



YOUR CHILD'S GENERAL ANAESTHETIC

Information for parents and 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 has been written by parents, patient representatives and anaesthetists, working in partnership.

TABLE OF CONTENTS

Anaesthesia and anaesthetists	5
<i>What is anaesthesia?</i>	
Preparation	6
<i>Some ideas of what to say...</i>	
On the day of admission	8
<i>A pre-operative visit</i>	
<i>Delaying the operation or investigation</i>	
<i>Nothing to eat and drink – fasting ('Nil by mouth')</i>	
<i>Going to theatre</i>	
<i>In the theatre</i>	
<i>What happens next?</i>	
<i>After surgery</i>	
Pain relief	11
<i>Ways of giving pain relief</i>	
<i>Some common terms used with medicines</i>	
Going home	12
Side effects and complications	13
<i>Suggested reading material</i>	
<i>Questions you may like to ask the anaesthetist</i>	

Throughout this booklet we use these symbols:



To highlight your options or choices.



To highlight where you may want to take a particular action.



To point you to more information.

Anaesthesia and anaesthetists

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 start and maintain anaesthesia.

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.

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.

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.

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.
- 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 that you will be able to stay too.

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 cold sores 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 will talk to you 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.

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 a fizzy drink.

Going to theatre

Your child may be able to wear his or her own clothes to the operating theatre.

Your child will be able to keep their underwear on.

Your child may travel to the theatre area in a bed, on a trolley, walking or being carried.

Operating theatre – the room where surgery is performed.

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



In the theatre

A nurse from the ward will accompany you and your child to the theatre area. There you will be met by an Anaesthetic nurse. You may be asked to sign a consent form if you have not already done so. Your child will be able to take a toy or comforter.

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 may be possible to give the anaesthetic while your child is sitting on your lap. Your child may have either an anaesthetic gas to breathe or an injection through a cannula (see next page).

You do not have to accompany your child to the anaesthetic room.



Some children prefer gas and some prefer injections.

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 unsettling.

You will then be asked to leave the anaesthetic room promptly, and a member of staff will be with you as you leave.

'Magic Cream' is local anaesthetic cream that can be put on the hand or arm before injections so that they do not hurt so much. 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 the needle is immediately removed leaving only the soft cannula in place.

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?

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.

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.

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.

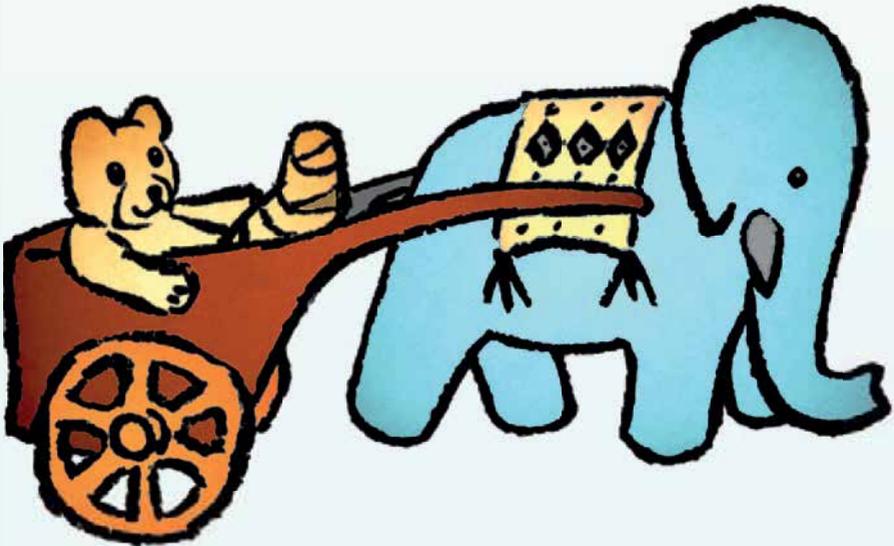
S/C – subcutaneous – when drugs are given just under the skin, either as a 'one off' or through a cannula.

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. The hospital will check that you have suitable pain relieving medicines at home. If not, you will be given medicines to take home with you and explanation on how to take them.

Occasionally children 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.



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.

You can find more information about risks associated with having an anaesthetic in the booklet 'Anaesthesia Explained' and in the series of articles about risks which you can find on www.youranaesthetic.info

Suggested reading material

To help children understand this new experience, there are lots of wonderful, colourful and interesting books which parents can read for their child. A selection of books for children is listed below:

- **Going to the Hospital by Michelle Bates**
- **Good-bye Tonsils! by Craig Hatkoff and Juliana Hatkoff**
- **Tubes in My Ears: My Trip to the Hospital by Virginia Dooley**

Association of Anaesthetists of Great Britain and Ireland works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain and Ireland.

Association of Anaesthetists of Great Britain and Ireland

21 Portland Place

London WC1B 1PY

Phone: +44 20 7631 1650

Fax: +44 20 7631 4352

Email: info@aagb.org

Website: www.aagbi.org

Questions you may like to ask the anaesthetist

Who will give my child's anaesthetic?

What type of anaesthetic do you recommend?

Have you often used this type of anaesthetic?

What are the risks of this type of anaesthetic?

Does my child have any special risks?

How will my child feel afterwards?



GET WELL

SOON



Hermitage Medical Clinic
Old Lucan Road, Dublin 20
Tel: 01 – 645 9000
www.hermitageclinic.ie

Date of publication:	01/17/2017
Date of Revision:	01/10/2020
Version number:	HMC/Theatre/PI/002