

**Patient
Information**

Anaesthetic for children

Introduction

This leaflet gives you information about what to expect when a child comes into hospital to have an operation or an investigation under general anaesthesia.

What is anaesthesia?

The word 'anaesthesia' means 'loss of sensation'. A general anaesthetic makes sure that patient is asleep (unconscious) and free of pain during the test (investigation) or operation. Anaesthetics are the drugs (gases and injections) that are used to start and maintain anaesthesia.

The Anaesthetic Team

The Anaesthetic Team is made up of an anaesthetist, a nurse or an operating department practitioner and a recovery nurse.

Anaesthetists are specialist doctors who are responsible for the wellbeing of the patient during the procedure and their recovery from the anaesthetic.

The nurse or operating department practitioner are trained to help the anaesthetist look after patients during surgery.

The recovery nurse is the member of the team responsible for looking after patients when they are waking up from the anaesthetic in the recovery room, before they are well enough to return to the ward.

Preparation for the operation or investigation

All children (except infants too young to understand) should be told:

- 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.
- that the operation or investigation will help them to get better.

Reference No.

GHPI0526_07_23

Department

Anaesthetics

Review due

July 2026

Patient Information

When explaining to a child, it is important to use simple words to help them understand.

You should have the conversation with the child a few days before the operation and again on the day of admission.

Please encourage the child in your care to talk about the operation or investigation and to ask questions. Books, games and stories may help the child to understand what is going to happen and can also be a distraction if the child is nervous.

Older children are usually involved in making decisions about their operation or investigation. Discussions will take place a few weeks before the day of admission.

If the child will be staying in hospital overnight, let them know if you will be able to stay too. We provide accommodation for parents/carers on a folding bed in the patient's bed bay.

If it is not possible for you to stay overnight with your child, it is important that you explain to him or her when you will be able to visit.

Illness

Please telephone the hospital if the child develops a severe cough or cold, or has had contact with chickenpox, mumps, measles or any other infectious disease shortly before the day of the operation or investigation. The anaesthetic may need to be rearranged for another date in these circumstances.

Nothing to eat and drink (fasting or 'nil by mouth')

You will have been given clear instructions about fasting. It is very important that these instructions are followed or the operation may have to be delayed or postponed until another date. Any food or liquid in the stomach during the anaesthetic could come up into the back of the child's throat and down into their lungs. This can cause serious damage and illness.

These are the latest times before an operation or investigation that the child should have anything to eat or drink:

- **Up to 6 hours before the operation** they can have a light meal, a glass of milk or a fizzy drink. Bottle fed babies can have formula feed.

Patient Information

- **Up to 4 hours before the operation** babies can have breast milk.
- **Up to 2 hours before the operation** all children and babies can have a drink of water or diluted squash or cordial but not a fizzy drink.

On the day of admission

An anaesthetist will visit you and the child in your care on the ward before the procedure. This will be to discuss the anaesthetic.

The anaesthetist needs to find out about the child's general health, previous experiences of anaesthesia, medicines they are currently taking and any allergies they might have.

This is a good time for the child to talk about any previous experiences they have had with injections or hospitals, or any concerns they have about their hospital visit.

It may be helpful to make a list of questions that the child or you would like to ask.

The anaesthetist who visits the ward may not be the same one who gives the anaesthetic, but the information you give them will be passed on to the appropriate people.

Delaying the operation or investigation

Sometimes, the anaesthetist may learn something about the child that means it would be safer not to go ahead with the procedure on that day. This could happen if the child has a bad cold, a rash or a significant illness.

It may be frustrating but if the decision is made, it is for the child's safety.

Pre-medication

Pre-medication (a pre-med) is the name for the medicines which are sometimes given before an anaesthetic, although nowadays they are given less often.

Some pre-meds help a patient to relax and some will reduce the amount of discomfort they feel after the operation.

Patient Information

Not every child needs a pre-med, but if they have one, the pre-med may make the child drowsier after the procedure. If you plan to take him or her home on the same day, this may be delayed.

Often a local anaesthetic or 'magic cream' is applied to the child's hands or arms to numb the area before any injections are given. This works well for 9 out of 10 children. This 'magic cream' is called LMX4.

Going to theatre

Children may be able to wear their own clothes to the operating theatre, but we do provide colourful gowns to wear. Children are able to keep their underwear on.

The short journey to the anaesthetic room may be in a bed, on a trolley, walking or being carried. Sometimes a child can drive our toy car to the operating department.

In the anaesthetic room

A nurse will accompany you and the child to the anaesthetic room. Children are able to take a toy or comforter with them.

You are welcome to stay with your child until they are unconscious (asleep) if you wish to do so. However, there are a few circumstances when this will not be possible. This will be explained before the procedure.

If it is appropriate, the anaesthetic may be given while the child is sitting on your lap. This will be either by gas to breathe, or an injection in the area that has been numbed. Anaesthetic gases smell similar to felt-tip pens.

A 'cannula' (soft plastic tube) will be inserted into a vein, usually in the back of the child's hand, if an injection is to be used. A needle is used to put the cannula in, but is removed immediately leaving the soft plastic tube in place.

If the anaesthetic is given by gas, it will take a little while for the child to fall asleep and they can become restless as the gases take effect.

If an injection is used, the anaesthetic works very quickly.

Patient Information

Some parents/carers may find all this frightening and upsetting, but the child is safe in the care of the skilled anaesthetist and the rest of the theatre staff.

What happens next?

Once asleep, the child will be taken into the operating theatre to have the operation or investigation.

The anaesthetist will closely monitor their blood pressure, pulse, temperature and breathing during the procedure, making sure that they are safe and fully unconscious. Anaesthetic gases and/or drugs given into the vein will be used to keep the child anaesthetised.

After surgery

Most children are taken from the operating theatre into the recovery room. Each patient is cared for by a specialist nurse until they have regained consciousness (they are awake) and are comfortable enough to return to the ward. In most hospitals, a parent or guardian can be with their child in the recovery room as soon as they wake up.

Pain

Most procedures will require some pain relief so that the child is comfortable when they wake up from the anaesthetic.

You will be able to discuss with the anaesthetist, surgeon and ward nurses the pain relief (analgesia) the child in your care will receive.

Paracetamol (Calpol®) is often given to children before the operation so that it is already working when the surgery actually begins.

Pain relieving medications are also given during the anaesthetic. This is to make sure that the child is as comfortable as possible after surgery. This medication may be injected into the cannula, into a muscle or given as a suppository into the child's bottom.

Stronger pain relief such as morphine or codeine may need to be given. This will depend on the surgery.

Patient Information

Pain relief can also be given as local anaesthetic; this is injected near the nerves around the operation site to numb the area. The injections are given while the child is anaesthetised and the pain relief will last for several hours.

A caudal is an injection of local anaesthetic near the nerves at the base of the spine. This is an effective form of pain relief for certain types of operations.

The type and strength of pain relief given will depend on the procedure. Medicines to control pain may also be given in the recovery room or on the ward after the procedure if needed.

Going home

Most children have their investigations or operation carried out as 'day' patients. This means that they will go home on the same day as the procedure. The child you care for may have some pain or discomfort for a day or two after the surgery. You may find it useful to have paracetamol and ibuprofen (Nurofen[®]) at home. You will be given instructions about pain relief before you go home.

Some children may be sick (vomit) after they have left hospital, this may happen in the car on the way home, so be prepared.

Sometimes, children do not sleep well after a stay in the hospital. Their behaviour might be a little bit more clingy or difficult. This is a normal reaction to the experience and will usually return to normal within 3 to 4 weeks.

If you have any concerns about your child when you get home you should contact the Anaesthetic Department using the telephone number at the end of this leaflet.

Side effects and complications

Serious problems with anaesthetic are uncommon.

Risk cannot be removed completely, but modern equipment, training and medications have made it a much safer procedure.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects such as sickness or a sore throat. These usually only last for a short time.

Patient Information

Any complications depend on the child's medical condition and on the nature of the surgery and anaesthesia given. The anaesthetist can discuss this with you in detail at the pre-operative visit.

For a child in good health having minor surgery:

- 1 child in every 10 might experience a headache, sore throat, sickness or dizziness.
- 1 child in every 100 might be mildly allergic to one of the medications that has been given.
- 1 child in every 20,000 might develop a serious reaction (allergy) to the anaesthetic.

The risk of serious injury or death from anaesthetics is around 100 times less than that which might happen from a road traffic accident.

Contact information

If you need any further information please contact:

Anaesthetic Department

Cheltenham General Hospital

Tel: 0300 422 4143

Gloucestershire Royal Hospital

Tel: 0300 422 6812

Monday to Friday, 9:00am to 4:00pm

Content reviewed: July 2023

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;94: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>