



A general anaesthetic requires your child to be starved beforehand. On the day of the operation (date) your child should not have anything to eat (including chewing gum), or milk to drink from (time).

They may have only water or weak squash up to (time). If breastfeeding, the last breast feed can be given at (time).

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

Removal of K-Wires under general anaesthetic Information for parents

The aim of this leaflet is to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.

K-Wires are frequently used to control fractures. Removal of the wires usually causes no problems.

How is the procedure done?

K-Wires are sometimes removed under general anaesthetic (your child is asleep) especially if the child is very young or if the wires are under the skin surface. The procedure is simple and requires either the wires to be removed by gently pulling them out or in cases where the wires are under the skin, the wires need to be exposed and then removed.

Are there any alternatives to this surgery?

There are no recognised alternatives to this surgery.

What are the risks of the procedure?

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel sick or vomit when they awaken. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

All operations carry some risk of infection and bleeding; however, the risks in this operation are small.

What shall I bring to hospital?

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens after the operation?

After your child has had their operation they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery - medicine can be given to relieve this if the vomiting persists.

When can we go home?

This is done as a day case so your child may go home when both you and the staff are happy that your child has recovered sufficiently. Your child should be comfortable and alert and must have had something to eat and drink before we will allow them to go home.

Advice following removal of K-Wires

Pain: Your child may need regular Paracetamol, e.g. *Calpol*, after the operation. Follow the instructions on the bottle. The injured bone should be healing and the discomfort from the wire removal should settle within a few hours. If your child starts to complain of more pain which is getting worse you will need to contact the Children's Fracture Clinic or your GP.

Infection: Once the wires have been removed the wound sites heal over within 3-5 days. If the wound site starts to discharge any fluid,

starts looking red or your child develops an unexplained fever you must seek attention from your GP. If your child is still in a cast then also observe for any unusual smells coming from the plaster.

Over-growth of granulation tissue: Sometimes there is granulation tissue around the K-Wire site, which is seen as a raised, fleshy red bulge above the normal skin line. In most cases once the wire is removed the tissue gradually heals over without further problems. The over-granulation will be monitored and if any further treatment is needed this will be discussed with you.

Aftercare: Your child's injury will guide when and how much movement and usage your child will be able/allowed to do. This will be discussed with you.

Your child should keep off sports until reviewed in the clinic. He/she can return to school 48-hours after wire removal as long as he/she is comfortable.

The dressing should stay on for 3-5 days. If it needs to be changed before this, you can replace it with a normal plaster just making sure the plaster edges are sealed to the skin.

Contacting us

If you require any further advice please contact:

Kempton Day Bed Unit: 0118 322 7515 / 8754 (Mon – Fri 7am – 7pm)

Lion/Dolphin Ward: 0118 322 7519 / 8075 (outside these hours)

Angie Lee, Nurse Consultant 0118 322 8747

Nina Doherty, Clinical Nurse Specialist 0118 322 8746 or bleep 232

More information

Visit the Trust website at www.royalberkshire.nhs.uk

This information can be made available in other languages / formats upon request.

PAuthor: N Davies & N Doherty July 2015

Reviewed: September 2019. Review due: September 2021