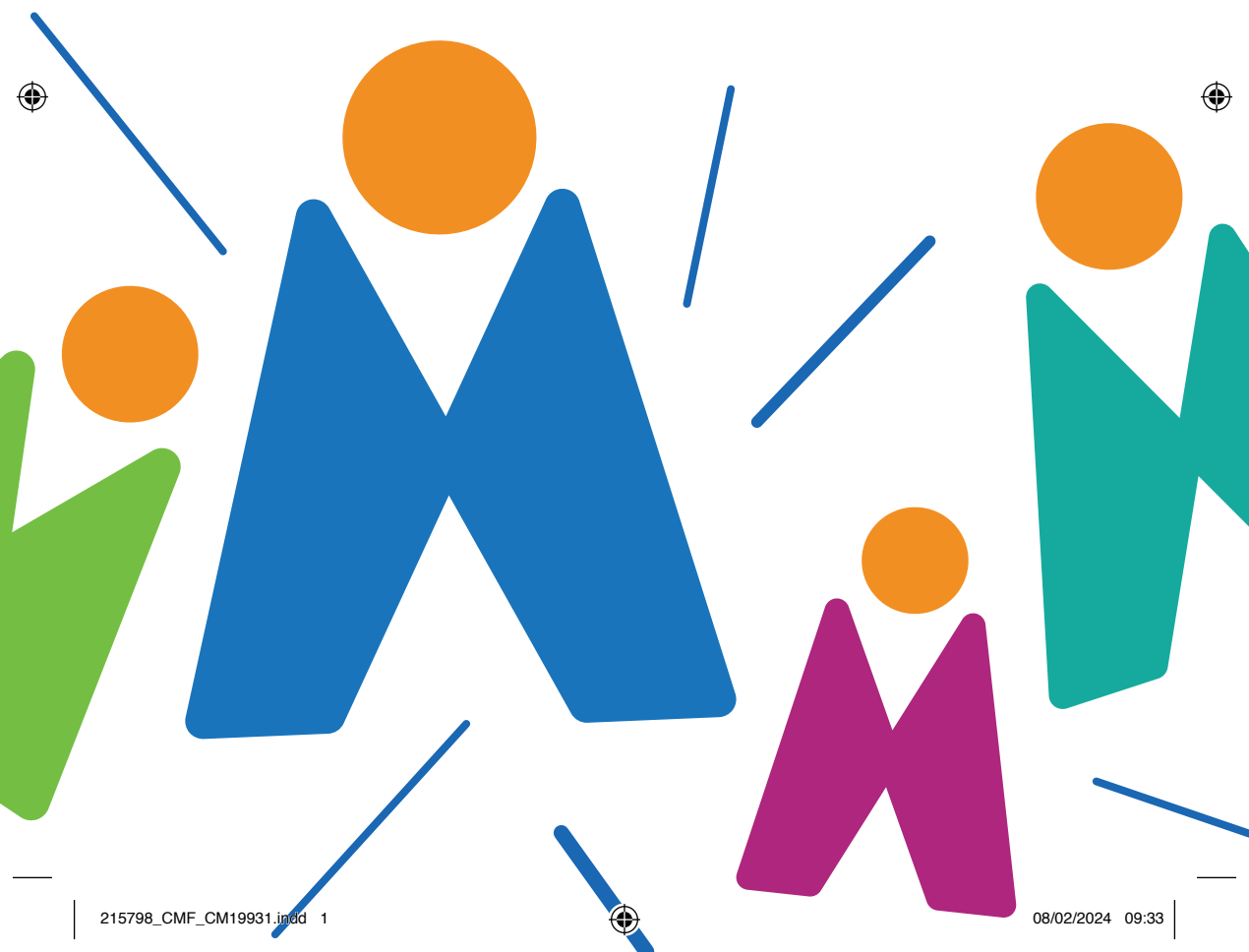




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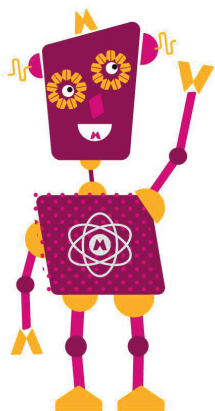
A Brief Guide to Your Child's General Anaesthetic

Information for Patients, Parents and Carers
Royal Manchester Children's Hospital



Introduction

A general anaesthetic is provided by specialist doctors called anaesthetists to keep your child asleep and comfortable throughout surgery.



This leaflet is to give information about anaesthesia for children.

More questions can be directed to your child's anaesthetist on the day of their surgery or procedure.

Further information, including videos and leaflets for children and young

people, can be found on the Royal College of Anaesthetists website by following the QR code below.

Translations in many languages are also available.



What is a General Anaesthetic?

General anaesthesia means that your child will be deeply asleep and unaware (unconscious) during an operation, procedure or investigation.

For children that are otherwise well, having minor surgeries, the process is very safe. Unexpected serious emergencies can occur, but they are very rare.

This leaflet is to give information on getting your child ready for a general anaesthetic, what to expect on the day, and some of the commonly occurring complications of anaesthesia.

For children with more complex medical conditions, we do have an additional leaflet to explain further information about risk.

Why is Pre-assessment Important?

After your surgeon or doctor has decided that your child will have a procedure/operation you will be asked to fill in a health questionnaire for your child.

This will either be face to face, by telephone or through the MyMFT app.

It is very important that this questionnaire is filled out, as we cannot proceed to surgery without this being done.

We use this questionnaire to decide whether your child needs an appointment with one of our pre-operative assessment nurses or paediatric anaesthetic doctors before surgery.

Pre-admission Nursing Clinics

Most children will see one of our preoperative assessment nurses face to face in a clinic. Your child must be accompanied by a parent or legal guardian.

The nurses will:

- Talk to you about your child's medical history and examine them. The nurses will also ask about any important family history related to anaesthesia.
- Carry out or arrange any tests or investigations that could help to make your child safer under anaesthetic. Possible investigations include ECG,

swabs, sleep studies, blood tests, urine samples.

How can I prepare my child for coming to hospital?

Please bring with you any medication, inhalers or creams your child is taking. It will be important for you to bring these on the day of surgery as well.

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

- That they are going into hospital.
- That they will go to sleep to have an operation or investigation to help them.
- Some basic information about what will happen when they are in hospital.

Paediatric Anaesthetic Consultant Clinics

Your child's health questionnaire may show they need to see a paediatric anaesthetic doctor before surgery.

To help with this further, please see the information links at the beginning of this leaflet.

The children who attend these clinics usually have a more complex medical background.

What will happen on the day of surgery?

Some examples include:

- Children who were born early (premature)
- Children with bleeding disorders
- Children with heart conditions, or family history of heart conditions.

You will be asked to come in on the morning or early afternoon. You will be seen by the admission nurses, anaesthetic team, and surgical team looking after your child. You may be asked to wait so all children on the surgical list can be looked after safely, please bring something for your child to play with/watch.

It is safer that general anaesthetics are carried out when your child is well. If your child is unwell, or has been exposed to an infectious disease such as chickenpox, please contact the hospital in the few days before, so staff can best advise you.

All children coming in for a planned procedure under general anaesthetic should have an empty stomach (we sometimes call this 'being kept nil by mouth' or 'fasted'). This makes the anaesthetic safer by helping to prevent vomiting under anaesthetic. As a rule:

- Children can have food and milk (including formula milk) up to 6 hours before an anaesthetic.
- Children can have breast milk up to 4 hours before an anaesthetic.
- Children can have water up to 1 hour before an anaesthetic.

Your surgical appointment letter will give you further instructions on this.

You will meet your child's anaesthetic doctor on the ward before surgery. They will double check information about your child's health, plan with you the best way of carrying out the anaesthetic for your child, and answer any questions that you may have.

How do you give an anaesthetic?

Anaesthetics are started just before the operation or procedure, in a room next to the theatre called 'the anaesthetic room'. They are given either by an injection through a plastic tube (cannula) placed into your child's vein (blood vessel), or through breathing a special medical gas through a clear mask.

We then carry on giving the medication or medical gas during the procedure to keep your child asleep. When we are ready for your child to wake up, we stop giving them the medication.

If there is a plan to use the injection, numbing cream will be placed on your child's hand to numb their skin over the vein, and make the insertion of the cannula for the anaesthetic medicine pain free.

What happens in the anaesthetic room?

You may come with your child to the anaesthetic room. We ask usually for only one parent to attend. If your child is bigger they will be on a trolley with you close by. If they are smaller

it is sometimes easier to sit them on your lap and then staff will lift them on to the trolley when they are asleep.

The anaesthetic doctor and theatre staff will talk you (and your child) about everything that they are going to do. Children can sometimes get upset whilst going to sleep, we will do our best to support you and your child.

If the injection is used some children complain of 'coldness' or discomfort in their hand, but your child will go to sleep very quickly.

If the mask is used it will likely take a couple of minutes of breathing in the special gas. The mask can be described as a 'space person or underwater mask', and children can 'blow up a balloon' during the process. After a little time, your child may seem agitated and start to wriggle around. This is perfectly normal, but can sometimes be upsetting to watch. Staff will help you hold your child gently but firmly during this time.

Once your child is asleep you will be asked to leave the anaesthetic room so we can continue to make

your child safe for the procedure. This will mean placing a small mask or tube into your child's mouth, and inserting a cannula if we haven't already.

What happens after surgery?

Your child will wake up in the recovery room and be looked after by a recovery nurse. You will be asked to go to recovery to be with your child as soon as they are awake. Soon afterwards, you and your child will be taken back to the ward. If the surgery is 'day-case', children will need to have something to eat and drink and go to the toilet before they can go home safely. This can sometimes take a couple of hours. After some procedures children may need to be admitted to hospital.

What are the risks of General Anaesthetic?

Anaesthetics are generally very safe, but there are some risks involved. Most of these are temporary, but rarely they can be more serious.

Risks increase if your child is a baby, has underlying long term illness, if they are having major surgery or if

they are having urgent surgery. Not all risks are predictable.

Risks and side effects of a general anaesthetic include:

Sore throat – often your child will have a tube put to the back of their mouth or into their lungs when they are asleep to help with their breathing. They may be left with a sore throat afterwards. This is common but recovers quickly.

Tooth damage – this may occur when the tube is inserted into their throat and is more likely if your child has poor or wobbly teeth. A temporary mild cut to the lip or tongue can also occur.

Bruising around cannula site – this is more likely if it takes more than one attempt to insert the cannula at the start of the anaesthetic.

Pain – this will occur as a result of the operation and the anaesthetist will try and treat it before your child wakes up. Sometimes more pain relief needs to be given after the operation.

Drowsiness/disorientation/confusion – this is common for a period of time as the general

anaesthetic and pain medications wear off. Some children (more common in children aged 2-6 years old) may experience 'emergence delirium', a more obvious type of upset and confusion immediately post-anaesthesia. This usually only lasts a short time but may be upsetting for you to see.

Behavioural changes – for a few days to weeks following anaesthetics some children may exhibit some temporary changes in behaviour such as bed wetting or sleep problems.

Nausea/vomiting – some anaesthetics and surgical procedures are more likely to cause sickness. Medications can be given to your child to help prevent or treat sickness.

Breathing problems – this can happen to any child or adult having an anaesthetic.

Breathing problems are more likely in very young children, children who have had recent coughs or colds, children who already have breathing problems like asthma, children who smoke, or whose parents smoke, and children having particular operations (ear, nose and throat procedures).

Sometimes these problems require ongoing care after an anaesthetic, including oxygen. Unexpected admission to an intensive care unit is possible, but thankfully rare in children who were previously fit and well. Risks range from 1 child in 100, to 1 child in 2,400 children, from the least serious breathing problems to most serious complications.

Abnormal medication reactions

– can occur whilst having a general anaesthetic. They can range from minor, for example a skin rash, that requires no treatment to major allergy that can be serious and dangerous. Around 1 child in 10,000 gets a serious allergic reaction whilst having a general anaesthetic. We are trained to recognise and treat these reactions to the best of our ability. There is also a small but potentially significant risk of medication error whilst under anaesthetic or afterwards in hospital.

Inherited reactions to anaesthesia

– there are a couple of very rare but serious reactions to anaesthetics that run in the family, they can show for the first time in a child. These include the conditions 'Malignant Hyperthermia' and 'Suxamethonium Apnea'. These are serious reactions to anaesthetic medications that are sometimes given during surgery.

The risk of death from anaesthesia – for healthy children having uncomplicated non-emergency surgery is less than 1 in 100,000.

For further information about risks of anaesthesia please see the link below from the Royal College of Anaesthetists.



The Royal Manchester Children's Hospital paediatric anaesthetic department is one of the largest in the North of the UK. We have over 30 experienced consultants supported by senior trainee anaesthetists. As a perioperative team we are looking forward to supporting you and your child. You will have the opportunity to ask questions throughout the process.

Contact numbers:

Scheduling team: 0161 701 525

Pre-assessment nursing team:
0161 2765130

Questions

We understand that there may be questions that either you or your child would like answering. Most of us forget what we were going to ask the doctor or the nurse.

Please write your questions overleaf.

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No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

For advice and support on how to give up smoking, go to www.nhs.uk/smokefree.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تتص سياستنا على عدم السماح لأفراد عائلة المرضى أو اقاربهم أو اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

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我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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