

About your child's anaesthetic

Child/Young Person (under 18 years) | Patient information

A copy of this form should be given to the patient/parent/legal guardian/other person* to read carefully and allow time to ask any questions about the anaesthetic. The patient information sheet should be included in the patient's medical record.



1. What is anaesthetic and how will it help me/the patient?

Anaesthetics are medicines (gases and injections) that block pain and other sensations that allow doctors/clinicians to perform procedures without causing any undue distress or discomfort to you/your child.

The types of anaesthetics available:

- general anaesthetic
- regional anaesthetic
- spinal anaesthetic
- epidural anaesthetic
- caudal anaesthetic
- local anaesthetic
- sedation.

You/your child may also be prescribed premedication.



Image: Anaesthetic face mask. ID: 1787929643. www.shutterstock.com

What type of anaesthesia will I/my child have?

The type of anaesthesia choice is dependent on the surgery being done. Regional anaesthesia is generally done with a general anaesthetic.

Premedication:

Premedication is medicine given before anaesthesia to help make the experience as calm and pleasant as possible. It may be sedating or provide analgesia and is used to help ensure comfort before and after you/your child's procedure. These medicines are generally given as a liquid by mouth. Local anaesthetic cream may also be used and placed at sites a cannula may be inserted. Your anaesthetist will discuss these options with you and your child and choose the best option(s).

General anaesthesia:

General anaesthesia (sometimes referred to as a "GA") is a mixture of medicines to keep you/your child unconscious and pain free during an operation. Sometimes this is known as being "asleep" during the surgery or procedure. Medicines are given into a drip in the hand or arm and/or breathed in as gases into the lungs. To give the gases, the anaesthetist will use a face mask and sometimes a breathing tube is used once the child is asleep. In some circumstances, giving gas will not be the safest option and a drip will be required before going off to sleep. The tube is removed as they wake up after surgery. The tube may cause a sore throat or hoarse voice for a short time.

Regional anaesthesia:

Regional anaesthesia is where a large part of the body is numbed by local anaesthetic being injected near major nerve bundles. This is to stop pain during and after the procedure. Children



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usually have a general anaesthetic and/or sedation before the regional anaesthetic is performed. You/your child may not be able to move that part of the body, even for some time after the procedure until the anaesthetic is discontinued. Regional anaesthesia includes spinal, epidural, caudal, plexus or nerve blocks and local anaesthetic.

- **Spinal anaesthesia:** the local anaesthetic is placed in direct contact with the nerves at the lower end of the spinal column with a thin needle. With this technique movement of the legs and pain are both blocked. This is used for shorter operations and is not continued after the operation.
- **Epidural anaesthesia:** a needle is placed between the bones of the back (vertebrae) and a thin plastic tube (epidural catheter) is placed in the epidural space. The needle is then removed and the catheter is taped to the skin. Medications to block pain are given through the catheter. For complicated procedures, the doctor may connect a pump so medication can be given for several days afterwards.
- **Caudal anaesthesia:** local anaesthetic medication is injected into the caudal space at the base of the spine. It is a form of pain relief for children who are having operations below the level of their belly button. Sometimes a thin plastic tube, called a caudal catheter, is inserted and left in the caudal space so that local anaesthetic can be given through it to make the pain relief last longer.
- **Local anaesthetic:** medication is used to numb a part of the body for a period of time and in some circumstances may be continued after the procedure. It is used when nerves can be easily reached by drops, sprays, ointments or injections.

Sedation:

Sedation medicines are used to alter the conscious state so that children are comfortable during procedures that do not involve a lot of pain and for small surgical procedures. You/your child may or may not remember parts of the procedure.

Preparing your child for an anaesthetic

The most important feature of preparing your child for anaesthesia and surgery is honesty. Children generally respond well to a simple explanation of the procedure a few days prior to being admitted to hospital. Your child's questions should be answered simply and truthfully. You may also bring any special toys or comfort items to the hospital to reduce your child's anxiety.

Your composure as a parent is essential as children sense when a parent is anxious or upset. Nothing calms a child more than a confident and calm parent. If you have concerns about the procedure or the anaesthetic, address these with your anaesthetist beforehand.

You will meet your child's anaesthetist before the procedure. They will examine your child and ask several questions to help them plan the best anaesthesia option. It is important to tell the anaesthetist about any previous experiences or specific fears you or your child may have (e.g. needles or masks).

Being present while your child is anaesthetised is often helpful. However this can be upsetting for some parents and it is not an expectation. Ultimately it is the decision of your child's anaesthetist as to whether you can be present or not. The anaesthetist will discuss the options with you and your child prior to your anaesthetic.

What information will the anaesthetist want to know?

The anaesthetist will want to know about:

- any previous pleasant or unpleasant experiences with a procedure or an anaesthetic
- medicines: bring to hospital all your/your child's prescribed medicines, or medicines bought over the counter, herbal remedies and supplements that you/your child takes and show them to the anaesthetist
- allergies or side effects to medicines
- previous anaesthetics/operations or family problems with anaesthetics
- any problems with breathing such as asthma, recent coughs, colds, fevers or illnesses

- any heart problems, syndromes or any other medical problems
- recent infectious illness contacts such as the flu, chicken pox and whooping cough
- any loose teeth
- any preferences or concerns.

When should you/your child stop eating and drinking before the anaesthetic?

No food or drink beforehand is essential for safe anaesthesia. It is important to follow the instructions given to you by the hospital and/or treating doctor/anaesthetist.

If you/your child eats or drinks too close to their procedure, then it may be delayed to another day. The reason for this is that if there is food or liquid in the stomach during the anaesthetic, it can escape from the stomach, enter the lungs and cause severe lung damage. That is why having nothing to eat or drink is so important.

Should I/my child take medications while fasting?

Any regular prescribed medications including asthma puffers should be given as usual up until the procedure, unless the anaesthetist or another doctor requests that they are stopped. Tablets or capsules that need to be swallowed can be taken with a sip of clear fluid.

What else should you/your child do before having an anaesthetic?

There is less risk of problems from a general anaesthetic if the following occurs:

- Stop drinking alcohol and taking recreational drugs such as marijuana (especially if you are breastfeeding your child), for 24 hours before surgery as these may alter the effect of the anaesthetic medicines.
- Stop smoking as early as possible before surgery to give the lungs and heart a chance to improve. This includes passive smoking which may occur when your child breathes in other people's tobacco smoke. Smoking cuts down oxygen in the blood and increases breathing problems during and after a general anaesthetic.



2. What are the risks?

There are risks and complications with anaesthesia. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it.

Risks include but are not limited to the following:

Common risks and complications

• All anaesthetics:

- nausea, vomiting, itching and shivering – inform the staff as these can be treated
- headache
- drowsiness
- pain, bruising and/or bleeding at the injection site
- some diseases and medicines, including complementary medicines, have the ability to affect blood clotting. A list of commonly affected medicines is found [here www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner)
- small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- leaking of stomach content into the lungs (aspiration)
- dizziness or feeling faint, especially when you start to move around
- problems in passing urine – you may require a catheter to be placed in your bladder
- allergic reaction to the medication, requiring further treatment

• General anaesthetic:

- minor damage to teeth, dental work, tongue and lips due to the breathing tube
- temporary blurred or double vision
- confusion (delirium)/behavioural disturbance, memory loss
- drowsiness
- sore or dry throat and lips

• Regional anaesthetic:

- prolonged numbness or tingling

• Spinal/epidural anaesthetic:

- headache and/or backache
- low blood pressure:
 - » this can make you feel faint, dizzy or sick

- pain during the injection:
 - » immediately tell your anaesthetist if you feel pain in places other than where the needle is
 - » the pain might be in your legs or bottom and might be due to the needle touching a nerve
 - » the needle may need to be repositioned
- **Sedation:**
 - where there is a deep level of sedation (which may be required for your procedure):
 - » loss of consciousness
 - » responsiveness only to painful touch
 - » difficulty breathing
 - » heart function can be affected

Uncommon risks and complications

- **All anaesthetics:**
 - allergic reaction to the medication, requiring further treatment
 - muscle aches and pains
 - breathing problems
 - existing medical problems getting worse
 - blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs
 - small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
 - overdose of anaesthetic medicines
- **General anaesthetic:**
 - temporary difficulty in breathing and/or slow breathing
 - the anaesthetic does not fully work (e.g. being conscious or aware whilst having a general anaesthetic)
 - temporary nerve damage (paralysis or numbness)
 - damage to the eyes (small pieces of tape and/or eye ointment is used to keep the eyelids closed and lubricated)
 - damage to the voice box and vocal cords, which may cause a temporary hoarse voice from the breathing tube
 - prolonged paralysis requiring breathing support
- **Regional anaesthetic:**
 - failure of block: this may require a further injection of anaesthetic or a different method of anaesthesia to be used
 - temporary nerve damage recovering in a

- few days to months, damage may cause weakness, tingling and/or numbness of the body part that the nerve goes to
- damage to surrounding structures such as blood vessels, nerves and muscles

- **Spinal/epidural anaesthetic:**
 - severe headache:
 - » can occur after a spinal injection
 - » it will get worse on sitting or standing and improves if you lie down
 - temporary nerve damage:
 - » temporary loss of sensation, pins and needles and sometimes muscle weakness in the lower body
 - » may last for a few days, weeks or months
- **Sedation:**
 - weakness.

Rare risks and complications

- **All anaesthetics**
 - serious allergic reaction or shock to the medication, requiring further treatment
 - heart attack or stroke could occur due to the strain on the heart
 - severe breathing difficulty (very rare)
 - seizures may occur, requiring further medication and treatment
 - equipment failure causing significant harm
 - death as a result of this anaesthetic is rare
- **General anaesthetic**
 - vision loss and blindness
 - raise in body temperature requiring emergency treatment
 - deafness (usually short-term).
- **Regional anaesthetic:**
 - permanent nerve damage with possible paralysis
 - infection around injection site and epidural catheter which may cause meningitis and/or epidural abscess, requiring antibiotics and further treatment
- **Spinal/epidural anaesthetic:**
 - permanent nerve damage with possible paralysis
 - infection around injection site and epidural catheter which may cause meningitis and/or epidural abscess, requiring antibiotics and further treatment

- equipment failure (e.g. breakage of needles or catheters possibly requiring surgery to remove them)
- blood clot with spinal cord damage
- **Sedation:**
 - damage to nerves and potential pressure injuries
 - blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs
 - brain damage.

What are the risks of not having anaesthetic?

Not having an anaesthetic may result in you/your child not being able to have the procedure.

There may be health consequences if you choose not to have the proposed anaesthetic. Please discuss these with the doctor/clinician.



3. Are there alternatives?

Making the decision to have an anaesthetic requires the patient/parent/legal guardian/other person* to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the anaesthetic?

After the procedure, the nursing staff in the recovery area will watch you/your child closely until you/your child are fully conscious (awake). The anaesthetist is close by and can help if needed. The nurses will give extra pain relief and medicines to help stop or decrease any nausea and vomiting as needed.

You may be called to be with your child during the waking up process. Some children may appear confused and distressed as they wake up. This behaviour does not last long-term and it does not necessarily mean it will occur again with another anaesthetic.

Returning to the ward or day procedure area

You/your child will be returned to the ward or day procedure area to rest until recovered.

Tell the nurse if you/your child has any side effects from the anaesthetic, such as nausea, vomiting, discomfort, or a headache. The anaesthetist and/or nurses can arrange pain relief, any other medications, and extra fluids by a drip if needed.

How will we keep you/your child comfortable after surgery?

The anaesthetist will work with you/your child to provide the best pain relief possible.

Pain relief medications may be given while you/your child are anaesthetised to be more comfortable when you/your child wake up.

In some instances more advanced techniques of pain relief may be offered such as nerve blocks and caudal blocks. If this is the case the anaesthetist will discuss this in more detail prior to the surgery.

After the operation, commonly used pain relief medications may include paracetamol, ibuprofen, oxycodone, morphine, and local anaesthetics. These may be given by mouth as a tablet or syrup, by injection into a vein and rarely by injection into a muscle, or as a suppository.

Generally it is suggested that paracetamol is taken regularly for at least the first 24 hours after surgery. Refer to the recommended dosage on the packaging.

Things to avoid after general anaesthesia and/or sedation:

A general anaesthetic or sedation will affect your/your child's judgment for about 24 hours (sometimes longer). For your/your child's safety during this time:

- have a competent adult with children on the first night after surgery
- do not drive or ride any type of bike, skateboard, car, or other vehicle
- do not operate machinery, including cooking implements
- do not make important decisions that require careful concentration

- do not drink alcohol, take other mind-altering substances, or smoke; these may react with the anaesthetic medicines.

5. Who will be performing the anaesthetic?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate anaesthetic. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the anaesthetic, please discuss with the doctor/clinician.

An anaesthetist is a doctor with specialist training who will:

- assess your/your child's health, previous experiences with anaesthetics or injections and then discuss with you the type of anaesthetic suitable for the surgery or procedure
- discuss the risks of suitable anaesthetic options
- discuss if you/your child have a preference for how the anaesthetic is started and given, although sometimes there are medical reasons why things have to be done in a certain way
- agree to a plan with you/your child for the anaesthetic and pain control
- be responsible for giving you/your child's anaesthetic and caring for you/them during and straight after surgery or the procedure
- manage blood transfusions during surgery if required
- obtain your consent for the anaesthetic.

You/your child may be seen and cared for by a specialist anaesthetist, a general practitioner (GP) with training in anaesthetics (particularly in rural areas) or a doctor undergoing further training. All trainees are supervised according to relevant Australian professional guidelines.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Children's Health Queensland: www.childrens.health.qld.gov.au/chq/information-for-families/fact-sheets/.

Society for Paediatric Anaesthesia in New Zealand and Australia: www.spanza.org.au/epic/resources-for-children-and-young-adults/.

The Royal Children's Hospital Melbourne: www.rch.org.au/anaes/parent_information/Parent_Info_Anaesthesia_Pain_Management/.

Association of Paediatric Anaesthetists of Great Britain and Ireland: www.apagbi.org.uk/children-and-young-people/parents-and-carers.

Children's Hospital, Westmead Sydney: www.schn.health.nsw.gov.au/parents-and-carers/our-services/anaesthesia/chw.

Queensland Health: www.health.qld.gov.au/consent.

Australian and New Zealand College of Anaesthetists: www.anzca.edu.au/patient-information/anaesthesia-information-for-patients-and-carers.

Royal College of Anaesthetists: www.rcoa.ac.uk/patientinfo.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed anaesthetic.

8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.