

Your child's general anaesthetic

The aim of this information sheet is to help answer some of the questions you may have about your child having a general anaesthetic. It explains the role of the anaesthetist and the possible side-effects and complications that can happen.

More information is also available in the Trust's leaflet, **Having an anaesthetic**. Ask your doctor or nurse for a copy or please contact the Knowledge & Information Centre on 020 7188 3416.

What is a general anaesthetic?

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

All children having an operation will be cared for by specialised paediatric (children's) anaesthetists who have been specifically trained to give anaesthetic to children.

Before the operation

The anaesthetist will meet you and your child before the operation – this may be on the day of the operation or at an outpatient appointment. This meeting is sometimes called a "pre-operative assessment". The anaesthetist will talk with you about which anaesthetic technique is most suitable for your child. Please do not hesitate to ask questions if you are uncertain about anything.

You will be asked about your child's medical history, including:

- whether he/she has had an anaesthetic before
- if your child has any loose teeth
- what medicines your child is taking
- whether your child has any allergies.

Asking for consent

Discussing your child's treatment with you is part of our consent process. We want to involve you and your child in all the decisions about your child's care and treatment. The Department of Health leaflet, **Consent – what you have a right to expect: a guide for parents**, has more information on consent. If you do not have a copy please:

- ask your doctor or nurse for a copy
- contact the Knowledge & Information Centre; or
- call the NHS Response Line on 08701 555455

Preparing your child

Your child should not have any food for six hours before the operation. This is to make sure his/her stomach is empty. If food is in the stomach while having a general anaesthetic, there is a higher risk of being sick while unconscious – this could lead to complications. Your child can drink water up until two hours before the operation.

Breast-fed babies:

You can breast-feed your baby up to four hours before the operation.

Babies having bottle-milk:

You can give your baby bottle-milk up to six hours before the operation (as for food).

A ward nurse may put some Emla cream on your child's hands about one hour before the operation. It is sometimes called "magic cream" because it stops your child feeling any sharp pain when the anaesthetist puts a cannula (small plastic tube) into a vein. The cannula allows the anaesthetist to give the anaesthetic as well as any other necessary medicines.

Anaesthetists usually prefer to give the anaesthetic through the cannula when possible. However, sometimes they give the anaesthetic through a face mask, which means your child may not need the Emla cream. The anaesthetist will speak to you about this in more detail.

Can I be with my child while he/she is having the anaesthetic?

You will be able to go with your child to the anaesthetic room, which is next to the operating theatre. There, you will meet a member of theatre staff who will check your child's details and help the anaesthetist.

Sticky pads will be placed on your child's chest to monitor the heart. A rubber peg will be put on his/her finger to monitor oxygen levels. Your child will fall asleep within a couple of minutes of having the anaesthetic. The nurse will then take you back to the ward.

What are the side-effects and complications with having an anaesthetic?

Modern anaesthesia is very safe and serious problems are uncommon. Most children recover quickly and are soon back to normal after an anaesthetic.

The anaesthetist will use specialist equipment to monitor your child closely throughout the operation. However, risk cannot be removed completely and some children may have side-effects or complications.

Side-effects are secondary effects of drugs or treatment. They can often be expected but are sometimes unavoidable. Some examples are having a sore throat or feeling sick after the operation. Side-effects usually last only a short time and can be treated with medicines if needed.

Complications are unexpected and unwanted events due to a treatment. Some examples are damage to teeth or an unexpected allergy to a drug. The exact likelihood of complications depends on your child's medical condition, the type of surgery and anaesthetic used. If there are risk factors specific to your child these will be discussed with you before the operation.

This scale below is used to help you understand how likely your child is to have a side-effect or complication related to anaesthesia:



Side-effects and complications associated with having an anaesthetic are as follows:

Very common to Common

1 in 10 – 1 in 100

- **Nausea and vomiting, Headache, Drowsiness, Dizziness, Blurred vision**
These may be due to the effects of drugs we use, to the surgery or to lack of fluids. They usually get better within a few hours and fluids or drugs (or both) can be given to treat these problems.
- **Sore throat**
If a tube is placed in the airway to help your child breathe during the operation, he/she may get a sore throat. This is usually only mild and will often settle without treatment.
- **Shivering**
This may occur because your child gets cold during the surgery, due to some of the medicines used, or due to anxiety. Your child can be warmed very efficiently using a hot-air blanket.
- **Itching**
This is a side-effect of opiate medicines (such as morphine) and can be treated with other medicines.
- **Bruising and soreness**
This can happen around injection and drip sites. It normally settles without treatment, but if the area becomes uncomfortable, the position of the drip can be changed.
- **Difficulty in passing urine**
This may occur if your child has had an injection in the spine (a caudal or epidural) for pain relief. A urinary catheter may be inserted until the caudal/epidural wears off.

Uncommon**1 in 1,000**

- **Damage to teeth, lips, gums or tongue**
Damage may be caused when the breathing tube is put in or taken out, or by teeth clenching during recovery from the anaesthetic.
- **Breathing problems**
Shallow or slow breathing may occur if some of the anaesthetic medicines are still having an effect, or as a result of some pain-relieving medicines. These effects can be reversed with other medicines.
- **Behavioural problems**
Some anaesthetic medicine can cause children to become agitated as they recover from anaesthesia. This will resolve as the medicine wears off.
- **Muscle pains**
These may occur as a side-effect of one of the anaesthetic medicines and can be treated with simple pain-relieving medicine, such as paracetamol (Calpol).

Rare to Very rare**1 in 10,000 – 1 in 100,000**

- **Damage to eyes**
We take great care to protect your child's eyes but sometimes the surface of the eye becomes damaged from contact, pressure or exposure of the cornea. This is usually temporary and treated with eye drops.
- **Serious allergy to drugs (anaphylaxis)**
Allergic reactions will be noticed and treated very quickly. Very rarely, these reactions lead to death even in healthy children.
- **Stomach contents getting into the lungs (aspiration)**
This can occur if there is still food or drink in the stomach before anaesthesia. This may cause a severe and sometimes life-threatening pneumonia.
- **Awareness**
Becoming conscious during the operation is rare in children. Monitors will be used to record how much anaesthetic is in the body and how the body is responding to it. These help the anaesthetist to make sure your child has enough anaesthetic to keep him/her unconscious during the operation.
- **Nerve damage**
Nerve damage may be caused by pressure on a nerve during an operation, or it may occur as a complication of a regional block (peripheral nerve block, caudal or epidural). Nerve damage from regional blocks may be due to direct injury from the needle or catheter, injury to blood vessels near a nerve which causes pressure from a blood clot, or due to infection. Anaesthetists are trained to be aware of nerve damage and take steps to prevent it. If it does occur it may cause numbness, 'pins and needles', muscle weakness or paralysis. However, these are usually temporary and most patients make a full recovery after a few days or weeks. Permanent damage is very rare.

- **Equipment failure**

Equipment is tested regularly and monitors are used which give an immediate warning of any problems. Equipment failures rarely have serious effects.

- **Brain damage and death**

Brain damage and deaths caused by anaesthesia are very rare and are usually caused by a combination of complications arising together. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia. There are only about five deaths for every million anaesthetics given to children and adults in the UK.

What happens after the operation?

Your child will be taken to the recovery room (near the operating theatre) as soon as the operation is finished. Here, specially trained recovery nurses will closely monitor your child. You will be taken to the recovery room as soon as your child starts to wake up.

When your child is ready, the ward nurse and a porter will take your child back to the ward with you. Your child may be able to start drinking fluids and then have a light diet within a few hours of getting back to the ward – this will depend on the type of operation. Please speak to your child's nurse before giving your child any drinks or food.

Further information

If you have any questions or concerns about your child having an anaesthetic, please speak to the anaesthetist at the pre-operative assessment. Your child's nurse can also contact the anaesthetist for you.

PALS - To make comments or raise concerns about the Trust's services, please contact our Patient Advice and Liaison Service (PALS). Ask a member of staff to direct you to PALS or:

t: 020 7188 8801 at St Thomas' t: 020 7188 8803 at Guy's e: pals@gstt.nhs.uk

Knowledge & Information Centre (KIC) - For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

t: 020 7188 3416 e: kic@gstt.nhs.uk

Language support services - If you need an interpreter or information about the care you are receiving in the language or format of your choice, please get in touch using the following contact details.

t: 020 7188 8815 fax: 020 7188 5953 e: languagesupport@gstt.nhs.uk

NHS Direct - Offers health information and advice from specially trained nurses over the phone 24 hours a day.

t: 0845 4647 w: www.nhsdirect.nhs.uk

Guy's and St Thomas' NHS Foundation Trust

St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH **Guy's Hospital**, Great Maze Pond, London SE1 9RT

Switchboard: 020 7188 7188 www.guysandstthomas.nhs.uk

© 2009 GUY'S AND ST THOMAS' NHS FOUNDATION TRUST. ALL RIGHTS RESERVED

Children's/PPG2097