

# Your Child's Anaesthetic

## For all enquiries:

65 Holmes Road Moonee Ponds Vic 3039  
Phone: 1300 357 338 Fax: 1300 247 338  
Email: [reception@entnorth.com.au](mailto:reception@entnorth.com.au)  
Visit: [www.entnorth.com.au](http://www.entnorth.com.au)



ENT North

Coming to hospital for an operation can be a daunting experience for children and their parents. You, your child's surgeon, anaesthetist and nursing staff will work together as a team to provide the safest possible care for your child, and to make it a positive experience for all. A little preparation and understanding of what to expect can make all the difference for both you and your child.

## How you can prepare your child for the operation

Even very young children find an operation a much easier process if they are prepared in their own minds and know what to expect. The 'ambush' method (not telling your child about the operation until very soon before they come to hospital) can be appropriate in some very specific circumstances, but in many cases can end in a very difficult situation for your child, who has not had time to ask their own questions and come to terms with the fact that they need to have surgery. In many cases, children can actually be made to feel quite excited about the operation – plenty of attention from Mum and Dad, as much ice-cream and jelly as they can handle, possibly a special new toy. Don't be surprised if this excitement evaporates just before or after the operation...

There are several children's books about going to hospital, which you could read together.

## Things to watch out for

- 'Helpful' friend or relatives who talk about how horrible hospitals are in front of your child – best avoided or gently asked to stop.
- Establishing unrealistic expectations: for example, many operations do hurt as your child recovers, although of course everyone will try to keep any pain to a minimum. Promising, "it won't hurt at all" will just make your child distrust doctors in the future, even in situations that will not cause any suffering.
- Using normal experiences around an operation as threats: saying "behave or else the doctor will give you a needle" makes it very difficult for your child's surgical team to treat them without causing excessive anxiety or fear.
- Be aware of your own anxieties: many of us are afraid of hospitals, needles and other things to do with operations, often for very good reasons. Your child will often pick up on this, even if you don't overtly talk about them. If you think you will be too anxious or upset to support your child while in hospital, consider getting another relative or close friend to come along as well as - or instead of - yourself.

## What to expect on the day of surgery

- An early start!
- Fast your child according to the instructions given by the hospital. Remove all snacks and drinks from your bag to reduce temptation while fasting.
- Give all regular medications with a sip of water, and puffers as usual. Teeth can be brushed with a little water to rinse.
- Do not give any anti-inflammatory medications (like Nurofen or aspirin) in the week leading up to surgery. Panadol is fine. Herbal supplements should not be given for one week before and after the surgery, as many can cause bleeding.
- If your child has diabetes, epilepsy, or has any serious heart or lung diseases, please contact your treating specialist and/or anaesthetist to discuss management of his/her illness around the time of the operation.
- If your child has a heavy cold or cough, or an exacerbation of asthma, you must contact your surgeon or hospital before surgery, as the operation may need to be delayed a few weeks.
- A lot of waiting is involved once you are in hospital; bring toys/books/portable DVD player. Bring any dummies or comforters that he/she normally uses to go to sleep.
- Your anaesthetist will visit your child on the ward before the operation. An anaesthetic plan will be discussed with you during the pre-operative consultation and will be tailored according to your child's age, medical history and surgery required.

- Before coming to the theatre younger children might be given some medication (e.g. Panadol, Midazolam), which will make him/her relaxed and maybe a little drowsy.

### **In the operating theatre**

Most hospitals are happy for one parent to accompany their child into the operating theatre while they go to sleep. Bring a favourite teddy, blanket or dummy to theatre if it will help. It is important that you stay calm and reassuring for your child regardless of how anxious or upset you are feeling. 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. **The staff at the hospital will not think that you care any less or are any less than a great parent if this is the case.** In some situations, the anaesthetist will ask that you do not come into the theatre. Again, this is not meant to be any criticism of your care for your child, and we will be relying on you after the surgery as the most important member of your child's medical team. 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.

Routine monitoring is used for all children, including blood pressure, heart rate and breathing. Some or all of these monitors will be applied before he/she goes to sleep.

Most of the time for younger children, the anaesthetic is given in the form of gas via a face mask. It is normal for them to wriggle or appear to 'fight' the gas for a few seconds before they go completely to sleep. An intravenous cannula (an 'IV') is placed after your child is asleep, without them feeling anything. In most older children, and in some specific operations in younger children, the anaesthetic is started via an 'IV'. If this method is chosen, a local anaesthetic patch will sometimes be applied beforehand, to numb the skin.

Once he/she is anaesthetized you will be asked to leave the operating theatre so that the surgery can commence. We all understand how difficult it is to entrust your most precious thing to the care of another person, and promise to keep your child safe until your return. Once your child is in the recovery room and resting comfortably you will be able to come back. After a short time you will both return to the ward.

### **Recovery Ward:**

It is not uncommon for children to be very upset and cranky as they wake up from their anaesthetic. This is usually not pain-related, but rather their reaction to the environment and the anaesthetic. The anaesthetic medications used are usually short acting and he/she should be back to their usual self within a few hours. Unless they are 'nil by mouth' they may drink water or diluted juice as soon as the nursing staff say this is safe.

If there is any post-operative pain this will be managed to make sure your child is comfortable. While the IV is in place there is rarely a need for injections ("needles") as most medicines can be given by mouth or via the IV.

It is not unusual to have one or two vomits after an anaesthetic, and if your child has had a tonsillectomy there may be a little blood in the vomit. If it does occur it will be treated quickly with medicines to reduce further feeling of sickness. Sticking to light foods and fluids in the first day after the anaesthetic can reduce any further vomiting: things like toast, sandwiches, jelly etc.

### **Further Resources**

- Australian Society of Anaesthetists: [anzca.edu.au/patients](http://anzca.edu.au/patients)
- The Royal Children's Hospital: [www.rch.org.au/anaes/health-info/index.cfm?doc\\_id=780](http://www.rch.org.au/anaes/health-info/index.cfm?doc_id=780)