

Royal Brompton Hospital

Your child's general anaesthetic

This leaflet aims to answer your questions about your child having a general anaesthetic. It explains the role of a specially trained doctor called an anaesthetist, and the possible side effects and complications.

Having a general anaesthetic

A general anaesthetic is a medicine used to make sure that a person is asleep and does not feel any pain during an operation. Specially trained doctors called anaesthetists care for anyone having a general anaesthetic.

If your child has an operation, a specialised children's anaesthetist will care for them. This doctor has been trained to give a general anaesthetic to children. They stay with your child during their operation or procedure and wake them afterwards.

Before your child's procedure

We may invite you to an appointment called a pre-operative assessment. It may take place face to face, by phone or online. At the appointment, a specialist nurse or an anaesthetist assesses your child before their procedure. They make sure that your child is ready for an anaesthetic and surgery.

Please call our paediatric bed manager if your child:

- gets a bad cough or cold, or a high temperature, in the 2 weeks before their procedure
- has diarrhoea (loose, watery or more frequent poo) or is being sick (vomiting) in the 2 days before their procedure

For safety reasons, we may need to delay the procedure until your child is better. If your child is unwell on the day of the procedure, please call Rose ward and ask to speak to the nurse in charge.

You can find our contact details at the end of this leaflet.

Giving your permission (consent)

We want to involve you and your child in all the decisions about your child's care and treatment.

We may need to ask for your permission (consent) before giving your child a treatment, test or examination. As part of our consent process, we talk to you about your child's treatment. If you would like more information about our consent process, please speak to a member of staff caring for your child.

Preparing your child for a general anaesthetic

It is important that your child does not have any food for 6 hours before the procedure. This is to make sure that their stomach is empty. If there is food in your child's stomach when having a general anaesthetic, they are more likely to be sick while unconscious. This could cause serious complications.

Your child can drink water until they arrive at the hospital. This should be encouraged because it helps your child to stay well hydrated and comfortable. When your child arrives, we will give more guidance about drinking before the procedure.

Please carefully follow the instructions in your admissions letter or text message about when your child needs to stop eating or drinking. These are called fasting instructions.

- You can give your baby breast milk until 3 hours before the procedure.
- You can give your baby formula milk until 6 hours before the procedure.
- You can give your child a light meal up to 6 hours before the procedure. After this, they must not eat anything (including sweets) and should avoid chewing gum.
- You can give your child water until the time a procedure is scheduled to take place.

You also need to follow our instructions about giving your child any routine medicines on the day of the procedure.

On the day of the procedure

When you arrive at Rose ward, we weigh and measure your child. A nurse checks your child's temperature, pulse and breathing rate, and measures their oxygen levels and blood pressure.

We put 2 identity bands on your child's wrist or ankle. If your child has an allergy, the bands will be red. Otherwise, they will be white. It is standard practice to do a pregnancy test for any girl aged 12 or over by collecting a urine sample.

The anaesthetist visits you and your child before the procedure. They ask you about your child's medical history and make sure that your child is well enough to have the anaesthetic.

For practical reasons, the anaesthetist who meets you before the procedure may not always be the one who gives your child their anaesthetic. In this case, they pass the information that you give them to the anaesthetist looking after your child during their procedure.

Sometimes, the anaesthetist may decide to delay your child's procedure for safety reasons. This could happen if your child is unwell or has eaten food too recently.

We can give your child the general anaesthetic medicine as:

- a liquid that we inject through a thin plastic tube (cannula) into a vein in the back of their hand or arm
- a gas that your child breathes through a face mask

The anaesthetist talks to you about:

- which method of giving the anaesthetic medicine is most suitable for your child
- how we will manage any discomfort your child may have

If we use a cannula, a nurse on the ward may put some local anaesthetic cream on your child's hand or arm. This is sometimes called magic cream. It stops your child feeling any sharp pain when the anaesthetist puts the cannula into a vein.

If your child is anxious, we may talk to you about premedication (a premed). This is the name for medicines that we sometimes give before an anaesthetic. Medicines called sedatives have a calming effect and can help your child to relax. However, we do not give children these medicines routinely because they can make them sleepy (drowsy) after the procedure.

Please tell the anaesthetist if you have any concerns and ask questions if you are unsure about anything.

The play team

You, your child and family will be offered support by members of our play team. The team consists of qualified health play specialists and play assistants. They are specially trained to use play to help children cope with any distressing experiences they may have while in hospital, such as blood tests or operations.

The team use play to:

- prepare children for procedures and help them to understand what will happen
- and distract children's attention from treatments and procedures while they are happening

During your child's procedure

A member of our ward team takes you and your child to the anaesthetic room next to the operating theatre. Your child can bring a toy or comforter. The anaesthetist and anaesthetic assistant meet you there and check your child's details with you.

If we give your child the general anaesthetic through a cannula, they will usually fall asleep very quickly. Sometimes, the injection can feel cool in the arm. The anaesthetist then uses a mask to continue the anaesthetic and gives your child extra oxygen for safety.

If we start the general anaesthetic with gas, your child will normally breathe in this gas through a face mask. It usually takes a little while (1 minute or 2) for the anaesthetic to start working. During this time, it is common for your child to become

restless or for their breathing to sound different. They may even snore loudly. When your child is asleep, you leave the anaesthetic room with a member of our ward team.

After your child's procedure

After your child's procedure, we take them to a recovery area. Here, specially trained recovery nurses closely monitor your child. A nurse from the ward will take you to see your child in the recovery area when they start to wake up.

When your child is ready, we take them back to the ward where they will continue to be monitored.

Your child may be able to start drinking fluids and then have a light meal within a few hours of returning to the ward. This depends on the type of procedure. If your child has day surgery, they should be able to eat and drink or feed as usual again within 1 to 2 hours of the procedure.

Risks of having a general anaesthetic

Having a general anaesthetic is very safe and serious problems are uncommon. Most children recover quickly after an anaesthetic.

The chance (risk) of a serious side effect or complication is higher if your child:

- has a serious illness
- has a complicated medical background
- is having a big (major) operation

Sometimes, the anaesthetic has particular risks for children who are seriously ill or babies having surgery. The anaesthetist talks to you about this before your child's procedure.

Modern equipment, training and medicines have made it very safe to have a general anaesthetic. However, it is not possible to remove all risks completely and some children may have side effects or complications.

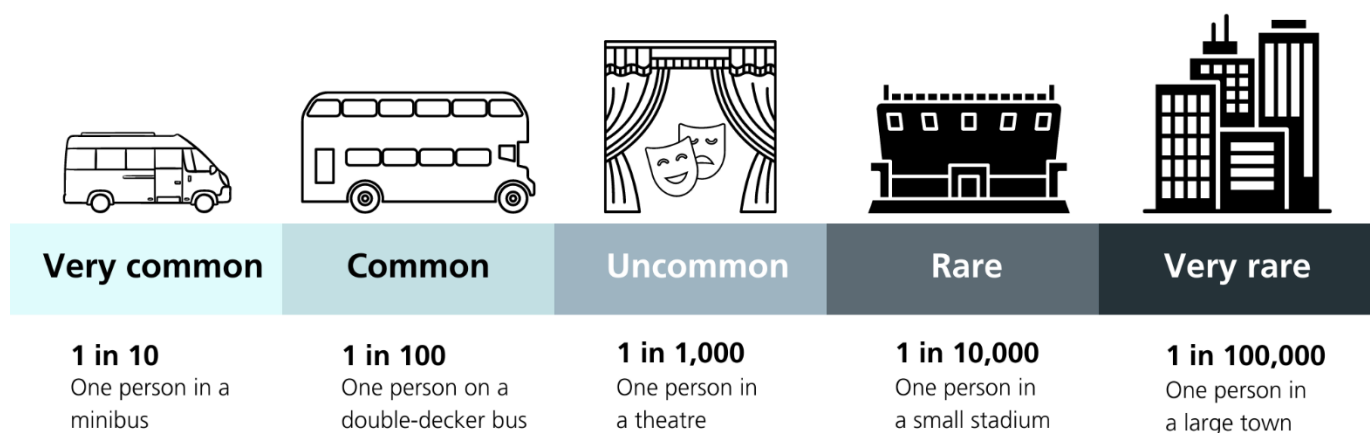
- **Side effects**

These are the effects of medicines or treatment and are sometimes unavoidable. Examples are having a sore throat, or feeling sick, after the procedure. Side effects usually only last a short time and can be treated with medicines, if needed.

- **Complications**

These are unexpected and unwanted events because of a treatment. Examples are damage to teeth, or an unexpected allergy to a medicine. If there are special reasons why your child is more likely to get complications, we will talk to you about them before the procedure.

This scale can help you understand how likely your child is to have a side effect or complication because of an anaesthetic.



Possible side effects or complications

Very common to common (1 in 10 to 1 in 100)

Here is a list of possible side effects or complications that are very common or common. They affect about 1 in 10 to 1 in 100 children.

- **Feeling sick (nausea), being sick (vomiting), headache, feeling sleepy (drowsy), dizziness or blurred vision**

Your child may have these problems due to the effects of the medicines that we use or their procedure. Another possible cause is a lack of fluids. Any problems usually get better within a few hours. We can give your child fluids or medicines as treatment.

- **Behavioural problems**

Some anaesthetic medicines can make children become restless and upset (agitated) while they recover from the anaesthetic. This is called emergence delirium and it resolves as the medicine wears off. After the procedure, some children may have temporary changes in their behaviour such as anxiety, sleep problems or bedwetting.

- **Sore throat**

If we put a tube in your child's airway to help them breathe during the procedure, they may get a sore throat. This is usually only mild and often settles without treatment.

- **Itching**

This is a side effect of medicines that are used to ease severe pain, such as morphine. We can treat itching problems with other medicines.

- **Bruising and soreness**

This can happen around the areas where we give your child an injection or drip. Bruising and soreness usually settle without treatment. If the area becomes uncomfortable, we can change the position of the drip.

Uncommon (1 in 1,000)

Here is a list of possible side effects or complications that are uncommon. They affect about 1 in 1,000 children.

- **Damage to teeth, lips, gums or tongue**

There is a small risk of damage when we put in or take out your child's breathing tube. If your child firmly squeezes (clenches) their teeth while recovering from the anaesthetic, this may cause damage.

- **Breathing problems**

Your child may have shallow or slow breathing if some of the anaesthetic medicines are still having an effect. This could also be due to some pain medicines. We can reverse these effects with other medicines.

Rare to very rare (1 in 10,000 to 1 in 100,000)

Here is a list of possible side effects or complications that are rare or very rare. They affect about 1 in 10,000 to 1 in 100,000 children.

- **Damage to eyes**

We take great care to protect your child's eyes, but sometimes the surface of the eye gets damaged. This could be due to contact or pressure on the transparent outer layer (cornea), or exposure of that layer. Any problems are usually temporary and treated with eye drops.

- **Serious allergy to medicines (anaphylaxis)**

We notice and treat any allergic reactions quickly. Very rarely, these reactions can be serious and may lead to death, even in healthy children. A severe allergic reaction only happens in about 1 out of 40,000 cases.

- **Stomach contents getting into the lungs (aspiration)**

This can happen if there is still food or drink in the stomach before having an anaesthetic. It may cause a severe and sometimes life-threatening lung infection (pneumonia). The treatment depends on how serious the condition is and may lead to a longer hospital stay.

- **Waking during the procedure**

It is rare for children to wake (become conscious) during the procedure. This only happens in about 1 out of 60,000 cases.

We use monitors to record how much anaesthetic is in the body and how the body responds to it. These monitors help the anaesthetist make sure that your child has enough anaesthetic to keep them unconscious during the procedure.

- **Nerve damage**

Nerve damage may be caused by pressure on a nerve during the procedure. It may also be a complication of a regional block. This is a local anaesthetic injection to make a specific area (region) of the body numb. Examples are an injection near the main nerves to the leg (peripheral nerve block), or in the spine (caudal or epidural block).

Nerve damage may cause numbness, pins and needles, muscle weakness or paralysis (being unable to move some or all of the body). However, these problems are usually temporary. Most children make a full recovery after a few days or weeks. Permanent damage is very rare and happens in less than 1 out of 100,000 cases.

- **Equipment failure**

We test equipment regularly and use monitors that give an immediate warning of any problems. It is rare for any equipment failures to have serious effects.

- **Brain damage and death**

Brain damage and death from an anaesthetic are very rare. They are usually caused by a series of complications that happen together.

Throughout their lifetime, individuals are at least 100 times more likely to be seriously injured or die in a road traffic accident than due to an anaesthetic. The risk of death as a direct result of an anaesthetic is between 1 in 100,000 and 1 in 1,000,000 (1 million). This is similar to the lifetime risk of being killed by lightning.

Long-term effects

Research continues to take place into the possible long-term effects of a general anaesthetic for babies and very young children. At present, there is no strong evidence that an anaesthetic can harm a child's development.

You need to balance any risk against the overall importance of your child having a procedure or surgery under an anaesthetic.

Support and more information

You and your child can watch a film about having a general anaesthetic on YouTube. Search for:

- 'Rees Bear has an anaesthetic' – a short film made by the Royal College of Anaesthetists
- Or 'Rees Bear has an anaesthetic' – a British Sign Language version of the film

The Royal College of Anaesthetists has also produced a comic strip called 'Dennis has an anaesthetic'. This uses characters from The Beano magazine to help children aged 7 to 11 understand what it's like to have an anaesthetic. Ask our staff to share an online copy with you.

Contact us

If you have any questions or concerns about your child having a general anaesthetic, speak to the nurse at the pre-operative assessment. They can then contact the anaesthetist for you.

If you cannot keep your appointment or have any concerns about your child's surgery, contact Rose ward **phone** 0330 12 82411.

If your child has a cough, cold or high temperature in the 2 weeks before the procedure **phone** 0330 12 88121. Then ask for these bleep numbers:

Bleep 1218 respiratory ward advanced nurse practitioner (ANP)

Bleep 1237 respiratory registrar

Bleep 1299 cardiac ward ANP

All available between Monday to Friday, 9am to 5pm

If your child is unwell on the day of the procedure. Contact Rose ward, **phone** 0330 12 82411, or the main switchboard, **phone** 0330 12 88121
24 hours a day

If you have any concerns from 24 hours after surgery about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is seriously unwell at any time, go to your nearest accident and emergency department (A&E) or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospital, please visit **web** www.rbht.nhs.uk. Search for patient information leaflets.

Royal Brompton Hospital Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them. Or contact our helpline, Medicines Advisory Service **phone** 0330 12 88901, Monday to Friday, 9am to 5pm

Was this leaflet useful?

If you have any comments about this information, we'd be happy to hear from you. **email** gstt.healthcontent@nhs.net

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please contact the department your appointment is with.

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day, **phone** 111 **web** www.111.nhs.uk

Become a member of the Trust

Members contribute to Guy's and St Thomas' NHS Foundation Trust on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it's up to you how you get involved. To find out more, **phone** 0800 731 0319 **email** gstt.members@nhs.net or **web** www.guysandstthomas.nhs.uk/membership

Your comments and concerns

For advice, support or to raise a concern about any service or department at Royal Brompton and Harefield hospitals. Contact our Patient Advice and Liaison Service (PALS):

- Royal Brompton Hospital **phone** 020 7349 7715
- Harefield Hospital **phone** 01895 826 572

Or **email** gstt.rbhh-pals@nhs.net

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