Information about Your Childs General Anesthesia

General anesthetic is medicine that is used to make sure a person is asleep and does not feel any pain during an operation. Specially trained doctors, called anesthesiologists, care for all patients having an anesthetic. All children having an exam will be cared for by specialized pediatric (children's) anesthesiologists and nurse anesthetists who have been specifically trained to give anesthetic to children.

**Eating and drinking instructions:**

Your child should not have any food for **eight (8) hours** before the exam. This is to make sure his/her stomach is empty. If food is in the stomach while having a general anesthetic, there is a higher risk of being sick while unconscious – this could lead to complications. Your child can drink water up until **two (2) hours** before the exam.

**Babies having formula:**

You can give your baby formula up to **six (6) hours** before the exam.

**Breast-fed babies:**

You can breast-feed your baby up to **four (4) hours** before the exam.

**Before the study:**

The anesthetist will meet you and your child before the operation – this may be on the day of the operation or at an outpatient appointment. This meeting is sometimes called a “pre-operative assessment”. The anesthesiologist will talk with you about which anesthetic technique is most suitable for your child. Please do not hesitate to ask questions if you are uncertain about anything. You will be asked about your child's medical history, including:

- Whether he/she has had an anesthetic before
- If your child has any loose teeth
- What medicines your child is taking
- Whether your child has any allergies.
**Asking for consent:**
Discussing your child’s treatment with you is part of our consent process. We want to involve you and your child in all the decisions about your child’s care and treatment.

**Can I be with my child while he/she is having the anesthetic?**
You will be able to go with your child to the anesthetic room. There, you will meet a member of nursing staff who will check your child’s details and help the anesthesiologist. Sticky pads will be placed on your child’s chest to monitor the heart. A rubber peg will be put on his/her finger to monitor oxygen levels. Your child will fall asleep within a couple of minutes of having the anesthetic. The nurse will then take you back to the waiting room.

**What are the side effects and complications with having an anesthetic?**
Modern anesthesia is very safe and serious problems are uncommon. Most children recover quickly and are soon back to normal after an anesthetic. The anesthesiologist will use specialist equipment to monitor your child closely throughout the operation. However, risk cannot be removed completely and some children may have side-effects or complications.

**Side-effects** are secondary effects of drugs or treatment. They can often be expected but are sometimes unavoidable. Some examples are having a sore throat or feeling sick after the operation. Side-effects usually last only a short time and can be treated with medicines if needed. **Complications** are unexpected and unwanted events due to a treatment. Some examples are damage to teeth or an unexpected allergy to a drug. The exact likelihood of complications depends on your child’s medical condition, the type of surgery and anesthetic used. If there are risk factors specific to your child these will be discussed with you before the procedure.
Side-effects and complications associated with having an anesthetic are as follows:

• **Nausea and vomiting, Headache, Drowsiness, Dizziness, Blurred vision**
  These may be due to the effects of drugs we use, to the surgery or to lack of fluids. They usually get better within a few hours and fluids or drugs (or both) can be given to treat these problems.

• **Sore throat**
  If a tube is placed in the airway to help your child breathe during the operation, he/she may get a sore throat. This is usually only mild and will often settle without treatment.

• **Shivering**
  This may occur because your child gets cold during the surgery, due to some of the medicines used, or due to anxiety. Your child can be warmed very efficiently using a hot-air blanket.

• **Itching**
  This is a side-effect of opiate medicines (such as morphine) and can be treated with other medicines.

• **Bruising and soreness**
  This can happen around injection and drip sites. It normally settles without treatment, but if the area becomes uncomfortable, the position of the drip can be changed.

• **Difficulty in passing urine**
  This may occur if your child has had an injection in the spine (a caudal or epidural) for pain relief. A urinary catheter may be inserted until the caudal/epidural wears off.

• **Damage to teeth, lips, gums or tongue**
  Damage may be caused when the breathing tube is put in or taken out, or by teeth clenching during recovery from the anesthetic.
• **Breathing problems**
  Shallow or slow breathing may occur if some of the anesthetic medicines are still having an effect, or as a result of some pain-relieving medicines. These effects can be reversed with other medicines.

• **Behavioural problems**
  Some anesthetic medicine can cause children to become agitated as they recover from anesthesia. This will resolve as the medicine wears off.

• **Muscle pains**
  These may occur as a side-effect of one of the anesthetic medicines and can be treated with simple pain-relieving medicine, such as acetaminophen.

• **Damage to eyes**
  We take great care to protect your child’s eyes but sometimes the surface of the eye becomes damaged from contact, pressure or exposure of the cornea. This is usually temporary and treated with eye drops.

• **Serious allergy to drugs (anaphylaxis)**
  Allergic reactions will be noticed and treated very quickly. Very rarely, these reactions lead to death even in healthy children.

• **Stomach contents getting into the lungs (aspiration)**
  This can occur if there is still food or drink in the stomach before anesthesia. This may cause a severe and sometimes life-threatening pneumonia.

• **Awareness**
  Becoming conscious during the operation is rare in children. Monitors will be used to record how much anesthetic is in the body and how the body is responding to it. These help the anesthetist to make sure your child has enough anesthetic to keep your child unconscious during the operation.
• **Equipment failure**

Equipment is tested regularly and monitors are used which give an immediate warning of any problems. Equipment failures rarely have serious effects.

• **Brain damage and death**

Brain damage and deaths caused by anesthesia are very rare and are usually caused by a combination of complications arising together. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anesthesia. There are only about five deaths for every million anesthetics given to children and adults.

**What happens after the study?**

Your child will be taken to the recovery room (near the operating theatre) as soon as the exam is finished. Here, specially trained recovery nurses will closely monitor your child. You will be taken to the recovery room as soon as your child starts to wake up. When your child is ready, the ward nurse and a porter will take your child back to the ward with you. Your child may be able to start drinking fluids and then have a light diet within a few hours of getting back to the ward - this will depend on the type of operation. Please speak to your child's nurse before giving your child any drinks or food.

**Further information:**

If you have any questions or concerns about your child having an anesthetic, please speak to the anesthetist at the pre-operative assessment. Your child’s nurse can also contact the anesthesiologist for you.