

Your Child's General Anaesthetic

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

You can watch a video of what it's like to go to hospital and have an anaesthetic at

www.apagbi.org.uk/children-and-young-people/videos-children

What is a general anaesthetic?

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

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.

Preparing your child

Unless your child is very young, try to explain that they are coming into hospital for an operation, and some basic information about what might happen. Preschool children probably only need to know the day before, while older children may need more time. You know your child best. There are leaflets available on the Royal college of anaesthetists website, for children of different ages:

Rcoa.ac.uk/childrensinfo

Preoperative assessment clinic

A nurse from the hospital may phone you to find out some details about your child and their health. This allows time to arrange any extra tests or equipment which might be needed, and is an opportunity for you to ask questions. You and your child might be invited to attend a face to face assessment in the hospital.

What happens on the day of the procedure?

Nothing to eat and drink – fasting (“nil by mouth”)

Your child can eat until 6 hours before the anaesthetic. If your child is less than 1 year old please give him/her a breast feed which must be finished by 4 hours before the anaesthetic. If your child is due at the hospital at 7.30am, please give them clear, non fizzy drinks (e.g. water, squash but not milk), but no food in the morning. If your child is due at the hospital at 11.30am, please give them breakfast by 7.30am, and encourage them to drink clear non fizzy drinks. Babies under a year old should be breast fed until 4.30am for a 7.30 admission, and until 9.30 for an 11.30 admission. Please offer them water after this. Your child can continue to drink water or squash until they reach the hospital, and will be encouraged to drink on the ward.

Pregnancy testing.

It is standard practice to do a pregnancy test for any girl over the age of 12 years old, by collecting a urine sample. Please see the Royal college of Paediatrics and Child Health website for more information.

Rcpch.ac.uk/resources/pre-procedure-pregnancy-checking-under-16s-guidance-clinicians

The pre-operative visit

An anaesthetist will usually visit you on the ward before the procedure to discuss your child's anaesthetic. The anaesthetist will ask you about your child's general health, and will discuss with you and your child how he or she will go to sleep (“be anaesthetised”). The anaesthetist will also discuss the type of pain relief to be used during and after the procedure.

For practical reasons, occasionally the anaesthetist who sees you on the ward might not 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.

Premedication (a "premed")

Premedication is the name for medicines given before an anaesthetic. 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.

If your child needs a premed, it will usually be given as a liquid to drink, or as a cream on the skin. Very occasionally an injection is essential.

Types of premeds which might be given:

- *Magic cream* is local anaesthetic cream, that is put on the hand or arm before an injection, so it doesn't hurt. It works well for 9 out of 10 children. This cream is also called Ametop or EMLA.
- *Pain relieving drugs* such as paracetamol that can help during and after the operation.
- *Medicines to protect your child* from side effects of the anaesthetic (for example, feeling sick)
- *Sedatives* to ease your child's anxiety
- *An extra dose of usual medication*, for example for asthma.

Going to theatre

Your child can wear his or her own clothes, or he or she can wear a hospital gown. Your child will be able to keep underwear on, excluding underwear with metal clips or fastenings. Depending on the procedure, clothing may be removed when your child is asleep. Loose-fitting clothing is best. Clothes may be stained during the operation.

You can accompany your child to the anaesthetic room, along with a ward nurse. If you prefer not to accompany your child, a nurse from the ward will accompany him or her. Don't be afraid to let the ward nurse know.

In the anaesthetic room

The anaesthetic room is the room next to the operating theatre where anaesthetics are administered.

Usually you can stay with your child until he or she is asleep.

Occasionally this is not possible, for example, if your child needs emergency surgery, or needs to be put to sleep inside the operating theatre, rather than in the anaesthetic room. This is often the case for very young babies or very ill children.

Your anaesthetist will tell you if you can't stay with your child until he or she is asleep, and will explain the reason why. The safety of your child is the deciding factor.

A nurse from the ward will accompany you to the anaesthetic room, and will take you back to the ward when your child is asleep.

Your child will either have an anaesthetic gas to breathe or medicine through a cannula (see below). It might be possible to do this with your child sitting on your knee. Some children prefer gas, and some prefer medicine. If both methods are safe for your child, you and your child might be able to choose which is used. Sometimes it can be difficult, or even impossible, to get a cannula in the right place and then gas will be used.

If medicine is used, the magic cream is removed, and a small plastic tube ("cannula") is placed in a vein. When the medicine is injected through the cannula, your child will usually become unconscious very quickly indeed. Some parents find this frightening.

If anaesthetic gas is used it will take a little while for your child to be anaesthetised, and he or she might become restless while the gas takes effect. The gas is administered through a face mask, or by the anaesthetist cupping a hand over your child's nose and mouth. When your child is asleep, a cannula will be inserted for safety, and to administer painkillers or other medicines.

The cannula will stay in until after the operation, usually until your child is back on the ward. When we are sure your child does not need any more medicine through it, the ward nurse will remove it.

What happens next?

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

The anaesthetist will be with your child throughout the entire operation, carefully monitoring his or her condition, and making sure that he or she is safe. Anaesthetic gases and/or medicines will be used to keep your child anaesthetised.

After surgery

Most children will go to the recovery room.

Each child is cared for by a specialist nurse until he or she is awake, and is ready to go back to the ward.

Usually with babies and young children a ward nurse will bring you to the recovery room, as soon as your child wakes up. Older children and teenagers might be brought back to the ward while you are waiting.

Some children may need to go to the Intensive Care Unit or the High Dependency Unit on Bramble ward after their operation. This will be discussed with you before hand if it is planned.

Some children are very distressed when they wake from the anaesthetic. This is common in children under 3 years and sometimes in children who are upset before they are anaesthetised. It is not related to pain. Your child may take a little while to calm down, but usually will settle after returning to the ward, having food and drink, and playing with their toys or watching TV.

Pain relief

Pain relieving medicines 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. To try to avoid injections, sometimes pain killers may be given as suppositories.

The anaesthetist will discuss the kind of pain relief your child will get during and after the operation. There are information leaflets available, giving more detailed information about the methods of pain relief.

Going Home

Most children have their operations and investigations done as "day cases", and go home later on the same day. Please make sure you have painkillers at home for your child. As long as your child is back to normal and eating and drinking, he or she will be allowed home about 2 hours after returning to the ward. **The time will be longer for some operations.**

Occasionally children may feel sick or even vomit after they have left hospital, especially during the car journey home.

Before you leave you will be told who to contact if you have any concerns about your child when you get home. This could be the ward you were on, the Emergency Department or your GP. If you don't know who to contact, please ask.

What are the risks of having a general anaesthetic?

Modern anaesthesia is very safe, and we expect your child to make a full recovery. However, general anaesthetics have some risks, which may be increased if your child has any chronic medical conditions. In general they are as follows:

- **Common temporary side-effects** (risk between 1 in 10 and 1 in 100) include sore throat, bruising or pain in the area of injections, blurred vision and sickness. These can usually be treated and pass off quickly.
- **Infrequent complications** (risk between 1 in 100 and 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, and temporary problems speaking

- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, deep vein thrombosis, eye injury, and damage to the voice-box. These are very rare and may depend on whether your child has other serious medical conditions. The risk of death from anaesthesia for healthy children having minor or moderate non emergency surgery is probably less than 1 in 100,000.

To read about the risks associated with having an anaesthetic, please see rcoa.ac.uk/patientinfo/risks/risk-leaflets

There is some evidence that if very young animals are exposed to general anaesthetics, then their brains do not develop normally. There is no evidence that this is the case in humans, although research is ongoing. For this reason operations are usually delayed for as long as it is safe to wait. Please ask your anaesthetist if you have more questions, or visit www.apagbi.org.uk/sites/default/files/inline-files/Developing%20brain%20January%202017%20Parents%20information.pdf

If you would like to discuss anything in this booklet before your child's admission, especially about the risks of general anaesthesia in children, then please let the preassessment nurse know, or contact the anaesthetic department on anaestheticscheduling@nhs.net

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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