Pediatric Surgery Patients Require Special Care

**By Denise Napoli**

**Assistant Editor**

**Washington** — Simple techniques can smooth the dermatologic surgery experience and outcomes for children, Dr. Brandie J. Metz said at the annual meeting of the American Academy of Dermatology.

For instance, while it may seem obvious to explain a procedure as thoroughly as possible without scaring the child, it is also important not to lie about any aspect of the procedure, to remain especially “bright and friendly” throughout the discussion, and to engage the child in discussion as much as possible.

Sitting at or below the level of the child can also help put him or her at ease, the dermatologic surgeon said.

Dr. Metz, of the University of California, Irvine, also recommended having the child’s parent sit at the head of the table during a procedure and obscuring the child's view of the surgical tray and any blood-soaked gauze.

When it comes to injections, slow infiltration is less painful than rapid infiltra-
tion, she said.

It can also help to use topical anesthetics such as a eutectic mixture of lidocaine and prilocaine (EMLA) or 4% lidocaine hydrochlo-ide (Xylocaine IV). Topical EMLA (L) Max to numb the area before injection. Technically, topical anes-
thesia do not need to be occluded, but “it doesn’t seem wise to put a big glob of
cream on a kid and then [him] run around without occluding it,” Dr. Metz said.

A nurse—not a parent—should be the one to restrain the child if he or she is squirming or very quiet.

“A lot of [children’s] impressions of pain and anxiety are based on past expe-
riences,” she said. “So for more extended procedures in young children, ‘consider
doing them under general anesthesia,’ even if that means referring the child to
a pediatric dermatologist or a plastic sur-
ger.

After the operation is over, Dr. Metz said, “No matter how disastrous it was, al-
ways praise the child.”

Also, reward the child with stickers, lol-
lips, or other treats to facilitate selective memory.

Pay special attention to dressings. If possible, put the child to sleep before
the dressing, before surgery, then make the dressing as bulky as possible.

If you do a biopsy on an adult scalp, you don’t really notice if there’s a little bit of ambige-
ous cutaneous,” she said.

But with a child, “I’ll often use a much larger dressing [than is needed], because this can be helpful in enforcing postoperative activity restrictions. The gen-
eral does not get as much comfort, so you can

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