

Questions you may like to ask the anaesthetist

- Q Who will give my child's anaesthetic?
- Q What type of anaesthetic do you recommend?
- Q Have you often used this type of anaesthetic?
- Q What are the risks of this type of anaesthetic?
- Q Does my child have any special risks?
- Q How will my child feel afterwards?

Tell us what you think

We welcome any suggestions to improve this booklet.

You should send these to:
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London WC1B 4JY

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The Royal College of
Anaesthetists



The Association of
Anaesthetists of
Great Britain and
Ireland

Your child's general anaesthetic

Information for
parents & guardians
of children



This booklet explains what to expect when your child comes into hospital to have an operation or investigation under general anaesthesia.

It is part of a series about anaesthetics and related topics written by a partnership of patient representatives, parents and anaesthetists. You can find more information in other leaflets in the series.

You can get these leaflets, and large print copies, from **www.youranaesthetic.info**. They may also be available from the anaesthetic department in your hospital.

The series will include the following:

- **Anaesthesia explained**
- **You and your anaesthetic** (a summary of the above)
- **Having a spinal anaesthetic**
- **Epidurals for pain relief after surgery**
- **Headache after an epidural or spinal anaesthetic**
- **Dental work and general anaesthesia**
- **Having an eye operation under local anaesthetic**
- **Your tonsillectomy**
- **Your anaesthetic for aortic surgery**
- **Anaesthetic choices for hip or knee replacement**

Throughout this booklet we use these symbols



To highlight your options or choices.



To highlight where you may want to take particular action.



To point you to more information.

What is anaesthesia?

The word 'anaesthesia' means 'loss of sensation'.

A general anaesthetic ensures that your child is unconscious and free of pain during a test (investigation) or operation.

- **General anaesthesia** is a state of controlled unconsciousness and freedom from pain.
- **Anaesthetics** are the drugs (gases and injections) that are used to induce and maintain anaesthesia.
- **Anaesthetists** are specialist doctors who are responsible for the wellbeing of your child throughout surgery.

Anaesthetists are also closely involved with your child's pain relief after surgery.



Choice

It is often possible for you and your child to choose how the anaesthetic and other medicines are given. Sometimes there are medical reasons why things have to be done in a certain way – these will be explained to you.

Nothing will happen unless you understand and agree with what has been planned.

Your wishes and those of your child are very important. We want to work with you to provide the best possible care for your child and family.

Preparation

There are many things that you can do to prepare your child for coming into hospital.

All children (except infants too young to understand) **should be told:**

- **that they are going into hospital**
- **that they will be having an operation or investigation**
- **some basic information** about what will happen to them when they are in hospital.

Everything should be explained to your child in a way that he/she can understand. Many hospitals have play staff who can give explanations and encourage discussion through play.

Timing

- **Children between 2 and 3 years of age** should be told 2 – 3 days before and again on the day of admission.
- **Children between 4 and 7 years of age** should be told 4 – 7 days before the day of admission.
- **Older children** will usually be involved in making decisions about the operation or investigation and discussion can take place a few weeks before the day of admission.



Many hospitals have times when you and your child can visit the ward and operating theatres before the day of admission.

Some ideas of what to say...

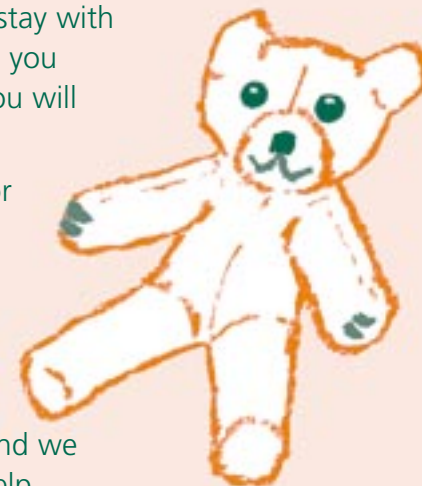
- **Explain** that the operation or investigation will help your child to get better.
- **Use simple words** your child understands.
- **Do encourage your child** to talk about the operation and ask questions. Books, games and stories can help.
- **Tell your child about timing** – when he or she will have the operation or investigation and how long their stay in hospital will be.

If your child will be staying in hospital overnight, let him or her know if you will be able to stay too. Some hospitals provide accommodation for parents away from the ward, others provide a folding bed next to your child's bed.

If it is not possible for you to stay with your child, it is important that you explain to him or her when you will be able to visit.

Your child can help pack his or her own bag and decide which nightclothes and toys to bring.

Please let us know in advance any special requirements your child has and we will do whatever we can to help.



Please phone the hospital if your child develops a severe cough or cold, or has contact with chicken pox shortly before the day of the operation or investigation

On the day of admission

A pre-operative visit

An anaesthetist should visit you on the ward before the procedure to discuss your child's anaesthetic.

The anaesthetist needs to find out about your child's general health, previous experiences of anaesthesia, any medicines your child is taking and any allergies he or she might have.

This is a good time to talk about any previous experiences your child has had with injections or hospitals, or any particular concerns you have about this hospital visit.

You may find it helpful to make a list of questions you want to ask.

For practical reasons, the anaesthetist who comes to see you on the ward may not always be the same one who gives your child's anaesthetic, but the information you give them will be passed on.

Delaying the operation or investigation

Occasionally the anaesthetist may learn something about your child that means it would be safer not to do the procedure on that day.

This could happen if your child has a bad cold, has a rash or has eaten food too recently.

Nothing to eat and drink – fasting ('Nil by mouth')

The hospital should give you clear instructions about fasting. It is important for your child to follow these.

If there is food or liquid in your child's stomach during the anaesthetic, it could come up into the back of the throat and damage his or her lungs.

These are the latest times that you should give your child anything to eat or drink:

- **6 hours before** your child can have a light meal, a glass of milk or a fizzy drink. Bottle fed babies can have formula feed.
- **4 hours before** babies can have breast milk.
- **2 hours before** all children and babies can have a drink of water or dilute cordial but not a fizzy drink.



Premedication

Premedication (a premed) is the name for drugs which are sometimes given before an anaesthetic, although today they are given less often.

Some premeds help your child to relax, and some are related to the kind of surgery he or she will be having.



Not every child needs a premed. Depending on the kind of surgery and your child's condition, you will often be able to help decide, with the anaesthetist, whether your child needs a premed or not.

If your child does need a premed, this will usually be given as a liquid. Occasionally an injection is essential.

Premeds are given some time before the anaesthetic. They may make your child drowsier afterwards and if you plan to take him or her home on the same day, this may be delayed.

The drugs used can be:

- **Sedatives** to ease your child's anxiety
- **Pain relieving drugs** such as paracetamol that can help at the end of the procedure
- **Medications to protect your child** from side effects of the anaesthetic (for example, nausea)
- **An extra dose of treatment** for illnesses like asthma

Going to theatre

Your child may be able to wear his or her own clothes to the operating theatre, but if not most hospitals provide colourful gowns to wear.

Your child will be able to keep underwear on.

Your child may travel to the anaesthetic room in a bed, on a trolley, walking or being carried. Some hospitals have a toy vehicle that children can drive to the anaesthetic room.

Anaesthetic room – the room next to the operating theatre where anaesthetics are usually administered.

Operating theatre – the room where surgery is performed. If your child is very small, or is having certain kinds of surgery, it may be safer to give the anaesthetic in the operating theatre rather than in the anaesthetic room.

Recovery room – a place near the operating theatre where children go after surgery until the effects of the anaesthetic drugs wear off.



In the anaesthetic room

A nurse from the ward will accompany you to the anaesthetic room. Your child will be able to take a toy or comforter.

If you wish, you will usually be welcome to stay with your child until he or she is unconscious. However, there are a few circumstances when this will not be possible. It might be possible to give the anaesthetic while your child is sitting on your lap. Your child can either have an anaesthetic gas to breathe or an injection through a cannula (see next page).



Some children prefer gas and some prefer injections. If both methods are safe for your child, you may be able to choose which is used.

Anaesthetic gases smell similar to felt-tip pens.



The anaesthetist generally cups a hand over the child's nose and mouth or uses a face-mask to give the anaesthetic gas.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. He or she may become restless as the gases take effect.

If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

'Magic Cream' is local anaesthetic cream that can be put on the hand or arm before injections so that they do not hurt. It works well for 9 out of 10 children. This cream is also called EMLA or Ametop.

A cannula is a thin plastic tube that is placed under the skin, usually on the back of the hand. A needle is used to put the cannula in, but is then immediately removed.

A cannula can be left in place for hours or days so that drugs and fluids can be given without the need for further injections. Sometimes blood samples can be taken through a cannula.

What happens next?

Your child will be taken into the **operating theatre** to have the operation or investigation.

The anaesthetist will monitor your child's blood pressure, pulse, temperature and breathing closely throughout the procedure, ensuring that he or she is safe and fully unconscious. Anaesthetic gases and/or drugs given into a vein will be used to keep your child anaesthetised.

After surgery

Most children go to a **recovery room**.

Each child is cared for by a specialist nurse until he or she has regained consciousness and is comfortable enough to return to the ward. In most hospitals a parent or guardian can be with their child in the recovery room as he or she wakes up.

Some children may need to go to the **Intensive Care Unit** after their operation. This will be discussed with you beforehand if it is planned.

Pain relief

Pain relieving drugs are given during the anaesthetic to ensure that your child is as comfortable as possible after surgery. The type and strength of pain relief given will depend on the procedure.

You will have a chance to discuss and help plan the kind of pain relief (analgesia) your child will get after their operation.

Some hospitals have leaflets giving more detailed information about the methods of pain relief available.

Ways of giving pain relief

- **Syrups and tablets** – just like at home.
- **Melts** – medicines that 'melt in your mouth' – these are especially suitable for older children.
- **Suppositories** – some pain relieving medicines like paracetamol can be given rectally (into the bottom). These are often given while your child is anaesthetised and last for several hours. Suppositories are very helpful when children cannot take medicines by mouth or are feeling sick.
- **Local anaesthetics** – these are injected near the nerves around the operation site to numb the area. The injections are given while your child is anaesthetised and the pain relief lasts for several hours.
- **Strong pain relieving drugs** – such as morphine can be given in many different ways.

Some common terms used with medicines

- **IV – intravenous** – when drugs are given into a vein through a cannula.
- **IM – intramuscular** – when drugs are given by injection into the muscles of the bottom or upper arm.
- **S/C – subcutaneous** – when drugs are given just under the skin, either as a 'one off' or through a cannula.
- **Infusion** – when drugs are administered continuously, usually by a special pump.
- **PCA – Patient Controlled Analgesia** – an infusion of pain relieving drugs controlled by a pump with a button which your child can push when extra doses are needed.
- **Epidural** – an injection or infusion of local anaesthetic around the spine – used after major surgery.
- **Caudal** – an injection of local anaesthetic near the nerves as they leave the spine, similar to an epidural.

Going home

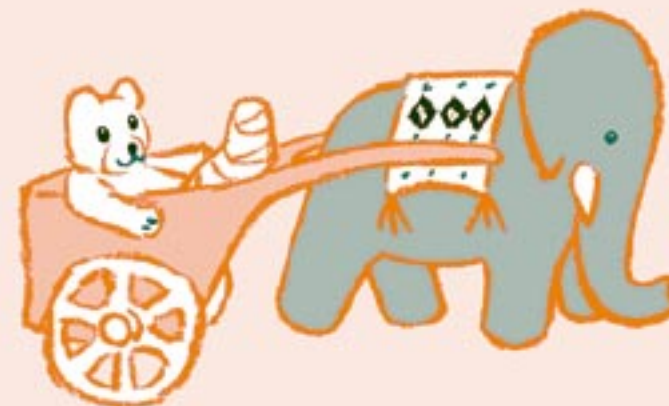
Most children have their investigations or operations carried out as 'day stay' patients and go home on the same day. They may experience some pain or discomfort on the first day or so. Usually the hospital will give you pain relieving medication to take home with you and explain how this should be taken.

Occasionally children may feel sick after they have left hospital, or even vomit. This sometimes happens in the car on the way home.

Sometimes children do not sleep well after a stay in hospital. Their behaviour might be a little bit more clingy or difficult than before. This is a normal reaction to a stay in hospital, and will usually return to normal within 3 – 4 weeks.



If you have any concerns about your child when you get home you should contact the hospital using the telephone number provided.



Side effects and complications

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail at the pre-operative visit.

For a child in good health having minor surgery:

- **1 child in 10** (like one person in a large family) might experience a headache, sore throat, sickness or dizziness.
- **1 child in 100** (like one person in a street) might be mildly allergic to one of the drugs that has been given.
- **1 child in 20,000** (like one person in a small town) might develop a serious reaction (allergy) to the anaesthetic

Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Useful organisations

Action for Sick Children

C/o National Children's Bureau
8 Wakley Street
London EC1V 7QE
www.actionforsickchildren.org
Phone: 020 7843 6444

This is a children's healthcare charity, specially formed to ensure that sick children always receive the highest standard of care. They have a series of information leaflets specifically to help parents cope with, and prepare for, different aspects of children's healthcare.

Association of Anaesthetists of Great Britain and Ireland

21 Portland Place
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This organisation works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain and Ireland.

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This organisation is responsible for standards in anaesthesia, critical care and pain management throughout the UK.

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