



York Teaching Hospital
NHS Foundation Trust

Your Child's Anaesthetic

Information for patients, relatives and carers

Anaesthetics Department

① For more information, please contact:
The Anaesthetic Office Tel: 01904 725399

The York Hospital
Wigginton Road, York, YO31 8HE

Tel: 01904 631313

or

Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL

Tel: 01723 368111

Caring with pride

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Pre-operative assessment

You will probably have been to a pre-assessment clinic with your child. Here you will have completed some paperwork with the help of one of our nurses. Your child will have been introduced to the hospital and may have had the chance to see some of the equipment used including anaesthetic equipment.

Before you come in for your child's operation, it is helpful to talk about the procedure with your child in an age-appropriate way. Those who are aware of what is happening on the day are often much more relaxed in the hospital setting when they are admitted. Leaflets and online resources are available to help you with this; such as the Association of Paediatric Anaesthetists website: www.apagbi.org.uk and York Teaching Hospital NHS Foundation Trust website <https://www.yorkhospitals.nhs.uk/childrens-centre/home/>

Before you leave for hospital, make sure you have the following with you

- ✓ Details of where to go.
- ✓ Contact details for the hospital.
- ✓ Appropriate loose clothing for your child (a change of clothes may be helpful for younger children).
- ✓ Toy/book for your child.
- ✓ Any normal medication your child takes.

Fasting

You and your child will have been given guidelines about fasting before the operation, please follow these. It is important to stop eating food and drinking milk for six hours before any planned operation to avoid the risk of food particles entering the lungs (aspiration) when under the anaesthetic.

Please encourage children to drink clear fluids (water or dilute non-fizzy squash only) until their admission time. This helps with comfort of your child and aids recovery. They may be offered a further drink once admitted.

If the guidelines you have been given are not clear or you have any questions about them, please check with the admissions ward before the day of the operation. If your child has not fasted enough, there is a chance their operation will be delayed or cancelled on the day.

Day of operation

On the day of your child's operation, they will be admitted to hospital by a nurse. Be aware this may be in the day unit rather than the paediatric ward so check where you need to attend.

The nursing staff will go through some simple questions with you and your child and get them ready for their operation. This may include taking some basic observations (blood pressure, pulse rate, temperature etc.) and weighing them if this has not been done at pre-assessment. They will give your child a name band to wear and may also put some numbing cream on your child's hands.

There may be several children waiting for operations on the same day and the waiting area can get crowded. If there are any small toys or books your child would like to bring to occupy themselves while they wait, please feel free to do so. There can be a few hours waiting time.

You will be seen by the surgeon and anaesthetist prior to your child's operation. They will discuss the procedure and anaesthetic with you and ask for you to sign a consent form. You should ask them any questions you may have at this point. Your child may be given some pre-medication before going to theatre. Most commonly this is a pain killer.

When it is time for your child's operation, a member of staff will show you to the operating theatre suite and anaesthetic room. Here a few simple checks will be done to make sure the name band and consent forms are correct and you are happy. You will be able to stay with your child until they are asleep. After this, you will be taken back to the waiting area while your child has their operation.

Your child's anaesthetist will stay with them throughout their procedure. They will monitor your child's heart rate, blood pressure and oxygen levels. They will also adjust the amount of anaesthetic your child receives so it is appropriate for the operation they are having.

While they are asleep, your child will receive pain killers, anti-sickness medication and intravenous fluid through a cannula (small tube in their vein) appropriate to their procedure so they are comfortable when they wake up.

Your child will wake up in the recovery area or PACU (Post Anaesthetic Care Unit). Their anaesthetist will stay with them until they enter PACU and from here they will be handed over to the care of a specially trained recovery nurse. Once your child is awake, you will most commonly be brought round to PACU to be with your child. Occasionally, it is quicker to bring them to you back on the ward.

In PACU, your child may be awake and talking or still be very sleepy. Sometimes children can be disorientated and upset. This is most commonly due to the 'hangover' effect of the anaesthetic wearing off and will settle with time and reassurance. If your child has any pain or sickness, the recovery nurse can give them some medication to help make them more comfortable.

Once they have woken up sufficiently, you and your child will be taken back to the ward or day unit area and from here a nurse will arrange for discharge if the procedure is a day case, or settle you onto the ward if an overnight stay is planned.

Pain control

When in hospital, your child will receive pain killers and any other medication they may need from the nurses.

Once you leave, you will be advised on what medication you can give your child. It can often be very confusing as there are many different medicines available. The most commonly used are Paracetamol and Ibuprofen. These medicines can be used together and work well in combination to control pain. You will find some medication can be given more frequently than others.

In addition to pain killers, you may also have medication specific to the procedure they have had (for example, ear drops or skin creams). Again, follow the administration guidelines carefully.

Children respond differently to pain and you may find your child is quieter than normal, doesn't eat well, cries more or holds the painful area. If they have a lot of pain, it is better to give pain killers regularly at first and not wait for their pain to worsen before you give another dose. If they have only a small amount of pain, you can use the pain killers as and when they need them.

An example of regular dosing would be:

Paracetamol

- breakfast, lunchtime, dinner and bedtime (allowing at least four hours between doses)

Ibuprofen

- breakfast, afternoon and bedtime (allowing at least six hours between doses)

Always make sure you follow the correct dosing information which will be written on the medicine packaging or on your child's discharge letter. Some drugs come under different trade names (e.g. paracetamol may also be called calpol, disprol and panadol, among others). Be careful not to double dose with the same pain killer. Consult the ingredients list on the packet if you are uncertain what the medicine contains.

If you are unsure about pain control or any post-operative issues, contact the paediatric ward (ward 17) for advice on 01904 726017.

Complications

Complications relating to anaesthesia are fortunately now very rare. The most commonly seen issues are sickness and a sore throat. These should settle soon after your child's procedure.

Children can wake up disorientated and upset. This will most commonly settle within a few hours but you may find your child's sleeping pattern and normal routines are disturbed for a couple of days. Some children may bed wet.

Less commonly, your child may have a cut lip or damage to their teeth. This can occur when a breathing tube is put into your child's airway to give them anaesthetic and oxygen. If your child has any particularly loose teeth, they may be removed if they are at risk of falling into their airway when they wake up.

An allergy to anaesthetic medications and other drugs your child receives during the operation is rare but may occur. It can be anything from a small area of redness to a severe anaphylactic reaction which, at its extreme, can be life threatening. Estimations of a serious reaction are one in 10,000 to one in 20,000 anaesthetics. Your child is fully monitored throughout their operation and anaesthetists are trained to deal with these uncommon situations. If we suspect your child has an allergy to any medications we use, we will inform you and refer them for allergy testing as appropriate.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Dr Justine Heard, Consultant Anaesthetist, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 725399 or email justine.heard@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Please telephone or email if you
require this information in a different
language or format

如果你要求本資訊是以不同的語言
或版式提供，請致電或寫電郵

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01904 725566

email: access@york.nhs.uk



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Electronic

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