


Child anaesthetic

Information for families



Riverbank Unit: Maidstone Hospital

 01622 224881

Open Monday – Friday, 7.00am – 7.30pm

Woodlands Ambulatory Unit: Tunbridge Wells Hospital

 01892 634254

Open 7 days a week, 7.00am - midnight

Hedgehog Ward, Inpatient Ward: Tunbridge Wells Hospital

 01892 633525

Open 7 days a week, 24 hours a day

This leaflet explains what to expect when your child comes to hospital to have a test or operation under general anaesthetic. An anaesthetist will meet you before the procedure to discuss your child's anaesthetic more fully and answer any questions you may have.

What is a general anaesthetic?

A general anaesthetic ensures that your child is **fully asleep and free of pain** during a test or operation. It consists of a combination of drugs given either as gas to breathe, or as an injection. Only anaesthetists give general anaesthetics.

Who are anaesthetists?

Anaesthetists are highly qualified specialist doctors. They look after children before, during and after surgery. Their role is to ensure that patients are asleep and safe throughout surgery and wake up comfortably at the end.

Why do I need to see an anaesthetist before the anaesthetic?

An anaesthetist will meet you on the ward to assess your child's general health and to discuss the anaesthetic. For practical reasons this may not be your child's anaesthetist, but if you particularly want to meet him/her before your child goes to the operating theatre please ask the ward nurse.

The anaesthetist will ask you if your child has had an anaesthetic previously and whether they have any known allergies. They will discuss options for anaesthesia and pain relief medication.

Consent

Valid consent is important when treating children and young people. In some situations children are able to give consent themselves; and sometimes others need to take the decision on their behalf.

Everyone aged 16 years or older is presumed to be able to give consent for themselves; unless they have been assessed by their doctor/healthcare professional as incapable of understanding the proposed treatment.

Legally, children under 16 years may be able to give consent for treatment provided the health professional is satisfied that they

are able to understand what is involved in the proposed treatment. However, we would always encourage parents and their children to make important decisions together in a supportive way. Children under 16 years cannot however, refuse treatment, if it has been agreed by a person with parental responsibility or by the court and it is in their best interest.

It is important that you understand all the risks and benefits, including those of general anaesthetics, before giving consent. Please bring any necessary legal documentation if you are not the parent; to prove you have parental responsibility.

Parental responsibility is where an adult is responsible for the care and wellbeing of their child and can make important decisions about medical treatment for them.

The person(s) with parental responsibility will usually, but not always, be the child's birth parents. People with parental responsibility for a child include:

- The child's mother
 - The child's father – if married to the mother at the child's birth
 - The child's father (for children born on or after 1st December 2003 only, England) if his name is on the birth certificate
 - Those named on the birth certificate – including same sex parents
 - Those who have legally adopted the child
 - A legally appointed guardian
 - Those who have a parental order
 - The local authority – if the child is the subject of a care order
 - A person named in a residence order in respect of the child
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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 to 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 they can understand. Each ward has a play specialist who can advise you on how to prepare your child.

Why should my child not eat or drink before having an anaesthetic?

It is important that your child's stomach is as empty as possible as this reduces the risk of vomiting during and after the operation, which could have serious complications.

The pre-assessment nurse / the nurses on the ward will discuss with you the time that your child will be able to have their last food and drink before the operation.

Usually food can be taken no later than six hours before surgery, but water or clear drinks can be given up to one hour before surgery.

What is pre-medication?

Pre-medication ("premed") is a medicine given to help ease a child's anxiety, but might also be required due to the type of surgery being undertaken. Most children do not need a "premed".

Will I be able to stay with my child whilst they go to sleep?

Yes, in most circumstances one parent is very welcome to come into the anaesthetic room and will be able to stay until their child is asleep. Once asleep, the parent may return to the ward with the ward nurse to wait or may prefer to go to the hospital café or out for a walk.

How will my child be given the anaesthetic?

Your child will either have an injection or an anaesthetic gas to breathe.

On arrival to the ward, some “magic cream” will be put on your child’s hands to numb the skin so that a small plastic tube (cannula) can be put into the vein. This will happen whether a gas or injection anaesthetic is planned.

Anaesthetic gas takes a minute or two to work. The anaesthetist generally cups a hand over your child’s mouth and nose or uses a facemask to give the anaesthetic gas. If your child is a toddler, it may be possible to give the anaesthetic while your child is sitting on your lap.

If your child is having an injection to go to sleep (most commonly used) the anaesthetic is given through the cannula.

What happens next?

Your child will be taken into the operating theatre. The anaesthetist will closely monitor your child’s blood pressure, pulse, temperature and breathing throughout the operation, ensuring that they are safe and fully asleep.

When the operation is finished, your child will be transferred to the recovery room. The plastic cannula will be left in place, but it does not cause more than minor discomfort.

What is the recovery room?

This is a large room in the operating theatre suite where your child will be cared for while they wake up from the anaesthetic.

Each child is closely looked after by a nurse until they are awake and comfortable enough to return to the ward.

What do I do while my child is having the operation / procedure?

Many parents say that time seems to pass slowly while their child is having an operation.

You could return to the ward with the ward nurse to wait, or you may like to go to the hospital café or out for a walk. However, it is important that the ward nurses know how to contact you during the surgery; in case anything needs to be discussed with you and so that you can go with them to the recovery room.

How safe is anaesthesia, and are there any after-effects?

Modern anaesthesia is very safe and complications are rare. The anaesthetist is an experienced doctor who is trained to deal with any complications.

Most children recover quickly and soon back to normal after an anaesthetic, but some may suffer after-effects. These can include headache, sore throat and dizziness. Some children may feel sick and/or vomit. These effects usually last only a short time and there are medicines available to treat them if needed.

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 have been given.
- **1 child in 20,000** (like one person in a small town) might develop a serious reaction (allergy) to the anaesthetic.

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

Will my child be in pain after surgery?

While your child is asleep, pain relief is given to help make them as comfortable as possible after surgery.

The type and strength of pain relief given depends on the procedure or operation and this will be discussed with you beforehand.

What types of pain relief medicines are available and do they have any side effects?

All drugs and treatments have potential complications, but these procedures are remarkably safe and often used after children's surgery:

Suppositories

Some painkillers like paracetamol can be given rectally (into the bottom). These are usually given while your child is still asleep and last several hours. Suppositories are also very good for pain relief when children cannot take drugs by mouth or they are feeling sick.

Local anaesthesia

This is given by injection into or near the nerves around the wound, to numb the area of the operation. It is given while your child is asleep and the effect usually lasts for a few hours.

Caudal block

This is an injection of local anaesthetic solution given at the bottom of the back to block the pain sensation in the area of the operation:

- **Side effects of a caudal block** - sometimes children complain that their legs feel a little heavy and difficult to move. Rarely, problems can be experienced passing urine. These side effects will stop when the local anaesthetic wears off.
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Further information

If you have any questions about your child's anaesthetic or pain relief, please contact the nurses on the ward to which your child has been admitted (refer to front page for phone numbers).

Information about anaesthesia is also available from:

The Royal College of Anaesthetists

Churchill House, 35 Red Lion Square

London WC1R 4SG

☎ 020 7092 1500

www.rcoa.ac.uk

NHS Direct

☎ 0845 46 47

NHS Direct online

www.nhsdirect.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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