

Anaesthesia for Your Child – Advice for Parents & Carers



This section is for the patient to make notes if they so wish:

Name:

Who to contact and how:

Notes:

Diana, Princess of
Wales Hospital
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Grimsby
DN33 2BA

03033 306999

www.nlg.nhs.uk

Scunthorpe General
Hospital
Cliff Gardens
Scunthorpe
DN15 7BH

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Goole & District
Hospital
Woodland Avenue
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Information for patients

Introduction

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

Anaesthesia and Anaesthetists

A general anaesthetic ensures that your child is unconscious and free of pain during an operation or procedure.

Anaesthetists are specialist doctors who give the anaesthetic and look after the health of your child during surgery. They are also closely involved with your child's pain relief after surgery.

The anaesthetist will ask you about your child's previous experiences with anaesthetics or injections and will ask you and your child if you have a preference for how the anaesthetic is given. He / she will talk to you about which way he / she would prefer to start the anaesthetic. Sometimes there are medical reasons why things have to be done in a certain way.

Nothing will happen unless you understand and agree with what has been planned. You will be able to raise any issues you have on the day of surgery or before.

Your wishes and those of your child are very important.

Preparing Your Child

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

Unless your child is very young, you should try and explain:

- 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

The best time to provide this information will differ between children. Pre-school children probably only need to know the day before. Older children may need more time.

Information for patients

Our hospital invites parents and children to attend Pre-assessment Clinic to assess your child's health, to explain to you and your child about what happens on the day of surgery and about various options. During this visit you may also visit the children's surgery ward if you wish before the day of the operation.

Some ideas of what to say to your child:

- explain that the operation or test will help your child to get better
- encourage your child to talk about the operation and ask questions. Books, games and stories can help
- tell your child about timing: when will he / she have the operation or investigation? How long will their stay in hospital be?

Preparing for Admission

We will give you clear instructions about when to stop your child eating and drinking. It is important for you / your child to follow these instructions. This is because 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.

Children are much more comfortable if they do not have to wait longer than necessary without food and drink. The following are agreed timings for when you can give your child something to eat or drink before non-urgent surgery.

- Six hours before, your child can have a light meal or a glass of milk. Bottle-fed babies can have formula feed
- Four hours before, babies can have breast milk
- Up to one hour before, children can have clear fluid*. Clear fluids are water, clear non-opaque fruit juice or squash/cordial, ready diluted drinks and non-fizzy sports drinks. Non-thickened and non-carbonated. You will receive advice stating specific time up to which it is safe and recommended to give clear fluid. Milk and milk added drinks, fizzy drinks and juice with bits are not clear fluids.
- Children should refrain from chewing gum, fizzy drinks before general anaesthesia on the day of surgery

Information for patients

Not well within few days of operation?

Please phone the hospital if your child develops a significant cough or cold, or diarrhoea or vomiting within a few days of the day of the operation. It may be best to delay the operation until they are better.

Please let staff at the hospital know if your child has been in recent contact with chicken pox.

On the Day of Admission

An anaesthetist should visit you before the procedure to discuss your child's anaesthetic. The Anaesthetist would like to know about your child:

- Your child's medical problems
- Any medication your child is taking
- Any known allergies
- Any problems with previous anaesthetics experienced by your child, a sibling or parents
- If they have any loose teeth
- If you have any questions

For adolescent girls we may ask them or you (with their consent) about their menstrual cycle and the date of their last period or if they are taking oral contraceptives, this is to reduce the risks of anaesthesia and surgery. They may also be asked to give a sample of urine for pregnancy testing. Please do not be offended by this.

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 cold or develops a rash.

If your child has eaten food too recently, the operation will be delayed or postponed until another day.

Pre-medication ('pre-med')

This is the name for drugs that are given before an anaesthetic.

Information for patients

Some pre-meds help your child to relax. If your child is very anxious, this is something you may consider.

Pain relief drugs may also be given as a pre-med, or the anaesthetist may suggest an extra dose of treatment for illnesses such as asthma.

Most pre-meds are given as liquid medicines.

Local Anaesthetic Cream

It is common practice in our hospital to put 'magic cream' on the back of hands to reduce the pain of the injection when a cannula is placed in your child's hand or arm. It can be omitted if you or your child does not want it or if your child has allergy to it. It works well in reducing the pain in 9 out of 10 children. It takes 30–60 minutes to work.

Going to Theatre

Your child may be able to wear his or her own clothes for some investigation and operation. For many operations, your child will be required to wear a hospital gown instead but your child may be able to keep their underwear on. Your child may walk to the anaesthetic room, or may travel on a bed or hospital trolley, or be carried.

In the Anaesthetic Room

A member of staff from the ward will accompany you and your child to the anaesthetic room. Your child will be able to take a toy or comforter. You may also bring mobile devices such as iPad if your child wishes to play games in it as he / she goes off to sleep.

If you wish, you will usually be welcome to stay with your child until he or she is unconscious. There are a few circumstances when this will not be possible. You do not have to accompany your child to the anaesthetic room. A ward staff or play therapist will go along if you do not wish to go.

The anaesthetist will use either gas or an injection through a cannula to start the anaesthetic. Most younger children will have a gas and most older children will have an injection through a cannula. If a cannula is used, your child will normally become unconscious very quickly indeed. The anaesthetist will then use a mask to continue the anaesthetic.

Information for patients

If the anaesthetic is started with gas, the anaesthetist generally uses a mask to give the gas. Anaesthetic gases smell similar to felt-tip pens. It normally takes a little while (one to two minutes) for the anaesthetic to take effect. It is normal for the child to become restless during this time. Staff will help you hold your child gently but firmly.

The anaesthetic may be started while your child is lying on a trolley. Smaller children may be anaesthetised sitting on your lap. Staff would then help you lift him / her onto the trolley.

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.

After your child is asleep, you will be asked to leave the anaesthetic room. A member of staff will be with you as you leave.

What happens next?

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

The anaesthetist stays with your child. He / she will monitor your child's blood pressure, pulse and breathing closely throughout the procedure, ensuring that he or she is safe and fully anaesthetised.

In the Recovery Room

After the operation / investigation your child will be transferred to a Recovery Room. Each child is cared for by a specialist nurse who makes sure your child is comfortable. She will give extra pain relief and anti-sickness medicines as needed. You will be called to be with your child during the waking up process.

Many children show some signs of confusion and / or distress when they wake up. This is more likely in younger children. A few children become very agitated. They may cry and roll about or wave their arms and legs. This behaviour may last around 30 minutes. The recovery room nurses are experienced at looking after children at this time. They will consider whether more pain relief will help. They will advise you on how best to comfort and reassure your child. If a child wakes in distress this is naturally worrying to parents and carers. It would be worth telling your anaesthetist if your child has experienced this type of distress in the past so that they can discuss ways that it might be avoided in the future.

Going Home

Some children find a hospital visit worrying. A few children do not sleep well after a stay in hospital.

They may be clingy and worried about leaving you. Their behaviour may be more difficult than before. This will usually return to normal within three to four weeks.

Side Effects

In modern anaesthesia, serious problems are uncommon. Most children recover quickly and are soon back to normal after their operation and anaesthetic. For a child in good health having minor surgery:

- 1 child in 5 becomes agitated on waking
- 1 child in 10 might experience a headache, sore throat, sickness, dizziness, itching, blurred vision, pain during injection of drugs, bruising and soreness
- 1 child in 1000 may experience complication such as a chest infection, bladder problems, muscle pains, slow breathing, damage to teeth, lips or tongue and worsening of an existing medical condition
- 1 child in 10,000 or 1 child in 100,000 may develop serious complications such as a serious allergy to the drugs, damage to the eyes, nerve damage, equipment failures and death

The risk of death from anaesthesia for healthy children having minor or moderate non-emergency surgery is less than 1 in 100,000.

Long-term Effects of Anaesthesia on Infants and Young Children

In the last few years, it has been shown that exposing very young animals to a variety of anaesthetic drugs can produce microscopic changes in specific parts of the brain and some studies have suggested that this may influence longer-term development. It is difficult to know how to interpret these experiments: the studies are not directly comparable to human infants having surgery and anaesthesia in the animal studies was often continued for much longer or at higher doses than used for routine surgery in children. Clinical studies to date have not consistently linked anaesthetic exposure in early life to adverse changes. You will be offered alternative option to general anaesthesia if it is appropriate for your child's surgery or investigation.

Alternatives

In many cases there is no alternative to having a general anaesthetic due to the nature of the surgery or investigation. It may be possible to perform some procedures with just local anaesthetic (numbing), or sedation.

Contact Details for Further Information

If you require any further information please do not hesitate to contact the Pre Assessment Nurse:

Diana Princess of Wales Hospital:

01472 874111 or 03033 306999

Scunthorpe General Hospital:

01724 282282 or 03033 306999

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) is available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats are available on request at nlg-tr.interpreters@nhs.net

Alternative Languages

All of our leaflets are available to view in different languages via Browsealoud on our website at www.nlg.nhs.uk/patients/patient-leaflets/

Information for patients

Toate pliantele noastre sunt disponibile pentru a fi vizualizate în diferite limbi prin intermediul Browaloud pe site-ul nostru, la www.nlg.nhs.uk/patients/patient-leaflets/

Wszystkie nasze ulotki są dostępne do przeglądania w różnych językach za pośrednictwem Browsealoud na naszej stronie internetowej www.nlg.nhs.uk/patients/patient-leaflets/

Visus mūsu lankstinukus galite peržiūrēti įvairiomis kalbomis, naudodamiesi „Browsealoud“ mūsų svetainėje, adresu www.nlg.nhs.uk/patients/patient-leaflets/

Vse naše zloženke so na voljo za ogled v različnih jezikih prek Browaloud na našem spletnem mestu www.nlg.nhs.uk/patients/patient-leaflets/

Date of Issue: June 2021

Review Period: June 2024

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IFP-0512 v1.3



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