Kids voices: Exploring children’s perspective of tonsillectomy surgery

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Feedback around the hospital experience is often sought from caregivers; however, consultation with children offers a unique perspective that can also be valuable for quality improvement purposes. There are limited studies collecting direct feedback from children on their surgical and hospital experience; one study highlighting the need for individualized care in a perioperative setting, which can only be discerned through direct and meaningful conversations with children. Tonsillectomies are one of the most common childhood surgical procedures. This procedure may be a source of great stress to children, amplified by a painful prolonged recovery process, which can last for up to two weeks, as well as other complications such as nausea, vomiting, difficulty swallowing, and the fear of bleeding. We aimed to assess children’s subjective opinion of their hospital stay and recovery post-tonsillectomy through semi-structured phone interviews. Data were prospectively collected as part of an approved institutional audit (Approval No: GEKO 39785).

Fifty children (Female n = 25 and Male n = 25) with English as a first language, aged 3–13 years (4–6 years n = 23, 7–10 years n = 18, and 11–13 years n = 9), who had recently undergone tonsillectomy procedures were interviewed. Children were randomly selected from surgical lists. Interviewers firstly contacted parents by phone at least two weeks after their child’s procedure and verbal consent was granted by parents prior to speaking to each child. Data collection was performed through short semi-structured phone interviews. Questions were structured as a guide for children to share their honest opinions and ideas. Interviews were transcribed verbatim and lasted approximately 10 min. Data were coded into themes and analyzed using a frequency table.

Participant results are presented in Table 1. Most children commented on experiencing pain after their surgery (82%). 52% of the children interviewed felt sick after their surgery. The majority of children felt that they were given enough information before their surgery (63%). For the 37% of children who said that they did not have enough information, children wanted more information about the surgical process (17%) and pain/sickness (13%). For 33% of children, the worst part was the anesthetic process, specifically gas/induction mask or the “needle” in the hand. A further 29% of children said the worst part was the pain/sickness after.

Encouragingly, children often remember fun and enjoyable aspects of the hospital experience, with 15 children specifically mentioning the ice cream as the best part of their experience. Children also enjoyed the novelty of being in hospital and away from home, describing how they got to watch TV and play games.

This qualitative study highlights how each child’s experience in hospital is varied and unique. There were important recurring
themes of experiencing pain and sickness. If a child’s pain is not well managed, it can negatively impact a child’s fear and ability to cope with future potential pain. Many children in this audit reported feeling anxious and concerned about their hospital experience in some way. Optimizing communication by using decatastrophizing language (discomfort vs. pain and straw vs. needle in hand) and maintaining a sense of control by using double binds, for example, may be beneficial in improving the experience and managing expectations. An important finding of this audit was that children distinctly remembered enjoyable aspects too, such as the ice cream after their surgery and getting stickers. This highlights the importance

| Theme | Participants n (%) | Key quotes |
|-------|---------------------|------------|
| **Pain** | | |
| Felt pain after surgery, particularly at home | 41 (82) | “Yes, it was very sore. When I got home it was the most sore”—P 38 |
| Pain rated as severe | 17 (47) | “Yes it was sore. It was most sore when I got home. It was sometimes really really sore”—P 50 |
| **Sickness** | | |
| Felt sick after surgery | 24 (48) | “Yes [I felt sick] for a week because I did not eat”—P 13 |
| If sick, the sickness persisted for a few days | 10 (42) | |
| **Information Level** | | |
| Given enough information before their surgery | 27 (63) | “Yes, [they] sent a letter and then the nurses explained again when I got there”—Participant 13 |
| Not given enough information | 16 (37) | ”Didn’t really know what was going to happen”—P 3 |
| Wanted more information on surgical process | 5 (17) | “… someone to tell me about what happens when you’re asleep”—P 1 |
| Wanted more information pain and sickness | 4 (13) | ”…they didn’t say that it would hurt when I woke up. I would have liked to be told that”—P 6 |
| **Information Delivery** | | |
| Delivery system was good as it is | 15 (52) | “Happy not knowing too much”—P 37 |
| Information best coming from doctors or nurses | 6 (21) | ”Mum explained what was going to happen but the doctors didn’t”—P 7 |
| Information best coming from parents | 3 (10) | ”Would prefer pre-operative information to come from parents”—P 39 |
| Information best delivered through visual stimulus | 5 (17) | ”…movie would be helpful”—P 22 |
| Hospital Experience | | |
| Best part was the food and drink | 21 (40) | ”You get to eat ice-cream for five weeks!”—P 1 |
| Best part was the hospital environment | 21 (40) | ”… the nurses were nice and my brother was not there, which was nice”—Participant 50 |
| Worst part was the perioperative process | 15 (33) | ”…didn’t like getting tonsils out”—P 18 |
| Worst part was the pain/sickness after surgery | 13 (29) | ”…feeling sick so I didn’t want to eat my favourite treats was the worst part”—P 3 |
| Specific complaint about the gas/induction mask or “needle” in the hand | 6 (13) | ”… when they put the mask on my face”—P 7 |
| Suggestions for the Future | | |
| Children who provided various suggestions | 11 | ”…tell kids to bring something to calm them down”—P 30 |
| | | ”tell [children] about where the tonsils are and why getting them out will make you feel better”—P 9 |
| | | ”Maybe next time make it more fun by being fun”—P 48 |
| | | ”Maybe make it nicer. The nurses were really nice, keep them the same”—P 50 |

**TABLE 1** Themes identified around the hospital experience, as described by participants (n = 50)
of nonsurgery-related factors to improve the overall hospital experience. By encouraging medical staff to make children's hospital stay as “fun” as possible, we can work toward redirecting children’s attention from the unpleasant elements of their surgical journey and create a more balanced memory. As one participant suggested when asked how their hospital experience could be improved: “Maybe next time make it more fun by being fun”. In close collaboration with consumers, we are actively starting a new program at Perth Children’s Hospital to target anxiety and improve the hospital experience.

The feedback from this audit is intended to better understand and, thus, improve the hospital experience for children undergoing tonsillectomy procedures. Future research should focus on exploring the perspectives of children undergoing alternative surgeries, including emergency cases whose experience may differ from the current population.

It is clear that each child’s hospital experience is different. In addition to strategies aimed at reducing pain, sickness, and anxiety surrounding anesthetic induction, hospitals should put thought into factors that may improve a child’s overall experience. From clown doctors, to simply providing stickers to children, these factors can have a major impact on what children remember about their surgery. By making these memories as positive as possible, we can potentially attenuate children’s avoidance behaviors and procedural anxiety in the future.

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CONFLICT OF INTEREST
BS vUS is a section editor for Pediatric Anesthesia.

DATA AVAILABILITY STATEMENT
Data sharing will be considered on an individual basis within the institutional ethical guidelines.

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