

Information for Parents: Your Child's Anaesthetic and Surgical Procedure

This document aims to provide you with helpful information about what to expect on the day of your child's surgery, focusing on the anaesthetic experience. We understand that this can be a stressful time, and we hope this information will ease your concerns.

What is Anesthesia?

Anaesthesia involves using medications to help your child stay comfortable, relaxed, and free from pain during a surgical procedure. There are different types of anaesthesia:

General Anesthesia: Puts your child into a deep sleep so they are unaware of the surgery. The anaesthesiologist will carefully monitor their heart rate, blood pressure, breathing, temperature and blood oxygen level.

Regional Anesthesia: Numbs a larger part of the body while your child may still be awake.

Local Anaesthesia: Numbs a small, specific area of the body.

Your anaesthesiologist, a doctor trained to manage anaesthesia, will select the best type for your child based on their procedure, age, and overall health.

Who is the Anaesthetist?

An anaesthetist (sometimes called an anaesthesiologist) is a specialist doctor who gives the anaesthetic and looks after your child throughout their procedure. Their role is to ensure your child is safe and comfortable and receives the pain relief they need.

Before Coming to the Hospital

Preparation:

Talk to your child about the procedure in words they understand.

What to bring:

- Pack a favorite stuffed animal, toy, or book to comfort your child. Bring a blanket to keep your child warm. A calm and supportive family can provide the most help in ensuring that your child will not be overly worried or upset.
 - Clothing: Ensure your child wears comfortable, loose-fitting clothing without metal or zippers, such as a short sleeve shirt and slip-on shoes. Avoid one-piece outfits.
 - Bedwetting: If your child is at risk for bedwetting, they may benefit from wearing a pull-up diaper. Bring an extra set of clothes and for infants, bring a small supply of nappies and bottles.
 - Rest: Ensure your child gets a good night's sleep so they are well-rested on the day of their procedure.
 - **Fasting:** It is crucial to follow the instructions you receive about when your child can eat and drink before the procedure. Food or liquid in the stomach can be dangerous during anaesthesia. Please do not eat or drink in front of your child, to make this easier for them.
- * Solid Food: Avoid at least 6 hours before surgery.

- * Light Meal/Cow's Milk/Formula: Also 6 hours before surgery.
- * Breastfeeding: Up to 4 HOURS before surgery.
- * Clear Liquids: (Water, apple juice, or black tea with or without sugar) Generally allowed up to 2 hours before surgery.
- * ****Important:**** Milk (formula or cow's milk) is ****NOT**** a clear fluid.

If you have any concerns about starvation times, contact the hospital for clarification. If your child has not appropriately fasted, their surgery may be delayed or cancelled. Do encourage your child to drink clear fluids up until the cutoff time.

Tips for Parents Before the Operation

Help your child by not making starvation an issue; encourage them to eat six hours before coming to hospital and giving them something to drink two hours before you get to the hospital. Try and get as much of the paperwork as possible done at home rather than leave it for the hospital.

- * Bring toys, books, or an iPad to entertain them while you do the paperwork.
- * You will then see the anaesthetist and may have premedication prescribed for your child
- * Try and keep your child calm after the premedication as they can be stimulated by the premed.

Before Surgery:

Preparing for Anesthesia

- Talking to your child: It's important to discuss the upcoming surgery with your child in a way they understand. Explain that the doctors and nurses are there to help them feel better. Using a favorite toy or story can be a gentle way to explain what they might see and feel. Be honest and use simple language, pointing out that the experience is temporary and not a punishment.
- Recognize your child's fears and concerns.
- Describe what your child may see, feel, taste, and hear. Avoid explaining procedures that may happen under anesthesia.



Pre-Anesthetic Consultation:

Once your child has been admitted to the hospital ward, your anaesthesiologist will come to see them with you for the preanaesthetic consultation. They will ask questions, confirm your child's medical history, examine your child, and formulate an anaesthetic plan with you. This is a good opportunity to ask questions about your child's health, including medical problems, allergies, and previous experiences with general anaesthesia. You will also have an opportunity to ask questions of your own, as each surgical procedure and anaesthetic are unique, these will be answered on the day.

- * How will anaesthesia affect my child?
- * How long will the anaesthesia last?
- * What side effects might occur after anaesthesia?

Medications:

Your child should continue taking their regular oral medicines at the usual time unless otherwise requested by your doctor. Medicines can be taken on the day of surgery with a sip of clear liquid. If your child takes blood thinners or medicines for diabetes, they may need to be stopped or adjusted before the surgery. Please contact your doctor at least two weeks before your child's scheduled surgery for a plan in taking these medicines.

Premedication:

A pre-medication might be prescribed to help your child relax before going to theatre to make them less anxious. A sedative medicine can be used to reduce anxiety or stress in children. This can be discussed with your anaesthetist. Sometimes a numbing cream is used to decrease pain should a drip need to be inserted whilst your child is awake.

A premed can be given 15 to 60 minutes before surgery as a liquid to swallow. The medicines usually used for children are midazolam or clonidine, typically mixed with a small amount of syrup, cordial or paracetamol mixture (e.g. Panadol) for your child to drink.

If a sedative is given, you will need to watch your child carefully. Your child can get very sleepy and may need help sitting up or walking. Occasionally a child will be stimulated by the premedication, the very opposite of the planned response.

In Theatre:

Going to "Sleep"

Your child moves from the waiting room to an area outside the operating theatres called the pre-operative holding area. Your child will be checked in by nursing staff and will wait here while they are getting ready for surgery.

You will be able to come into theatre with your child. Bring something that makes them feel comfortable, like a favorite blanket, book, or dummy. You can also bring something to distract them, like their favorite game or movie on your iPad or phone.

Your anaesthetist will talk to you about the best way for your child to have general anaesthesia. Children can go to sleep by one of two ways. Both methods will put your child to sleep quite quickly and keep your child asleep throughout the operation.

The general anaesthetic is given either by medication injected into a vein or as a gas to breathe. The anaesthetist will discuss the best option for your child with you before coming to theatre. If your child has preferences from previous procedures, please let the anaesthetist know.

Most children will have a drip (IV cannula) put into a vein. This is done before going to sleep or after they have fallen asleep.

If an injected anaesthetic is chosen, local anaesthetic numbing cream will be put on your child's hands before coming to theatre.

If gas is used, it will be given through a mask held over your child's mouth and nose. The gases can have a smell, but they are not painful. This method takes a little longer, and your child might make some funny wriggling movements and have some noisy breathing as they go off to sleep. These responses are normal, and the staff will explain them to you as they happen. It is normal for your child to wriggle, cough, breathe noisily or snore as they go to sleep. As a parent it can be distressing to watch your child go under the Anaesthetic.



It's perfectly okay if you don't feel able to come into theatre with your child. The medical staff are there to take care of your child.

****Important****: During anaesthetic induction, filming and taking photos are not permitted.

- * Most children are anaesthetised using a mask and gas.
- * Drips and injections are usually done once they are already asleep.
- * Please leave the theatre quickly when requested to do so by the staff.

During the Operation

The anaesthetist will be with your child throughout the procedure, monitoring them carefully and adjusting the anaesthetic and pain-relieving medicine as needed. Your child will remain asleep with careful monitoring of heart rate, blood pressure, breathing, temperature, and blood oxygen level.

After the Anaesthetic

Once the surgery is complete, your child will be taken to the recovery room, where they will wake up as the anaesthesia wears off. The medical team will monitor their comfort and vital signs. When your child is awake enough, you will be called into the Recovery Room.

It's normal for children to feel drowsy, dizzy, or nauseous as they wake up. Some may also experience a sore throat (from the breathing tube) or mild pain around the surgery site. The medical team will provide any necessary medication to keep your child comfortable.

Your child may still be sleepy and a little disorientated. Feel free to bring a favourite toy, blanket, or a bottle. Be aware that your child might seem confused by the unfamiliar environment and the effects of the medication.

Understanding Emergence Delirium in Children After Surgery

If your child is having surgery, you may notice that they wake up from anesthesia feeling confused, agitated, or even upset – this is called emergence delirium. It is a temporary reaction that some children experience as they regain consciousness after anesthesia. During this time, your child may cry, thrash, or seem unaware of their surroundings, even if they were calm before surgery. While this can be distressing to witness, emergence delirium is usually short-lived, lasting only a few minutes to about half an hour, and does not mean your child is in pain or that anything is wrong. It is more common in younger children, especially after short procedures. Keeping calm, speaking softly, and offering familiar comfort items like a favorite blanket or toy can help ease the transition. The medical team will be there to ensure your child is safe and comfortable until they fully wake up and return to their usual self.

Going Home

Before you leave the hospital, you'll receive instructions on caring for your child at home. These will include medication for pain or any other post-surgery needs, activity restrictions with guidelines for rest and physical activity, and information on when to return for follow-up appointments. If your child sleeps a lot after the surgery, this is quite normal.

When you get home, some children are a little clingier than usual and have disturbed sleep patterns for a couple of days. Your reassurance is all that is required. Make sure you have your medication before you leave the ward or hospital. Remember to pack for a night in hospital, even if it's a day case!

