
Paediatric Anaesthesia Information:

Coming to hospital for an operation can be a daunting experience for children of all ages and parents. A little preparation and understanding of what to expect can make all the difference. Be assured that all the nurses, doctors and operating theatre staff are working as hard as possible to make things as easy as they can be for you and your child, but it can be facilitated immensely by the parent's attitude and expectations. Your surgeon, anaesthetist and nursing staff work together as a team to provide the safest possible care for your child and everything that happens is directed towards this goal.

From experience even very young children find an operation a much easier process if they are completely prepared in their own minds and know what to expect. Some parents try the "ambush" method, usually because they themselves are scared, and don't tell their children until a day or two before, or even the day of the operation, that they are coming to hospital. This inevitably ends in a difficult situation as the child has not had time to ask their own questions and come to terms with the fact that they need to have surgery. Once a child is over the age of two it really is best to tell them at least a week or two before. I would suggest having a chat with them and telling them in a straightforward way that because they have a sore throat/ear or whatever the reason, they are going to come to hospital and have an operation and the doctors and nurses are going to help them feel better even though it might be a little scary at first. You will be surprised how maturely even preschoolers will approach things if they know it will help them feel better in the long run. There are several children's books written about going to hospital which you could read together. Avoid offering bribes or making promises such as it won't hurt at all, and don't threaten children to "behave or else the doctor will give you a needle".

What to expect on the day of surgery

An early start!

Fast your child according to the instructions given by the hospital. In general for a morning operation he/she should not have any food or milk after midnight the day before, and may drink water or breast milk only until 6 am on the day of surgery. Fluids such as apple juice may be given by nursing staff at the hospital but **only on advice of the hospital up to 1-2 hours pre surgery.**

Please give all regular medications with a little water and puffers as usual. Teeth can be brushed with a little water to rinse.

DO NOT GIVE any anti-inflammatory medications such as Nurofen, aspirin, or blood thinning medications e.g. Warfarin in the days leading up to surgery.

Herbal supplements should be avoided for one week before and after surgery to minimise bleeding.

If he/she is diabetic please contact your anaesthetist for a fasting and insulin plan.

If your child has a heavy cold or cough, or an exacerbation of asthma you will need to contact the hospital the day before surgery, as the operation may need to be delayed a few weeks.

A lot of waiting is involved; bring toys/books/portable DVD player. Bring any dummies or blankets or comforters that he/she normally needs to go to sleep.

Remove all snacks and drinks from your bag to reduce temptation while nil by mouth.

Your anaesthetist will often visit you and your child on the ward before the operation. Before coming to theatre children less than 6-8 years old will often be given a pre-medication (panadol or midazolam) as a drink, midazolam will make them relaxed and maybe a little drowsy.

In the operating theatre

If one parent wishes to accompany their child to theatre until they are anaesthetised this is encouraged. Bring a favourite teddy, blankie or dummy to theatre if it will help. Your presence is purely to provide support and reassurance for your child. It is important that you adopt a calm, relaxed attitude regardless of how anxious or upset you are feeling. It is natural to feel protective as you entrust your most precious thing to the care of another person but if you are agitated and teary your child will sense this and react similarly. If you feel that you cannot do this it is best to not come into the theatre, as it will upset your child and distract the anaesthetist, maybe send another family member. He/she will be in safe, kind hands whether you are present or not. There is absolutely no medical evidence to suggest children do worse or have any kind of mental trauma if their parent says goodbye at the door instead of coming in. Most of the time for children less than about 10 years old, the anaesthetic is administered via a face mask and gas to breathe. An anaesthetic plan will be discussed with you during the pre-operative consultation and the anaesthetic prescription will be tailored according to your child's age, medical history and surgery required. Routine monitoring is used for all children, including oxygen monitoring, heart monitoring, blood pressure and anaesthetic gas concentrations. Some or all of these monitors will be applied before he/she goes to sleep. Occasionally for medical reasons the anaesthetic will be given via an intravenous cannula (IV), but usually this is inserted once he/she is asleep. Older children may prefer to go to sleep via an IV and if this method is chosen a local anaesthetic patch will be applied about 30 minutes to one hour before hand, to numb the skin. Drugs that may be given during the anaesthetic could include morphine and other drugs for pain relief, antibiotics, anti-nausea drugs, steroids and IV fluids to account for fasting time. Once he/she is anaesthetised you will be asked to leave the operating theatre so that the surgery can commence. Once your child is in the recovery room and resting comfortably you will be able to come back. After about half an hour you will both return to the ward.

Recovery Ward: It is not uncommon for children to be very upset and cranky in recovery, especially after surgery for grommets as they may be dizzy, disoriented and they are hearing many new things. This is not pain-related but a reaction to the different environment and anaesthetic. It will settle over thirty to forty five minutes. If there is any post-operative pain this will be managed. Local anaesthetic is used in combination with a general anaesthetic to minimise the need for pain relief. While the IV is in place there is rarely a need for injections (“needles”) as most medicines can be given orally or IV. It is not unusual to have one or two vomits especially after tonsillectomy/adenoidectomy, and for there to be a little blood in the vomit from the site of the surgery. Prolonged nausea or vomiting can occur after an anaesthetic, this is rare in children however and if it does occur it will be treated quickly. Don't feed your child too many rich or fatty foods in the first few hours as this can exacerbate vomiting; best to stick to toast, sandwiches, jelly and other light meals. Even after a tonsillectomy a normal, light diet is recommended. Unless they are “nil by mouth” they may drink water or diluted juice as soon as they like. The anaesthetic medications used are all fairly short acting and he/she should be back to their usual self within a few hours. Please refer to our specific post operative information sheets for advice about how to care for your child in the days following the operation.

For an excellent general information brochure regarding the role of your anaesthetist please visit the website of the Australian Society of Anaesthetists and read the patient information brochure “All about anaesthesia”.