

If your child has been unwell recently, the anaesthetist will decide whether it is safe to give your child an anaesthetic or

**St George's Healthcare NHS Trust**

**Key:**  
 - Blue square: Lanesborough Wing  
 - Green square: St James Wing  
 - Red square: Atkinson Morley Wing  
 - Yellow square: Knightbridge Wing  
 - Orange square: Other Clinics  
 - Purple square: Accommodation  
 - Light blue square: Disabled Parking  
 - Dark blue square: Bus Stops  
 - Light green square: Gardens  
 - Red circle: Staff Access  
 - Blue circle: Disabled Access

**Wings and Departments:**  
 - **Knightsbridge Wing:** MRI, Chest Clinic, Breast Screening, Breast Clinic  
 - **Atkinson Morley Wing:** A&E, St James Wing  
 - **Lanesborough Wing:** Hunter Addition Unit, Diaper Centre, Holing Centre, Jamar Wing, Courtyard Clinic, Pleurimeter Road, National Blood Service, Day Surgery, Maxillofacial, Thomas Addition Unit  
 - **St James Wing:** St James Wing  
 - **Medical School**  
 - **Other Buildings:** Ingleby House, Care House, Walk-in-Clinic, Ronald McDonald House, Car Park

**Units and Departments:**  
 - Accident & Emergency  
 - Acute Stroke Unit  
 - Blood Pressure Unit  
 - Breast Diagnostic Unit  
 - Cardiac Investigation  
 - Cardiothoracic ICU  
 - Cardiothoracic Outpatients  
 - Cardiothoracic Recovery  
 - Chest Clinic  
 - Clinical Neurophysiology  
 - Clinical Decision Unit  
 - Coronary Care Unit  
 - Courtyard Clinic  
 - Delivery Suite  
 - Dragon Children's Centre  
 - Endoscopy Unit  
 - Fetal Medicine Unit  
 - Fountain Suite  
 - Fracture & Orthopaedic  
 - General Intensive Care  
 - Haematology & Oncology  
 - Hand Unit  
 - Knightbridge Outpatients  
 - Lady Youde Unit  
 - Lanesborough Outpatients  
 - Maxillofacial-Day Surgery  
 - M.R.I. Unit  
 - Neonatal Unit (NNU)  
 - Neuro Intensive Care Unit  
 - Neuro Occupational Therapy  
 - Neuro Outpatients  
 - Neuro Physiotherapy & MRI  
 - Neuro Recovery  
 - Neuro Rehabilitation  
 - Neuro Speech & Language  
 - Neurosciences Day Unit  
 - Norman Tanner Unit  
 - Occupational Therapy  
 - Paediatric ICU  
 - Paediatric Neurology  
 - Paediatric Surgery  
 - Physiotherapy  
 - Plastic Dressing Clinic  
 - PALS & Health Information Ctr  
 - Renal Department  
 - Renal Dialysis Clinic  
 - Scanning Department  
 - Speech & Language Therapy  
 - St James Outpatients  
 - Surgical Admissions Lounge  
 - Security  
 - Thomas Addition Unit  
 - Therapies  
 - Urology  
 - Walk-in-Clinic  
 - X-Ray Department

**Outpatient Clinics:**  
 - Lanesborough Outpatients  
 - Blood Testing  
 - Child Development Centre  
 - Children's Clinic  
 - Childrens Social Work  
 - Clinic A  
 - Clinic B  
 - Clinic C  
 - Clinic D  
 - Colposcopy  
 - ENT & Audiology  
 - Gynaecology Pre-Assessment Clinic  
 - Moorfields Eye Clinic  
 - Women's Health Counselling  
 - Renal Department  
 - Buckland Outpatients Clinics  
 - Buckland Ward  
 - Haemodialysis  
 - Renal Transplant Clinic  
 - St James Outpatients  
 - Blood Testing  
 - Clinic 1  
 - Clinic 2 - Trauma and Orthopaedics  
 - Clinic 3  
 - Clinic 4  
 - Stoma Care Department  
 - Therapies  
 - Cardiothoracic Outpatients  
 - Cardiopulmonary Rehabilitation  
 - Cardiothoracic Clinics  
 - Lung Function & Sleep Unit  
 - Cardiac Investigation  
 - ECG / Echo / X-Ray / Exercise Test  
 - Rapid Access Chest Pain Clinic  
 - Neuro Outpatients  
 - Neuro Outpatient / Neurophysiology  
 - Pain Clinic  
 - Fountain Suite  
 - Bereavements Services  
 - Clinical Affectiveness  
 - Overseas Patient's  
 - Norman Tanner Unit  
 - Bariatric Surgery Offices  
 - Choose & Book  
 - Pentoneal Dialysis Unit  
 - Home Haemodialysis  
 - Pre-Operative Assessment  
 - Sickie Cell & Thalassaemia

**Hospital Wards:**  
 - Allingham  
 - Amyand MAU2  
 - Belgrave  
 - Benjamin Weir  
 - Brodie  
 - Buckland  
 - Caesar Hawkins  
 - Caroline  
 - Cavell  
 - Chamneys  
 - Cheseldon  
 - Dabon  
 - Dalby  
 - Duke Elder  
 - Florence Nightingale  
 - Frederick Hewitt  
 - Gray  
 - Gurnim  
 - Gwllim  
 - Heberden  
 - Holdsworth  
 - James Hope  
 - Jungle  
 - Keale  
 - Kent  
 - Marriham  
 - McEntee  
 - McKissock  
 - Nicholls  
 - Ocean  
 - Pinkney  
 - Richmond MAU1  
 - Rodney Smith  
 - Ruth Myles  
 - Thomas Young  
 - Trevor Howell  
 - Vernon  
 - William Drummond

**Miscellaneous:**  
 - Information Desk  
 - Information Desk  
 - PALS  
 - Pharmacy  
 - Pharmacy  
 - Restaurant  
 - Restaurant  
 - Security  
 - Cashier

**www.stgeorges.nhs.uk**  
**NHS Direct 0645 46 47**

## During your stay

### What can we expect when we arrive on the ward?

A nurse will show you around the ward and fill in some forms with you. He/she will also check your child's height, weight, temperature, pulse and blood pressure.

The nurse will place a hospital bracelet on your child's wrist. This helps us to identify your child and ensure they are receiving the correct medicines and treatments.

Your child will be given a theatre gown to put on and a local anaesthetic cream, which is sometimes known as 'magic cream' or 'emla cream', will be applied to the back of your child's hands. This will make the skin go numb so that it won't hurt as much when blood tests are carried out or when the cannula (thin plastic tube) is placed in your child's vein ready for their anaesthetic/pain relief.

### Are there visiting times on the ward or can I stay with my child at all times?

You are very welcome to stay with your child all day. There are no restrictions on visiting during the day. However, space on the wards is limited and the children need a quiet place to recover after their operation or from their illness. We therefore ask that no more than two adults accompany your child, and that at least one of these adults is a parent with parental responsibility. If you have family or friends that want to visit, this is fine as long as there are no more than two people at your child's bed space at one time. This is because the ward can get crowded and this can affect patient safety. We would ask that friends and non-parents leave the ward by 8pm.

Brothers and sisters are welcome, but should remain the responsibility of their parents at all times. Brothers and sisters cannot come with you when you bring your child to the anaesthetic room, so you should arrange for someone to look after them at this time.

If your child has been admitted for an overnight stay, we have facilities for one parent to stay overnight with them on the ward.

### Who else will be on the ward?

#### Patients

We do our best to protect the privacy and dignity of children during their stay. Your child will be allocated a bed space according to how their physical, psychological and social needs are best met, taking into consideration the needs of other children and young people on the ward at that time.

Please tell us if your child has a preference for being with other children of their own age or gender. We will try to meet this request where possible.

#### The doctor/surgeon

Before your child's operation, the doctor/surgeon will:

- introduce themselves if you have not already met
- explain what they will need to do
- give you an opportunity to discuss any questions or concerns you may have. Questions you might want to ask are:
  - What does the operation involve?
  - What are the benefits or advantages of my child having this operation?
  - What are the risks or dangers of my child having this operation?
  - What would happen if I didn't let my child have the operation and how would this impact on my child's normal way of life?
  - Are there any other treatments my child can have instead of an operation?