

Help your child prepare for uncomfortable procedures

Clinical psychologist Dr Sara O'Curry from Great Ormond Street Hospital advises parents and carers on how they can help children cope

It is normal for people to feel apprehensive about medical procedures. All children, whatever their age, gender or circumstances experience fear, worry and discomfort in response to these procedures.

A study by St James University Hospital (1999) found that children find needles one of the most frightening aspects of coming into hospital.

Twenty-eight per cent were either very or extremely frightened by needles and 61 per cent of seven to 18 year olds will remember having at least one unpleasant injection.

Another study by Lumley, Melamed and Abeles (1993) found that up to 11 per cent of children experienced significant behaviour disturbance within two weeks of surgery and 93 per cent of pre-school children display increased anxiety and/or aggression after being in hospital.



Emotion

Emotional factors such as anxiety, anger, fear and low mood can increase a child's perception of pain. We also know that a child's report of pain and fear from medical procedures is highly predictive of pain and fear of medical procedures and avoidance of medical care in young adulthood (Pate 1996).

You can help your child to cope better by preparing them beforehand and by giving them coping strategies.

For very young children the best way is to introduce this through play and drawing. Use lots of positive words and praise and agree on a reward for after the procedure. If you rehearse it in this way your child will have a sense that the procedure will finish and something positive will happen. Rewards don't have to be sweets but could also be a story, game or video.

Honesty

Make sure you are honest with your child if they ask questions. It will hurt but reassure them that they will have a local/topical anaesthetic to make it hurt less. If your child is at an age where he or she can count, practise counting out how long the procedure will last.

During the procedure itself, encourage your child to use coping strategies. Blowing bubbles is good because it not only distracts children but makes them breathe in a nice relaxed fashion, which helps to reduce tension.

Getting them to tell you a story or the nurse about something they did or are going to do is good because the effort involved with telling is more distracting than listening. Make sure you know what kind of coping strategies work best for your child. Most people assume that distraction is best but for a significant proportion of children distraction might make them more anxious – these children need to watch the procedure to feel more in control.

Older children

With older children talk to them about the procedure beforehand and address any specific fears. Give them reassurance and some positive self-statements. For example, if their fear is “I will cry or make a fool of myself”, practise saying with them: “It doesn’t matter if I cry. Only the nurse or doctor will see and they will understand”.

If their fear is “I might die” practise a positive self-statement based on the facts of the risks for the particular procedure. (It is common for children to have a distorted idea of the risks. Many assume the risk of dying from surgery for example is 50:50 when in fact the risks are more commonly one in many thousands).

It might be helpful to illustrate risks or misperceptions visually. For example if you want to show a risk of one in 20,000 get your child to start green stars for 20,000 and the one risk as a yellow star. This will help them understand the concept much more clearly and so make the positive self-statements much more meaningful.

Giving control

When possible give your child control over the procedure — for example who sits where and who is present. It can be really helpful to give a child responsibility for when the procedure starts, for example handing over their arm and saying “ready”.

This has to be agreed beforehand and within a certain time – for example the procedure will still happen if after ten minutes the child hasn’t given the go ahead. Procrastinating can make anxiety worse and prolong the distress unnecessarily. Using relaxation, breathing and visualisation can be really useful for older children and a reward system for trying even if not successful always helps.

Finally, we know that parents’ behaviour accounts for 53 per cent of a child’s behaviour and distress in the treatment room. Act calmly, even if you don’t feel it and use reassuring and empathetic statements. Apologising, criticising and bargaining can make it worse!