

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

The anaesthetist stays with your child throughout the procedure. They will monitor your child closely throughout the procedure, ensuring that he or she is safe and fully anaesthetised.

Most children wake up in a recovery room. The anaesthetist is close by and can help if needed.

Each child is cared for by a specialist nurse who makes sure your child is comfortable. You will be called to be with your child during the waking up process.

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 10 experiences a headache or a sore throat
- 1 child in 10 experiences sickness or dizziness
- 1 child in 5 becomes agitated on waking
- around 1 child in 10,000 develop a serious allergic reaction to the anaesthetic

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

The likelihood of a serious risk or complication is higher if your child has a serious illness, or is under the age of 1 and/ or having a major operation.

Children with significant illness, or babies having surgery, sometimes have particular risks associated with the anaesthetic. The anaesthetist can discuss this with you before the operation. Modern equipment, training and drugs have made having an anaesthetic very safe although all risk cannot be removed completely.

There is ongoing research into the possible long term effects of anaesthesia in babies and very young children. At present there is no strong evidence of harm and it is important to consider that any risk should be balanced against the overall importance of providing anaesthesia for a procedure or surgery.

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk



Anaesthesia for Children

Anaesthetics Department

Lincoln County Hospital

01522 573690

www.ulh.nhs.uk

For further information and references please contact the paediatric wards at LCH (Rainforest/Safari) on 01522 512512 or the anaesthetics department.

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.

An anaesthetist should visit 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 has.

They will talk to you about which way they would prefer to start the anaesthetic. This may change once in the anaesthetic room according to the situation. Sometimes there are medical reasons why things have to be done in a certain way.

This is a good time to talk about any particular concerns you have about the anaesthetic. Your wishes and those of your child are very important.

Preparing for admission

The hospital should give you clear instructions about when to stop your child eating and drinking.

It is important for you/your child to follow these instructions:

- 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.
- Two hours before, children should have a drink of water or very dilute squash.

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

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. This is however, very rare.

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.

Pre-medication ('pre-med')

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

Some pre-meds help your child to relax. 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.

Nearly all children will have 'magic cream' put on the back of their hands. This is also called 'Ametop' or 'EMLA'. It takes 30 to 60 minutes to work. This cream reduces the pain of the injection when a cannula is placed in your child's hand or arm.

In the anaesthetic room

A nurse from the ward will accompany you and your child to the anaesthetic room. Your child will be able to take a toy or comforter.

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 nurse or play therapist will go along if you do not wish to go.

The anaesthetic may be started while your child is lying on a trolley or sitting on your lap.

The anaesthetist will use either gas or an injection through a cannula to start the anaesthetic. Sometimes the anaesthetist will start the anaesthetic with one method but need to switch to the other according to your child's response.

You will then be asked to leave the anaesthetic room. A member of staff will be with you as you leave.