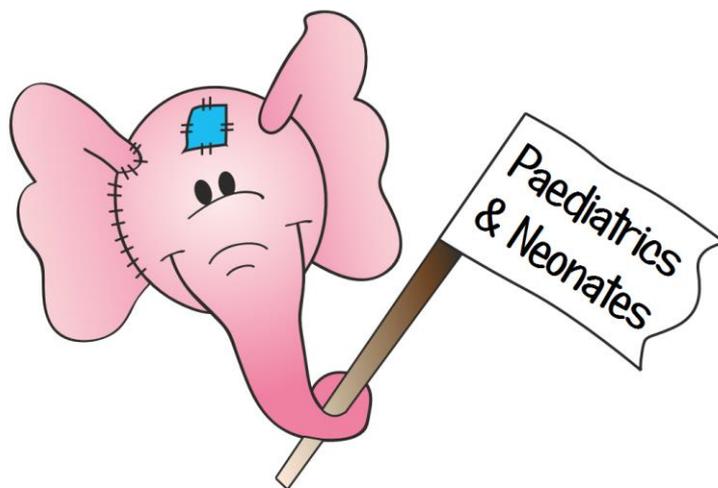


Operation to remove metal work

Children's Ward

Parent/Carer Information Leaflet



Introduction

The consultant has suggested that your child has an operation to remove some metal work from their bones. This leaflet explains more about the operation, the benefits and risks, and what to expect when your child comes to hospital.

If you have any questions or concerns, please contact a member of the Children's Ward.

What is metal work used for?

It is used in surgery for a variety of reasons, such as to hold broken bones together until they heal. It can include plates, screws, wires, rods and staples. These are made of either stainless steel or titanium, and may be internal (inside your body) or external (visible to you) e.g. metal rings surrounding your child's leg.

Why does my child need this operation?

When the bone has healed, the metal work has done its job and can be removed. Certainly if it is causing discomfort, your child's consultant will recommend that it is removed.

Usually, we use the same wound site used to insert the metal work to take it out. This means that there will only usually be one scar.

What are the benefits of the operation?

The benefits are:

- If the metal work is causing discomfort, this will go away.
- To prevent bone overgrowing the metal work, if your child is still growing.
- If there are any problems being caused by the metal work, such as ulcers or infection, these should settle down after the operation.

What are the risks?

As with all surgery, there are a few risks:

- Very rarely, bleeding may occur after the operation. If this happens on the day of surgery, another operation may be needed to stop it.
- Your child may get an infection after the operation. If this happens, they may need to have antibiotics.

- There are some rare risks of general anaesthetics which you can discuss with your child's anaesthetist in more detail before the operation. After the anaesthetic, some people feel sick or are sick. Your child may have a headache, sore throat or feel dizzy or lightheaded but these effects should only be temporary.

If your child is experiencing severe pain or bleeding, contact the Children's Ward, your child's GP or take them to your nearest Emergency Department.

What is the alternative?

There is no alternative way to remove the metal work but you can decide to leave it in place. If your child is in pain, regular painkillers may help. If infection is the issue, it can be treated with antibiotics. However, the only long term solution is to remove the metal work to take away the pain and allow any infection to settle down.

What does the operation involve?

Your child's surgeon will try to use the original operation site to remove the metal work. The wound will be sealed using stitches. The operation is carried out using a general anaesthetic, where your child will be asleep.

What happens before the operation?

We will give you instructions with your appointment letter about when your child needs to stop eating and drinking before the operation.

What happens when we come for the operation?

You will have an appointment for the morning or the afternoon.

When you arrive at the Children's Ward, a nurse will ask you some questions and assess your child's:

- blood pressure
- heart rate
- breathing rate

If you have any questions or worries, please ask the nurse who is looking after your child. They are always happy to answer your questions.

The nurse will put a wrist band on each of your child's wrists and put a numbing cream on the back of their hands. This is used so that when the anaesthetist puts a cannula into their hand to give the anaesthetic, they will not feel this being put in. A cannula is a thin, plastic tube.

The surgeon will come and see you to explain the operation. If you want your child to have the operation, the nurse will ask you to sign a consent form, if you have not already signed one at a previous appointment.

The anaesthetist will come and see your child to check that they are well enough to have the operation.

The nurse will be able to give you a rough idea of the time your child will have the operation. We try to minimise delays as much as possible but sometimes these occur.

When it is time for your child's operation, one parent can go with them to the anaesthetic room and stay until they are asleep. The operation will last about an hour, depending on the type of surgery.

What happens after the operation?

On waking, a nurse will bring your child back to you on the ward, when the recovery team are happy with them.

During the recovery period on the ward, the nursing team will assess your child and offer them something to eat and drink, when it is safe to do so.

Your child may still have a cannula in when they come back to the ward. We recommend that this is kept in until your child goes home. This can be used to give your child medicine, if they need it. For example, some people feel sick or are sick after having a general anaesthetic. If your child feels sick, please tell the nurse and we can give them some anti-sickness medicine.

After the operation, your child may have a bandage or plaster of Paris in place to give support to the bone. If the metal work is in your child's leg or ankle, they may need to use crutches. In this case, the physiotherapist will show your child how to use them and give advice on exercises, if they are needed.

Will my child be in pain?

It is usual for your child to be uncomfortable for a few days after this operation. We will give them pain relief while they are having their operation and they can have regular pain relief when they are back on the ward.

If your child is in pain when you get home, we recommend that you give them a simple painkiller such as paracetamol, if they are able to tolerate it (always read the label; do not exceed the recommended dose). Brand names of this include Calpol, Disprol and Medinol. Please ask for advice from your pharmacist, if you need it.

When can my child go home?

Your child may need to stay in hospital for at least six to eight hours after the operation, or one night depending on the consultant's advice. One parent is welcome to stay overnight with their child. Before they can go home, your child will need to have:

- Eaten an adequate amount of food and drink
- Had no bleeding
- Passed urine
- Stopped being sick
- A normal temperature
- The doctor's approval to go home

We recommend that your child does not travel home on public transport due to the risk of infection.

How do I care for my child after their operation?

Please ensure that your child completes any exercises given to them by the physiotherapist.

We will give you specific advice about caring for your child depending on the type of metal work removed, the site of removal and whether they have a plaster cast in place.

Your child may have stitches which dissolve, stitches that need to be taken out or staples. The nurse will tell you which type they are before you leave hospital.

If your child has stitches or staples that need to be taken out, we will give you a letter to give to the nurse at your GP practice. You can use this letter to make an appointment at your GP surgery to have the stitches or staples removed. This is normally between seven to 14 days after the operation.

Please note that if your child has staples, you will need to make sure you have a staple remover and dressing given to you when you leave hospital. Take these to the nurse at your GP surgery when your child has the staples taken out.

If your child has dissolvable stitches, it is best that they do not soak in the bath for a long time. This will weaken the stitches which will mean the wound will take longer to heal.

What should I look out for?

If your child shows signs of the following during the next few weeks, always seek advice from the Children's Ward on 01384 244271, your GP or the Emergency Department:

- High temperature
- A lot of pain
- Being sick

Even if the wound looks fine, this could mean that your child has an infection.

When can my child go back to school?

Your child's doctor will advise you about this as it will depend on the type of metal work removed and if your child has a plaster cast in place. If your child has a plaster cast, you will need to check with your child's school about their policy on this.

Follow up

If your child needs to see their consultant again, we will give you an outpatient appointment before you leave hospital or send you one through the post.

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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