



Consent Information - Patient Copy About Your Child's Anaesthetic

This information sheet applies to a child who is aged 16 years or less.

A parent is a child's mother, father, or anyone exercising parental responsibility for a child. This includes adoptive parents, adults who may have custody or guardianship or who have a residence or contact order for a child.

Being told that your child needs surgery and an anaesthetic is a very worrying experience for all parents. Generally, a parent makes a decision for their child; However children vary in maturity and understanding levels so this can be a shared decision.

Unnecessary stress can be increased for you and your child by not having enough information about the anaesthetic, so please read this brochure carefully. If you have any questions please do not hesitate to contact your doctor or the hospital.

A. Your child's Anaesthetist

Your child's anaesthetist is a specialist doctor who will:

- assess your child's health and then discuss with you and your child the type of anaesthetic suitable for your surgery.
- discuss the risks of suitable anaesthetic options.
- agree to a plan with you and your child for your anaesthetic and pain control.
- be responsible for giving your anaesthetic and caring for your child during surgery and straight after surgery.

Your child may be seen and cared for by a specialist anaesthetist or by a qualified doctor who is training to become an anaesthetist or in rural areas by a GP with a special interest in anaesthetics.

B. Types of anaesthesia

Pre-medication is sedation given before an anaesthetic that may be given to your child to help reduce or relieve anxiety.

A **general anaesthetic** is a mixture of drugs to keep your child unconscious and pain free during an operation.

Drugs are injected into the vein through a cannulae and/or breathed in as gases into the lungs. A breathing tube may be put into your child's windpipe to help them breathe while under

the anaesthetic. The tube is removed as your child wakes up after surgery.

A cannulae and drip may be inserted into your child's arm to inject drugs and provide fluid replacement (usually a salt solution drip).

A **local anaesthetic** is used to numb a small part of your child's body. It is used when nerves can be easily reached by drops, sprays, ointments or injections.

Local anaesthetic cream may be applied to your child's hands approximately an hour prior to surgery. This allows painless insertion of an intravenous needle to start the anaesthetic. Putting an intravenous needle into children requires lots of skill, and it is not uncommon, for even an experienced anaesthetist to have several attempts, especially in small babies and infants.

Regional anaesthesia is where a large part of the body is numbed, for example epidural and spinal anaesthetics. These techniques are used to stop pain during the operation, and/or for stopping pain afterwards.

With local and regional anaesthetics your child can stay awake or they can sleep through the surgery (by giving sedation or a general anaesthetic as well) but whether your child is awake or asleep they are free from pain.

C. What are the risks of anaesthesia?

Modern anaesthesia is generally very safe. Every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risks to your child will depend on:

- whether your child has any other illness.
- personal factors, such as whether your child is overweight.
- how simple or complex your child's surgery is.
- whether your child's surgery takes a short or a long time.
- whether the surgery is done in an emergency.

Common side effects and complications of anaesthesia

- Nausea or vomiting
- Headache
- Pain and/or bruising at injection sites
- Sore or dry throat and lips

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- Blurred/double vision and dizziness
- Problems in passing urine.

Less common side effects and complications of anaesthesia

- Muscle aches and pains
- Weakness
- Mild allergic reaction - itching or rash
- Temporary nerve damage.

Uncommon side effects and complications from anaesthesia

- Being awake under general anaesthetic
- Damage to teeth (especially baby teeth)
- Damage to the voice box and cords, which may cause a temporary hoarse voice
- Allergic reactions and/or asthma
- Damage to nerves and pressure areas
- Epileptic seizure
- Chest infection
- Permanent nerve damage due to the needle when giving an injection or due to pressure on a nerve during surgery
- Worsening of an existing medical condition.

Rare risks which may cause death

- Severe allergy or shock
- Very high temperature
- Vomit in the lungs (pneumonia)
- Brain damage.

Increased risks

Risks are increased if your child:

- smokes and
- is overweight.

and if your child has the following:

- A bad cold or flu, asthma or other chest disease
- Diabetes
- Heart disease
- Kidney disease
- High blood pressure
- Other serious medical conditions.

What are the risks of a regional anaesthetic?

Rarely, damage to nearby structures (eg blood vessels, lungs).

Nerve damage, due to bleeding, infection or other causes, is an extra specific risk with regional anaesthesia. This may cause weakness and/ or numbness of the body part that the nerve goes to. This is usually mild and only lasts a short time. Rarely, nerve damage, may be severe and permanent. With an epidural or spinal this may cause paralysis of the lower half of the body (paraplegia) or all of the body (quadriplegia).

Extra specific risks with spinal and epidural anaesthesia are:

- Headache. Usually temporary but may be severe and can last many days.
- Backache. This is usually temporary due to bruising around the injection site. Rarely can it be long-term.
- Problems in passing urine. This is usually temporary.

D. Your responsibility as a parent before your child's surgery

Your child is less at risk from problems from an anaesthetic if they do the following:

Increase their fitness before their surgery (if possible). This improves their blood circulation and lung health.

If you are breast feeding your child and drink alcohol, you need to stop drinking alcohol for at least 24 hours before your child's surgery.

If your child smokes, they need to stop smoking at least 6 weeks before surgery to give their lungs and heart a chance to improve. Smoking reduces the oxygen in your blood and increases breathing problems during and after an operation.

Bring all their prescribed drugs, or drugs you buy over the counter, herbal remedies and supplements that your child takes and show them to the anaesthetist. Tell the anaesthetist about any allergies or side effects to tablets that your child may have.

If your child drinks any alcohol they need to stop for at least 24 hours before surgery as alcohol may alter the affect of the anaesthetic drugs.

If your child takes any recreational drugs, this includes recreational smoking such as marijuana they need to stop before surgery as these may affect the anaesthetic. If your child has a drug addiction please tell your anaesthetist.

If your child is on a contraceptive pill let the surgeon and anaesthetist know.



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You must tell the hospital doctor and the anaesthetist of any:

- *Health problems*
- *Infectious diseases*
- *Past operations*
- *Serious illnesses*
- *False teeth, caps, loose teeth or other dental problems*
- *Any medical problems needing regular treatment or a stay in hospital including diabetes, high blood pressure*
- *Allergies/intolerances of any type.*

It is **very** important **not** to eat, drink, chew gum or lollies before surgery. You and your child will be told when you can have the last meal and drink before surgery. If your child eats or drinks after that time, their surgery maybe delayed or cancelled.

This is to make sure their stomach is empty so that if they vomit under the anaesthetic, there will be nothing to go into their lungs.

E. Recovery from surgery

After the operation, the nursing staff in the Recovery Area will watch your child closely until they are fully conscious.

Your child will then be returned to the ward or Day Procedure Area where they will rest until they are recovered enough for you to take them home.

Tell the nurse if your child has any side effects from the anaesthetic, such as headache, nausea, or vomiting. The nurse will be able to give your child some medication to help.

The anaesthetist will arrange pain relief, any other medications and extra fluids by a drip if needed.

Some ways of giving pain relief are:

- Syrups – just like at home.
- Tablets or pills – used for all types of pain. Your child needs to be able to eat and drink and not feel sick for these to work. These take at least half an hour to work.
- Injections – may be given into a muscle or just under the skin and will take 20 minutes to work. Injections may also be given into a vein, pain relief is within a few minutes.

- Suppositories – these are small pellets that are placed into the bottom (rectum) for pain relief.
- Patient-controlled analgesia (PCA) – (older children only) this is where they can control their own pain relief using a machine called a PCA pump.
- Local/Regional anaesthesia this was explained under the types of anaesthesia heading.
- If you have had a general anaesthetic the surgeon often injects local anaesthetic into the wound while you are asleep; this can give you around 4 – 6 hours of pain relief afterwards before it wears off.

F. Things for your child to avoid after general anaesthesia

A general anaesthetic will affect your child's judgment for about 24 hours. For your child's safety they must:

- **NOT** drive or ride a bike, scooter, tractors or other farm machinery.
- **NOT** operate machinery including cooking implements.
- **NOT** make important decisions such as withdrawal of money from the ATM machine.
- **NOT** drink alcohol, smoke or take any recreational drugs, this includes recreational smoking such as marijuana. They may react with the anaesthetic drugs.
- Have an adult with them on the first night after surgery.

Notes to talk to my doctor about

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