



This information sheet aims to answer commonly asked questions about your child's anaesthetic. It can be used in discussion with your child's doctor or healthcare professional.

1. What is an anaesthetic?

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.

2. What types of anaesthetics are available?

- General Anaesthetic
- Regional Anaesthetic
- Sedation

You/your child may also be prescribed premedication.

3. What does the anaesthetist do?

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.

4. What type of anaesthesia will I/my child have?

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. 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 usually have a general anaesthetic and/or sedation before the regional anaesthetic is performed. You/your child may not be able 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.

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4. What type of anaesthesia will I/my child have? *(continued)*

- **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.

Premedication

Premedication (pre-meds) are medicines given before an operation which reduce discomfort before and/or after the operation. The premedication is usually given via the mouth.

The most common pre-meds are:

- **Local anaesthetic cream:** most children have this cream put on the back of their hands with a plastic dressing as a cover. After 30 to 60 minutes, the cream will numb the skin. This helps reduce the distress when the cannula (thin plastic tube) is put in for the anaesthetic. Some children may have a mild reaction to the cream or plastic dressing such as skin redness
- A mixture of drops in the mouth such as paracetamol (Panadol). Pain relief is sometimes given as a premedication with or without a sedative
- Sometimes a stronger pain relief medication may be given
- Sometimes when children are very scared or anxious they can be given a medication in the mouth, the nose or very occasionally as an injection into muscle to help them relax. This is known as a sedative premedication

4. What type of anaesthesia will my child have? *(continued)*

- Occasionally other medications are given prior to an anaesthetic such as medicine for asthma, if required.

5. What are the risks of having an anaesthetic?

Before you consent to anaesthesia, you should be aware that there are risks. Many of the risks are unpredictable and can apply to any person undergoing anaesthesia. Pre-existing medical conditions and the nature of the procedure may increase some of the risks.

The risks include but are not limited to the following.

Common risks and complications include:

- **All anaesthetics**
 - pain and/or bruising at the injection site.
- **General anaesthetic and/or sedation**
 - nausea and vomiting
 - drowsiness
 - headache
 - shivering
 - dizziness and feeling faint
 - blurred vision
 - itching
 - memory loss
 - confusion (delirium)/behavioural disturbance
 - sore or dry throat
 - chest infection
 - damage to teeth, lips and tongue
 - bladder problems.
- **Regional anaesthetic**
 - prolonged numbness or tingling.
 - **Spinal and Epidural anaesthetic**
 - nausea and vomiting
 - headache
 - backache
 - shivering
 - low blood pressure
 - dizziness
 - bladder problems.

5. What are the risks of having an anaesthetic? *(continued)*

Uncommon risks and complications include:

- **All anaesthetics**
 - allergic reactions
 - the anaesthetic does not fully work
 - breathing problems
 - existing medical problems getting worse.
- **General anaesthetic and/or sedation**
 - being conscious or aware during the operation
 - damage to your eyes (e.g. grazes on the front of your eye): your eyes will usually heal
 - muscle pain
 - sleep problems.
- **General anaesthetic and/or regional anaesthetic**
 - nerve damage (paralysis or numbness): usually temporary, but may be permanent in some cases.
- **Regional anaesthetic**
 - overdose of medicines (the anaesthetist can treat this)
 - severe headache.

Rare risks and complications include:

- **All anaesthetics**
 - serious allergic reaction
 - leaking of stomach contents into lungs
 - equipment failure
 - cardiac arrest
 - stroke
 - permanent disability (e.g. permanent nerve damage with possible paralysis)
 - deafness (usually short term)
 - severe breathing difficulty (very rare)
 - seizures (very rare)
 - severe harm or death (very rare).
- **General anaesthetic**
 - vision loss and blindness
 - raise in body temperature requiring emergency treatment.
- **Regional anaesthetic**
 - infection (e.g. around injection site and epidural catheter; meningitis; epidural abscess).

6. What are the risks of not having an anaesthetic?

There may be consequences if you/your child do not have the proposed anaesthetic. Please discuss these with the anaesthetist and/or the doctor performing the procedure.

7. 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.

8. What information will the anaesthetist want to know?

The anaesthetist will want to know about:

- 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

8. What information will the anaesthetist want to know? *(continued)*

- 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.

9. 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.

As a general guide:

- For children less than 6 months of age:
 - Plan for the **last feed, including breast, formula or cow's milk, to finish** no later than **4 HOURS** before the procedure/surgery.
- For children more than 6 months of age:
 - No **breast feeding or breast milk** for at least **4 HOURS** before the procedure/surgery.
 - No **milk, food, lollies or chewing gum** for at least **6 HOURS** before the procedure/surgery.
 - **Clear fluids**, such as glucose based drinks, cordials and clear juices, are allowed up to **2 HOURS** beforehand. Milk or drinks made from powders are not allowed.

10. 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.

11. 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.

12. What will happen after the general anaesthetic and procedure?

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.

13. 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.

14. How will your/your child's pain be controlled 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.

15. 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.

16. Useful sources of information

Information on *Hospital care: before, during and after and Surgical procedures* is available on the Queensland Health website:

www.qld.gov.au/health/services/hospital-care/procedures/index.html

16. Useful sources of information (continued)

Further information may be found on the following websites:

- 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/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/patients
- Royal College of Anaesthetists: www.rcoa.ac.uk/patientinfo
(This publication includes text taken from the Royal College of Anaesthetists' (RCoA) leaflet 'Your child's general anaesthetic, 2014' but the RCoA has not reviewed this as a whole).

17. Questions to ask the anaesthetist/clinician

Ask the anaesthetist/doctor/clinician if you do not understand the information in this patient information sheet or any other information you have been given about your/your child's condition, treatment options and/or proposed procedure.

You may want to ask the following questions:

- How likely is it that there may be a problem?
- If there is a problem, how serious could the problem be and would the effects be permanent?
- What does the hospital do to try and prevent the problems?
- What does the hospital do if there is a problem?

