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Haematology Department

**Sickle Cell Disease – Chronic Complications**

**Surgery**

Information for parents and carers

**Introduction**

This leaflet is designed to explain about the long term (chronic) complications of sickle cell disease. The information does not cover everything. If you are ever worried about your child then please contact your Sickle Cell Team or take your child to Accident and Emergency Department.

**Is surgery a problem for my child?**

****Children with sickle cell disease can have problems from surgery if it is not managed properly. Surgery requires an anaesthetic (the procedure of putting your child to sleep for their operation) and this can lead to less oxygen in the body. Your child will be unable to have food and fluids for 12 hours before surgery which means that they can get dehydrated.

**What problems can surgery cause for my child?**

Less oxygen in the body and dehydration can cause a sickle cell crisis.

**What should I do if my child needs surgery?**

If you know that your child needs surgery then you should let the Sickle Cell Team know the date of the surgery straight away. They will discuss with you what needs to be done to keep your child well through surgery. It is important to let the doctor who is going to perform the surgery that your child has sickle cell disease. That doctor will ask the Sickle Cell Team to help look after your child when they are admitted to hospital.

**What will happen when my child is admitted for surgery?**

Your child will usually be admitted to hospital the day before the surgery. They will have blood tests to check that they are well and will be started on intravenous (IV) fluids from the time they are “nil by mouth”.

Sometimes it may be necessary to give your child a blood transfusion before surgery.

**Why will my child need a blood transfusion?**

Giving your child a blood transfusion will depend upon what procedure your child is having and their level of anaemia. The blood transfusion will take place approximately three to seven days before surgery. A blood transfusion will help to reduce sickle cell problems during and after surgery. This will reduce the amount of sickle haemoglobin by replacing it with blood that has normal haemoglobin. The transfusion will also make your child less anaemic.

**What will happen after surgery?**

After surgery your child will remain on intravenous fluids until they are drinking well on their own. They will have pain medicines if they need them. They will have their oxygen levels monitored and will be given oxygen if they need it. They will also be encouraged to use an incentive spirometry to help keep their airways open and lungs to work better.

**How long will my child be in hospital?**

How long your child will be in hospital will depend upon the type of surgery your child has had and how well they are. The doctors will let you know how long they expect your child to be in hospital and when they can go home.

**What will happen when my child goes home?**

The doctors will give you advice when they discharge your child. If you are worried about your child when they are at home then ring your sickle cell team for advice or bring them to the Accident and Emergency Department for review. Do not keep your child at home if you are worried about them. Just because the sickle cell team were happy for them to be discharged does not mean that they may not become unwell once they are home.

**Further information**

If you need any further information please contact the Sickle Cell Team on 0151 252 5070



**Useful websites**

[www.alderhey.co.uk](http://www.alderhey.co.uk)

[www.sicklecellsociety.co.uk](http://www.sicklecellsociety.co.uk)

Alder Hey Children's NHS Foundation Trust is neither liable for the contents of any external internet site listed, nor does it endorse any commercial product or service mentioned or advised on any of the sites.

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child’s treatment.

This information can be made available in other languages and formats if requested.

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