

# Your Child and Anaesthesia

## Waikato Hospital

You have received this information leaflet because your child requires an anaesthetic for an operation or medical procedure. This leaflet gives you some basic information about your anaesthetist and anaesthesia. If there is anything you don't understand, please ask.





## YOUR ANAESTHETIST

An anaesthetist has a medical degree, and a further seven years (minimum) of practical experience and examinations, before qualifying as a specialist anaesthetist. In a teaching hospital, such as Waikato, you may be looked after by a registrar (trainee specialist anaesthetist). A registrar is already a qualified doctor, but while these doctors are training for their specialist qualification, they are under the supervision of a fully trained specialist anaesthetist.



## GENERAL ANAESTHESIA

General anaesthesia involves getting your child off to sleep, keeping them safe during the operation and then waking them up. This involves an injection of drugs, or breathing a special gas to anaesthetise them. The anaesthetist will always be with them, constantly monitoring their condition, and providing pain relief until they are safely delivered to the recovery room.

# BEFORE THEIR OPERATION

In order to provide the best care for your child, your anaesthetist requires some information. You will need to complete a Health Questionnaire on behalf of your child; the information provided will determine whether your child needs to be seen for an assessment prior to the day of surgery.

**Waikids**  
PARENT/GUARDIAN TO COMPLETE

**Patient Label**  
Name: \_\_\_\_\_  
MRN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_

We need all of the following information to start assessing your child's health needs.  
• Please answer ALL questions by ticking either 'Yes' or 'No' and where prompted provide any additional information.  
• Incomplete forms may delay our assessment of your child. So please take care to answer every question.  
• The information you provide will be dealt with in confidence and will not influence your priority.  
• Please **DO NOT** write 'See his/her notes' or similar as an answer to any question.

1. What is your child's weight? 14 kg What is your child's height? 100 cm **ESTIMATE IF UNSURE**

2. Was your child born before 35 weeks gestation? No  Yes   
If so what was their birth weight? \_\_\_\_\_  
Did your child have any problems after birth? No  Yes   
Please provide details: \_\_\_\_\_  
Can your child keep up physically with children of the same age? No  Yes

3. Does your child have any health issue that they/you manage daily? No  Yes   
List here: Sleep apnoea

Occasionally, your anaesthetist will arrange tests or treatment your child requires before an operation. Children on certain medications will need special medication instructions for the day of surgery. These will be written down for you. Health supplements or herbal remedies which are non-prescribed can interfere with conventional drugs, anaesthetics and blood clotting - do not give these to your child for a week before surgery, as a general rule of thumb.

If your child becomes unwell in the weeks leading up to the surgery, please call the number in your letter. In general, we would like children to be clear of an upper respiratory infection (cold or flu) for three weeks, prior to surgery. Some children have infections very frequently in which case we would have to compromise on this timeframe. Please call us for advice.

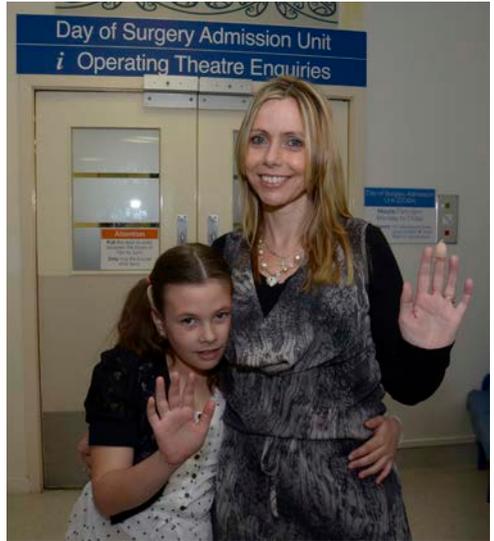
# ON THE DAY OF SURGERY

## At the hospital

There is a Playroom in the waiting area, but you may wish to bring some toys or an electronic device from home to distract your child during this time.

Your anaesthetist will meet you and your child before their operation. They will review all your child's information, discuss any pain relief options, and talk about the risks and benefits of these.

They will decide with you which option would be best for your child.





Your child will be asked to change in to theatre clothes where required (often they can stay in their own pyjamas) and they may be given a 'Premed' before coming to the operating theatre. This is some medicine to relax them, if they are anxious. There are various options which your anaesthetist will discuss with you, but they are usually given via mouth or nose. If they are distracted by an electronic device or movie, they can watch this up until they are anaesthetised.

## In the operating theatre

You will be met by your child's theatre team, who will do a final check of everything, and ask you to confirm their details. There are between seven to ten members in a theatre team including nurses, surgeons, anaesthetists and technicians. They are all there to look after your child.



If your child is older than nine months, one family member may be allowed to come to theatre with them until they are asleep. Children benefit most from a calm support person. If you are very anxious about doing this, a nurse can accompany them to theatre on your behalf - you don't have to go. When they are waking up in recovery, one family member will be called to be with them.

If your child is younger than nine months, they have not yet developed 'separation anxiety' and there is no benefit of having a parent with them at the going off to sleep stage. They go to sleep rapidly at this age, and we prefer to have 100% of our attention on them.

### **There are two ways of going off to sleep:**

- 1. IV induction** - this involves placing numbing cream on the skin over a vein, 45 mins or more before theatre. We then place an IV in the vein through which we can deliver anaesthetic drugs in order to get your child off to sleep. This occurs rapidly. Your child will become quite heavy in your arms, and then we will assist you to transfer them to the bed.
- 2. Gas induction** - this involves holding a face mask over your child's face; we usually introduce some 'laughing gas' to start with, and then introduce the anaesthetic gas gradually. It smells a little like felt tip pens. The anaesthetic gas makes their brain a bit excited before it becomes sleepy, so it is normal for your child to wriggle, have unusual head/eye movements, and have noisy breathing during this phase. Shortly after this they will become still. It looks a little alarming if you are not expecting it, but it is quite normal. Don't worry if you have a tear rolling down your face at this point.



Your child will have an IV placed while they are asleep for pain relief, and anything else that is required. While they are anaesthetised, they will be connected to several monitors which watch their heart, blood pressure, oxygen levels and breathing, throughout the operation. The anaesthetist stays with them for the whole operation, checking they are asleep, comfortable and safe.

## **After your child's operation**

The surgeon will often phone you once the surgery has finished, to explain how things went. Sometimes they catch up with you later on instead. The recovery nurses will phone you once your child is starting to wake up. It is a good idea to ensure you have enough battery on your mobile phone(s).



Your child will wake up in the recovery room, with a nurse monitoring them. The IV drip will be wrapped by a bandage in younger children. Pre-schoolers commonly get a phenomenon called 'emergence delirium' when waking up from an anaesthetic, which involves confusion and disorientation - they can even be inconsolable for 10-20 mins. It passes with time; a familiar voice and a cuddle are usually all that is required. Occasionally drugs will be given in theatre or recovery to calm the child down.

# YOUR CHILD AND PAIN RELIEF

Good pain relief is very important. Anaesthetists are skilled in a range of methods to treat pain. Your anaesthetist will decide with you what is most suitable for your child and the type of surgery planned. Pain relief can be given by various routes. Options are as follows:

**Oral** - sometimes we give oral Paracetamol before the surgery; most post-operative pain relief is given orally, unless your child has had surgery on their bowel.

**IV** - we often give IV pain relief while your child is asleep, and post-operative pain relief may be given this way, especially early on. If your child is old enough, they may be given a PCA (Patient Controlled Analgesia) pump which allows them to control their own pain relief. When they press the button, the machine delivers a set amount of drug, usually Morphine, in to their vein. The anaesthetist sets limits on the machine, so they cannot overdose themselves. In younger children, the nursing staff will manage a pain pump.

**Local anaesthetic** - used to numb the operation site. It is injected while your child is asleep, but is still working for several hours afterwards.

**Nerve block** - local anaesthetic is injected around a nerve supplying a region of the body using an ultrasound scan to locate the site. E.g. for groin surgery we can numb the nerves in the abdominal wall muscles which supply the groin. It is very rare for an anaesthetist to damage nerves when placing a nerve block. This sort of local anaesthetic lasts for many hours afterwards.

**Caudal** - this is an injection by your child's tail bone, which numbs them from the waist down. It is given at the very bottom of the spine, below where the spinal cord is found. It is often used for painful surgery involving the groin or legs. It is done while your child is asleep. It numbs the pain nerves, but also numbs other nerves, so your child will initially have weak legs, be uncoordinated when they try and walk. These effects all resolve by the next day, although very few children can still be a bit clumsy on their legs the next morning. All effects should have gone by two days later.

*Risks:* Caudals are generally very reliable, and low risk.

**Epidural** - this is similar to an epidural for childbirth. It is commonly used for major hip surgery. While your child is asleep we will position them, place a needle in their back in to the epidural space (outside of where the spinal cord is found), and then pass a very narrow plastic tube through the needle. We then take the needle away, and attach the plastic tube to their back to stop it being dislodged. We can run an infusion of local anaesthetic through this tube for a couple of days, to keep them comfortable.

*Risks:* Risks include failure, dislodgement, headache, infection and nerve damage. Your anaesthetist will discuss these more with you.

## **SIDE EFFECTS, RISKS AND COMPLICATIONS**

Your child's anaesthetist will plan the safest anaesthetic for them, and is specially trained for any problems that arise. Anaesthesia is safer now than it has ever been, and is regarded as one of the safest medical interventions. Anaesthesia risks are greatest in the very young, but serious complications can occur in anyone, regardless of age or fitness. A way of thinking about this is considering travelling somewhere in a car. There is always a risk of serious accident or even death on the roads, but we all deem this low enough, and sufficiently unlikely that we go and drive anyway.

Everyone reacts to and tolerates anaesthesia differently. The risks your child faces depends on their health, and the type of operation they are having. The anaesthetist will discuss these with you.

**Common side effects** - sore/dry throat, emergence delirium, nausea and vomiting, headache. Most of these can be treated with medication. Your child may have disrupted sleep patterns for a few days afterwards.

**Uncommon side effects** - lip/teeth injury (from placing or removing breathing tube)

**Very rare complications** - serious allergy to drugs, serious breathing problems, major nerve or brain damage, awareness. People often worry about the risk of awareness during anaesthesia, but fortunately this is rare. When it does happen, it tends to be awareness of sounds only, and in children does not seem to be associated with subsequent psychological problems.



## **For more information. you can go to the following websites:**

<http://www.anaesthesiasociety.org.nz/patient-info/>

<http://www.anzca.edu.au/patients>

<http://allaboutanaesthesia.com.au>

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