

Children's anaesthetics

Frequently Asked Questions (FAQs)

1. Can anaesthetics affect brain development?

There is some experimental evidence of anaesthetics injuring brain cells in newborn mice when exposed to high concentrations for long periods. However research in human infants is reassuring. It is common practice that only essential and urgent surgery be undertaken in small infants.

2. Can I accompany my child to the operating theatre?

We allow one parent to accompany the child into the operating theatre for comfort and reassurance. This is often unnecessary for younger infants.

3. Does my child have to have a needle?

In many cases, the anaesthetic can start with your child breathing anaesthetic gas from a mask, which can be flavoured with a pleasant smell. For children who do not like the mask, we can reduce the pain from intravenous cannulation by applying some numbing cream to the hands. There are also situations when it is safer to gain intravenous access first.

4. How can I minimise my child's anxiety before surgery?

Children at different ages can feel anxious before surgery due to different reasons. There could be the fear of pain, a needle, a strange environment, not waking up afterwards or even of the mask. It is helpful, especially for older children, to be informed of what is to happen and why. It is also important for parents to appear confident and calm, and to be supportive of their child. Children can often sense their parents' anxiety and this makes things even worse. The anaesthetist may decide to prescribe a sedative for your child before the anaesthetic if necessary.

5. How soon can I feed my child after a general anaesthetic?

Unless there is any contraindication, your child can drink or eat when he or she is awake enough. However it is best to avoid excessive feeding or oily foods until later.

6. Is there a high risk of nausea and vomiting after surgery?

There are many causes of nausea and vomiting after surgery. These could be related to the patients, the anaesthetic or even the type of surgery. Luckily, it doesn't happen all the time and is only mild in most cases. The anaesthetist will do everything possible to minimise this risk if it is considered likely.

7. Is there any chance of someone not waking up after surgery?

General anaesthesia is a carefully-controlled state of unconsciousness. The patient is carefully monitored for adequacy of anaesthesia and safety. The chance of someone not waking up after anaesthesia is very remote.

8. Should my child proceed with surgery if he/she has a cold or flu?

A cold usually means an upper respiratory tract infection. This is very common in children. Provided the child does not feel unwell, we usually proceed with surgery as there is no increase in the risk of serious problems. However, if your child is unwell with symptoms such as loss of appetite, tiredness, breathing difficulty or fever, then it may be more than just a simple cold. In this case, it is advisable to consult your family doctor before coming in for surgery.

9. What are the risks of a general anaesthesia?

Having a general anaesthesia is very safe in Australia. Nevertheless risks are always present. Side effects such as sore throat, dizziness, nausea and vomiting, bruising and soreness of IV sites are not uncommon. Fortunately, major risks such as severe allergic reaction, life-threatening breathing problems or even cardiac arrest, are rare.

10. What can I use for pain relief at home?

Paracetamol or ibuprofen or both together are usually adequate for pain relief after most day surgery. If stronger pain relief is required, you will be given a suitable medication to take home from hospital. If your child has a great deal of pain at home, you should contact the hospital or your general practitioner.

11. When can my child go back to school after having surgery and anaesthetic?

Most children can go back to school on the following day after uneventful day surgery unless there is pain or other discomfort. After major surgery, you will be advised how quickly your child can return to normal activities.

12. Why do people get a sore throat after having a general anaesthetic?

A breathing tube is usually placed in the throat of an anaesthetised patient. This can sometimes cause some throat discomfort. It usually gets better after a couple of days.

13. Why is there a need for fasting before surgery?

Food residue in the stomach can be regurgitated during anaesthesia. If it enters the lungs, significant breathing problems may occur. All patients having anaesthesia and surgery

should be fasted adequately so that the stomach is empty. The recommended fasting time is backed by scientific studies. Generally, small infants can have breast milk up to three hours and formula milk up to four hours before surgery. Older infants and children can have solid food or formula milk up to six hours and clear fluid up to one hour before surgery. You will receive fasting and other instructions from the hospital before surgery. Ideally no child should fast longer than necessary but because of the way the operating lists are scheduled, this may not always be the case. We usually schedule younger children earlier on the list. Do let the staff know if you have any concerns.

14. Will my child have a lot of pain when he/she wakes up after surgery?

Pain management is an important priority for the doctors and nurses attending to your child. We often use a combination of pain medicines and nerve 'blocks' to achieve the optimal effect. In fact, most children having surgery have minimal or no pain when they wake up from their surgery. Strong intravenous pain medicines and major nerve blocks like epidurals may be used for major surgery. At Monash Children's, we also provide a 24 hour pain management service.

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