

Strategies Can Help Calm Children with Autism Undergoing Surgery

(Reuters Health) - Surgeons have historically relied on sedation to deal with the distress of children with autism being prepped to undergo an operation, but a new review outlines other strategies that may help both doctors and patients have a better experience.

"Surgery can be overwhelming for anyone; however, for those patients diagnosed with ASD . . . breaking routine and navigating the novel environment of a surgical ward can be debilitating," said lead author Dr. Scott Koski, a child psychiatry fellow at Children's Hospital Colorado in Aurora.

Kids with autism are often very sensitive to any changes in routine or being separated from their caregivers, which can cause major issues when going into a surgical setting.

"The challenging behaviors that result can be interpreted in part as the patient's best efforts at communicating their powerless, overwhelmed state," Koski told Reuters Health by email.

Past research shows that in general, when surgeons were unable to get kids with autism to cooperate they have focused on restraining and sedating the patients, the study team notes in the *Archives of Disease in Childhood*, May 25.

In order to find out what alternative practices surgeons are using to manage autistic kids' behavior, the research team gathered studies published between 1997 and 2016 on best practices and interventions.

After excluding studies that mainly focused on sedating patients, the researchers found only 11 articles that met their criteria. Most of the studies were reports on individual cases and many studies included surveys of parents of children with autism.

The studies agreed on a few important aspects of managing behavior. First, they encouraged doctors to collaborate with caregivers to get information about each patient's specific needs and preferences to prepare for surgery.

The studies also recommended including caregivers as "interpreters" of patients' needs because the children often cannot communicate for themselves.

Doctors can make changes to the surgical or pre-surgical setting to match patients' specific needs and preferences, the study also concludes. For example, hospitals can bring in a service dog to calm the patient the first time they're introduced to the surgical setting.

It may also be helpful to let the patient get used to the staff and the setting before surgery as a type of "rehearsal" and to give the patient as many choices and distractions as possible, the study team writes.

"By their nature, these settings are difficult for individuals with autism to handle when they are often reliant on time and routine to react to their external environment," said Dr. Arvind Venkat of the Allegheny Health Network and Allegheny General Hospital in Pittsburgh.

Venkat, who was not involved in the study, noted that in his experience in emergency department settings, it can help to reduce the stimuli the child encounters.

For example, Venkat recommended reducing the number of people the patient has to interact with, dimming fluorescent lighting and removing unnecessary equipment from the room.

Venkat also recommended allowing parents to be present as much as possible, and allowing communication devices like iPads whenever possible.

Parents can help doctors understand their children's needs by contacting them well in advance of surgery, Koski said. They can also help children understand the process better by developing a "story" around the surgical journey.

"Parents and caregivers of kids with autism who require acute care or surgery should be proactive in establishing with the medical/surgical team a plan on how to manage those issues," Venkat said.

Archives of Disease in Childhood 2016.