

## Patient factsheet: Fast track cardiac surgery

Some cardiac surgeries are considered lower complexity. In view of this we have developed a fast track pathway for these cardiac surgeries with guidance on which children are suitable.

Advantages of fast track are children tend to spend less time in paediatric intensive care and less time overall in hospital and can often be home 2-3 days after cardiac surgery. As with any surgical procedure there is always a small risk of complications, which can potentially increase your child's length of stay.

Preparation for cardiac surgery is the same for all children. You will be notified when you have been scheduled for surgery and invited to pre admission clinic. At this clinic your child will have echo, ecg, chest X-ray and bloods. The Advanced Nurse Practitioners (ANPs) will take a medical history and examine your child. They will also talk through what to expect throughout your journey from admission to discharge and answer any questions.

Your child will be admitted to ward1E the day before surgery. The nurses will measure your child's weight, height and check their heart rate, oxygen saturations, blood pressure and temperature. The ANP/Dr will listen to your child's chest and check they have remained well since pre admission clinic.

You and your child will meet the anaesthetist who will ask questions about past medical history and any previous anaesthetics. They will discuss with you how they will put your child to sleep and look after your child during the operation. If you haven't done so previously you will also meet the surgeon doing the operation who will explain about the operation, gain consent and answer any questions. The nurses will give you specific instructions on when your child needs to stop eating and drinking before the operation. You will also have the opportunity to visit the paediatric intensive care unit (PICU), should you wish to do so.

On the evening before and the morning of the operation, it is important your child has a shower or bath to help reduce the risk of infection. After the morning shower, the nurse will apply numbing cream to the back of your child's hands and give pre-medication if required as per discussion with the anaesthetist.

The post-operative pathway involves waking up your child and removing the breathing tube earlier, usually on the same day of surgery. The following day chest drains, catheters and central lines will be removed with the aim to transfer your child to ward 1E. Whilst on ward 1E your child will be encouraged to move as much as possible.

In order for your child to move it is important they have adequate pain relief. The nursing staff, with your input will assess your child's pain and ensure they have regular analgesia. Initially, they will have an infusion of morphine with regular paracetamol. Once the morphine is discontinued and your child is eating small amounts they will have regular paracetamol and Ibuprofen with oral morphine available if

required. Sometimes nausea and vomiting can be an issue which often improves with anti-sickness medication and once morphine stops.

When your child is moving well, eating and drinking and the doctor is happy with their vital signs and echo results they will be considered for discharge.

Before discharge you will be given advice about continuing pain relief. The community nursing team will be contacted and will do any further wound dressings that are required. You will be given guidance for observing and looking after the wound once the dressing is removed. Your child will also be discharged on medicines called diuretics which make them pass more urine. They will continue on these until they have their follow up appointment 4 weeks after discharge. The Advanced Nurse Practitioner team will do a video call with you and your child 48-72 hours after discharge.

Meanwhile, if you have any questions or concerns you can call the cardiac nurse specialists on 0141 452 4925. Or ward 1E out of hours on 0141 452 4438.