

Your child's general anaesthetic

This leaflet explains what to expect when a child or young person comes into hospital to have an operation with a general anaesthetic. It has been written by anaesthetists, working together with patient representatives, parents and caregivers.

Contents

This leaflet explains:

- general information about anaesthesia and the team looking after your child
- how to prepare your child for an operation
- where to find information resources for children and young people
- what happens before the operation
- what happens on the day of the operation
- what happens after the operation
- risk and shared decision-making.

About anaesthesia

General anaesthesia ensures that your child is in a deep sleep-like state and free of pain during an operation or procedure.

Anaesthetics are the drugs that are used to start and maintain anaesthesia.

- Some anaesthetics start with medicine into a vein using a plastic tube called a cannula.
- Other anaesthetics start with breathing a gas through a mask over the mouth and nose. A cannula will be put in usually when your child is asleep.
- The anaesthetic can be maintained by continuing either to breathe the gas or to give the anaesthetic through the cannula, or a combination of the two.

Anaesthetists are specialist doctors who give the anaesthetic and look after the health of your child during surgery and recovery. They are also closely involved with your child's pain relief after surgery.

Preoperative assessment clinic/telephone screening

A nurse from the hospital may arrange to ring you to get some details about your child's health and medication before the day of surgery. This also allows them time to organise extra tests or equipment, if needed, before the day of the operation.

Many hospitals will invite children, especially those with longer-term illnesses or having major surgery, to attend a preoperative assessment clinic. Here they will ask about your child's health, medication and allergies. They will take a swab from the skin (the skin is gently rubbed with a soft cotton stick) to check for any infections before surgery and do any blood tests that may be necessary.

You may also meet an anaesthetist who can discuss the anaesthetic options and any particular risks. The anaesthetist or preassessment nurse will usually ask you about your child's previous experiences with anaesthetics or injections, for example vaccinations. Often there are medical reasons why one type of anaesthetic may be better than another. They will discuss with you how they would recommend starting the anaesthetic and the reasons why.

After discussion with you, a plan will be agreed. Sometimes the plan may have to be changed, depending on the reaction and response of your child on the day of the operation.

You will be able to raise any issues that you have at any time on the day of surgery or before.

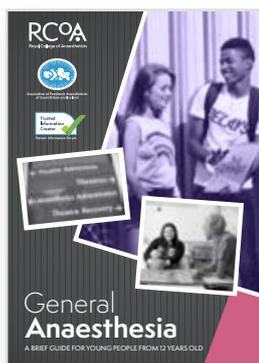
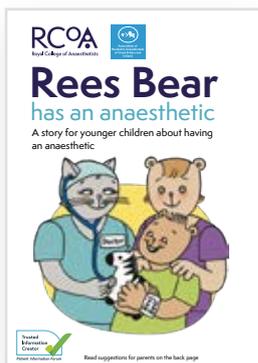
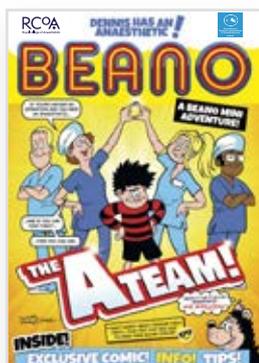
Preparing your child

There are several things that you can do to prepare your child for coming into hospital. Unless your child is very young, you should try and explain:

- 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.

The best time to provide this information will differ between children. Preschool children probably need to know only the day before. Older children may need more time.

There are also leaflets and videos for children of different ages available to download from the **Information for children, parents and carers** pages on the College website (rcoa.ac.uk/childreninfo) and the Association of Paediatric Anaesthetists of Great Britain and Ireland: apagbi.org.uk/children-and-young-people



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Some hospitals offer children the chance to visit the children's surgical ward or the anaesthetic room before the day of the operation. This is a good way to help prepare your child and reduce anxiety. Some hospitals offer virtual tours through apps and videos.

Many hospitals have a play-therapy team who can give explanations and encourage discussion through play.

What to say to your child

- Explain that the operation or test will help your child to get better or improve an existing medical condition.
- Encourage your child to talk about the operation and ask questions. Books, games and stories can help.
- Tell your child about timing. When will they have the operation or investigation? How long will their stay in hospital be (if you know this)?
- If your child will be staying in hospital overnight, let them know if you will be able to stay too. If you are unsure whether this is possible, you can call the hospital to confirm.

What to bring to hospital

Your nurse can advise you on what you should take into hospital, but please bring:

- any regular medication, in the original packaging, that your child usually takes
- pyjamas, slippers, spare clothes, change of underwear or nappies
- toothbrush, toothpaste, hairbrush and toiletries
- a favourite teddy or toy
- a book or drawing pad
- mobile phones and electronic devices but with charger and headphones.

Children often enjoy deciding what to pack, but it's best not to include too many toys, because there are often toys and activities provided by the hospital.

Not well just before surgery?

You should phone the hospital if your child develops a significant cough or cold within two weeks of the operation, or diarrhoea or vomiting within a few days of the operation day. It may be necessary to delay the operation until your child is better.

Coughs and colds can make children, especially those who are younger, more likely to have difficulties with their breathing under the anaesthetic. They can also put children at higher risk of chest infection. It is therefore important that you make the hospital staff aware if your child has been unwell.

You should also let staff at the hospital know if your child has been in recent contact with chickenpox, measles or other infections.

Recent vaccination is not normally a problem for children having an anaesthetic unless they develop a high temperature just before they are due to have surgery, in which case it is sometimes better to delay surgery. This is very unusual, so we would advise parents to continue with planned vaccinations and not postpone them because of planned surgery.

Risk and shared decision-making

Serious problems are uncommon with modern anaesthetics. Most children recover quickly and are soon back to normal after their operation and anaesthetic. Many children may feel sick or have a sore throat. This usually lasts a short time. Medicines to treat vomiting and sickness are available and often given.

More information on the **common events and risks in anaesthesia** for children and young people having a general anaesthetic can be found on our website: rcoa.ac.uk/childrensinfo



Shared decision-making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together:

- the clinician's expertise, such as treatment options, evidence, risks and benefits
- what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.



Find out more at: england.nhs.uk/personalisedcare/shared-decision-making

Here are some tools that you can use to make the most of your discussions with your anaesthetist or preoperative assessment staff:

What are the **Benefits?**
What are the **Risks?**
What are the **Alternatives?**
What if I do **Nothing?**

Choosing Wisely UK BRAN framework

Use this as a reminder to ask questions about treatment.

https://bit.ly/CWUK_leaflet

NHS



NHS ask three questions

There may be choices to make about your healthcare.

https://bit.ly/NHS_A3Qs



The Centre for Perioperative Care (CPOC)

CPOC has produced an animation to explain shared decision-making.

c poc.org.uk/shared-decision-making

On the day of your child's operation

The hospital should give you clear instructions about when your child should stop eating and drinking. It is important for you and your child to follow these instructions.

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

Children are much more comfortable if they don't have to wait longer than necessary without food and drink. Some hospitals allow or encourage children to drink something on arrival.

The following are commonly agreed timings for when you can give your child something to eat or drink before non-urgent surgery, but please follow the hospital's instructions given to you, because they may be different.

- Children can have a light meal and/or a glass of milk six hours before surgery. After that they must not eat anything, including sweets, and should avoid chewing gum.
- Breastfed babies can have breast milk up to four hours before their surgery.
- Bottle-fed babies can have formula milk up to six hours before surgery (please check with your hospital for any different instructions for very small or premature babies).
- Children should continue to drink water or very dilute squash until one hour before their surgery. This helps them to stay well hydrated and comfortable.

Your child should take any medicines as instructed on the day of surgery.

When you arrive at the hospital, your child will be weighed and measured (unless this was already done at a previous appointment). A nurse will check their temperature, pulse and breathing rate and measure their oxygen levels and blood pressure.

It is standard practice to do a pregnancy test for any girl over the age of 12 years by collecting a urine sample. More information can be found here: <https://bit.ly/NHS-Leaflet>



The nurse will ask about medications and allergies and will put two identity bands on your child's wrists or ankles. In some hospitals, they will put on an extra band, or one of a different colour, if your child has any allergies.

An anaesthetist will visit you before the procedure to discuss your child's anaesthetic.

The anaesthetist needs to find out about your child's general health, including:

- previous experiences of anaesthesia
- any medicines that your child is taking
- any allergies that they have
- any recent coughs, colds or diarrhoea and vomiting.

If your child or other family members have had any previous difficulties with an anaesthetic, it is really important to tell the anaesthetist and bring any information that you or a relative has.

This is a good time to talk about any particular concerns that you or your child have about the anaesthetic. You may find it helpful to make a list of questions that you want to ask.

Depending on the type of surgery that your child is having, the anaesthetist may also be able to numb nerves with a local anaesthetic while your child is asleep to help with their pain relief afterwards.

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They may also need to use extra drips or cannulas. They will discuss with you the reasons for doing this and the importance of this equipment for keeping your child safe while they are asleep and comfortable when they wake up.

Delaying the operation or investigation

Occasionally during the assessment of your child, the anaesthetist may learn something about your child that means that it would be safer not to do the procedure on that day. If this happens, they will advise if and when they expect that it will be safe to go ahead with the procedure.

Premedication ('pre-med')

This is the name for any medication that is given before an anaesthetic.

The anaesthetist may discuss with you the need for sedative medication to help your child relax. However, these are not routinely given because they can make children drowsy after the operation. Pain relief drugs may also be given as a pre-med or the anaesthetist may suggest an extra treatment for conditions such as asthma.

Most pre-meds are given as liquid medicines by mouth, but some hospitals use other methods.

Local anaesthetic cream

Nearly all children will have numbing cream put on the back of their hands and covered with a clear dressing. It is a local anaesthetic cream which takes 30–60 minutes to work.

This cream reduces the feeling when a cannula is placed in your child's hand or arm.

If the cream cannot be used, a local anaesthetic cold spray can be used instead to numb the area.

Going to theatre

Most hospitals provide colourful gowns for your child to wear when going to the operating theatre. Your child may be able to wear their own clothes or pyjamas. They can wear a nappy or pull-ups as needed. Your nurse will advise you what underwear can be worn.

Your child may walk to the anaesthetic room, travel on a bed, wheelchair or hospital trolley or be carried. Some units offer more fun types of transport. In some hospitals they may offer a ride in an electric car.

In the anaesthetic room

A nurse or health-care practitioner such as a play specialist from the ward will accompany you and your child to the anaesthetic room. Your child will be able to take a toy or comforter. Mobile phones or tablets can be particularly useful to distract children with games or their favourite shows.

If you wish, you will be welcome to stay with your child to comfort them while they are given the anaesthetic. There are very few circumstances when this will not be possible.

If you are very anxious yourself, you do not have to accompany your child to the anaesthetic room. Another adult family member or a ward nurse or play therapist could go along instead. Some carers find it distressing watching their child being anaesthetised – be prepared for feeling a little emotional yourself if you are staying with your child.

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The anaesthetic may be started while your child is lying on a trolley. Smaller children may be anaesthetised sitting on your lap. Staff would then lift them on to the trolley, sometimes with your help, if you are able.

If a cannula is used to start the anaesthetic, your child will normally become anaesthetised and floppy very quickly. Sometimes this can feel cool or prickly in the arm. The anaesthetist will then use a mask to continue the anaesthetic and provide extra oxygen for safety.

If the anaesthetic is started with gas, the anaesthetist generally uses a mask to give the gas, or they may pass the gas through a cupped hand gently placed over your child's nose and mouth. Anaesthetic gases smell similar to felt-tip pens.

Once your child has been anaesthetised, the anaesthetist will put in a cannula so that they can give the pain relief and anaesthetic drugs that are needed.

It normally takes a little while (anything from a few seconds to a couple of minutes) for the anaesthetic to take effect. It is quite normal for children to become restless during this time or for their breathing to sound different.

What happens next?

As soon as your child is asleep, a member of staff will take you out of the theatre area to allow the anaesthetic team to proceed with the operation.

You will not be able to go to the operating theatre with your child, but the anaesthetist stays with them throughout the procedure and will monitor your child's blood pressure, pulse, breathing and oxygen levels closely, ensuring that they are safe and fully anaesthetised.

Now is a good time to go and have something to eat and drink yourself, but let the staff know that you are going and provide them with a mobile phone number on which to contact you.

After the operation

In the recovery room

Most children wake up in a recovery room. There will be a bandage over their cannula to keep it safe, and out of sight, while they wake up.

During recovery, each child is cared for by a specialist nurse or other suitably qualified practitioner who will make sure that your child is comfortable. They will give extra pain relief and anti-sickness medicines if needed. You will be called to be with your child once they are awake and comfortable. The anaesthetist is close by and can help if needed.

Distress on waking

Some children show some signs of confusion and/or distress when they wake up. This is more likely in younger children of pre-school age.

Some children can become very agitated, especially younger ones. They may cry and roll about or wave their arms and legs. This behaviour may last around 30 minutes and occasionally longer. The recovery room staff are experienced at looking after children at this time. They will consider whether more pain relief will help. They will advise you on how best to comfort and reassure your child.

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If a child wakes in distress this is naturally worrying to parents. It would be worth telling your anaesthetist if your child has experienced this type of distress in the past, so that they can discuss ways that it might be avoided in the future.

Pain relief

Pain-relieving drugs, and sometimes local anaesthetics are given during the anaesthetic to ensure that your child wakes up as comfortable as possible. The type of pain relief will depend on the procedure.

The anaesthetist, surgeon and/or ward staff will talk to you about the best type of pain relief for your child.

Going home

It is often possible for your child to return home on the day of the operation or procedure if the surgeon and anaesthetist are happy that this is a safe option and that your child is recovering well.

You will be given advice about how to give pain relief medicines at home. It might also be useful to stock up on paediatric paracetamol and ibuprofen to have ready for when your child is recovering at home. You should follow the advice that you are given about pain relief for your child very carefully.

Some children feel sick or may be sick on the journey home. It is useful to be prepared!

If you are taking your child home on the day of the operation, you will be given a contact number to ring if you have concerns about your child at home.

Questions you might like to ask

If you have questions about your child's anaesthetic, write them down (you can use the examples below and add your own in the space below). If you want to speak to an anaesthetist before the day of your operation, contact the preoperative assessment team who may be able to arrange for you to speak to an anaesthetist on the telephone or see them in a clinic.

- 1 Does my child have any specific risks?
- 2 When should I start talking to my child about the anaesthetic?
- 3 How can I manage my child's anxiety?
- 4 When will my child be able to return to school?
- 5 ...
- 6 ...

Disclaimer

We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose.

i For full details, please see our website: rcoa.ac.uk/patientinfo/resources#disclaimer

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged because these tend to be low-quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website:

i rcoa.ac.uk/patientinfo/leaflets-video-resources

Tell us what you think

We welcome suggestions to improve this leaflet. Please complete this short survey at:

i surveymonkey.co.uk/r/testmain. Or by scanning this QR code with your mobile:



If you have any general comments, please email them to: patientinformation@rcoa.ac.uk

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