

# Children's anaesthetics - Frequently Asked Questions (FAQs)

## 1. Can I go with my child to the operating theatre?

We let one parent come into the operating theatre to comfort and reassure their child. Younger infants often do not need this.

## 2. Does my child have to have a needle?

In most cases, the anaesthetic starts with your child breathing anaesthetic gas from a mask. This can be flavoured with a pleasant smell. For children who do not like the mask, we can lessen the pain of putting in an intravenous (IV) cannula (drip) by putting some numbing cream on their hands. Numbing cream takes time to work. If you think your child will need it ask hospital staff to put it on when you arrive. Sometimes, it is safer to gain intravenous access first. The anaesthetist will talk to you about what is safest for your child.

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

Children can feel anxious before surgery for different reasons. Sometimes, they are afraid of pain, a needle, a strange environment, not waking up afterwards or even of the mask. It is helpful for older children to be told what is going to happen and why. It is also important for parents to appear confident and calm, and to be supportive of their child. Children often sense their parents' anxiety, and this can make things worse. The anaesthetist might decide to prescribe a sedative for your child before the anaesthetic if they are very worried or anxious.

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

The nurses and doctors will tell you when your child can start to eat and drink after surgery. Most children can eat and drink soon after they wake up. They usually start with clear fluids or a light diet. Your child will be able to eat normally when they feel well enough, usually within 12-24 hours.

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

Yes, some children do feel sick or vomit, but this usually passes quickly. It is more common after major surgery. The anaesthetist will give medicines to lessen the risk of nausea and vomiting for your child.

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

General anaesthesia is a carefully controlled state of unconsciousness. Your child is carefully monitored to make sure they stay unconscious during the procedure and wake up afterwards. It is extremely rare for an unforeseen complication to cause a patient not to wake up from an anaesthetic.

## 7. Should my child have surgery if he/she has a cold or flu?

A cold usually means an upper respiratory tract infection. These are very common in children. If your child does not feel unwell, we usually continue with surgery as there is no increase in the risk of serious problems. If your child is unwell and has a loss of appetite, tiredness, breathing difficulty or fever, it might be more than just a simple cold. If your child has these symptoms, we recommend you see your local doctor before coming in for surgery.

## 8. What are the risks of a general anaesthesia?

Having a general anaesthesia is very safe in Australia. Nevertheless, there are always risks. Common side effects include: a sore throat, dizziness, nausea, and vomiting, bruising and soreness of IV site. Fortunately, major risks like a severe allergic reaction, or other life-threatening problems are extremely rare.

### 9. Can anaesthetics affect brain development?

There is no evidence that anaesthetics harm the brains of human infants or children.

There is some experimental evidence of anaesthetics injuring brain cells in newborn animals when exposed to high concentrations for long periods. However, research in human infants is reassuring. We will only perform surgery in infants and young children if it is essential or urgent.

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

After day surgery, most children will only need simple pain relief medicines like paracetamol or ibuprofen. It is safe to take turns giving paracetamol and ibuprofen, or to give them at the same time. If you give both, keep a diary of when you give each medicine, so you do not accidentally give your child too much of either medicine. **Always** follow directions on the packaging and seek advice from a pharmacist. If stronger pain relief medicine is needed you will be sent home with it from the hospital. If your child has a lot of pain at home, you should contact the hospital or your local doctor.

### 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 simple day surgery unless there is pain or other discomfort. After major surgery, the doctors will tell you 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 used when someone has a general anaesthetic. Sometimes, this can cause some throat discomfort afterwards. It usually gets better after a few days.

### 13. Why does my child need to fast before surgery?

Fasting before surgery is **very** important. If there is undigested food or fluid in your child's stomach, it could regurgitate back up and enter their trachea (breathing tube) and lungs. This is called 'aspiration' and can make them very sick. The recommended fasting time is supported by scientific studies. Generally, infants under 6 months old can have breast milk up to 3 hours and formula milk up to 4 hours before surgery. Infants and children over 6 months old can have solid food or formula milk up to 6 hours, and clear fluid up to 1 hour before surgery. You will receive fasting and other instructions from the hospital before surgery. Ideally, no child should fast longer than needed. Sometimes, this happens because of how the operating lists are scheduled. Younger children are usually scheduled earlier on the list. 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 very important for the doctors and nurses looking after your child. We often use a combination of pain medicines and nerve 'blocks' to achieve the best 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 have a 24-hour pain management service. If you are worried about your child's pain, ask your doctor or nurse to contact the pain team for a review.

## For information

- Questions regarding the surgery call elective surgery services on **1800 786 188**
- See our information sheet: *Preparing your child for surgery*
- See our information sheet: *Preparing for your child's surgery -fasting*
- See our information sheet: *pain relief for children*
- Please watch <http://monashchildrenshospital.org/patients-and-families/your-childs-surgery/before-you-arrive/>
- Visit our website [www.monashchildrenshospital.org](http://www.monashchildrenshospital.org)
- Questions about how to best prepare your child for surgery call child life therapy service on **(03) 8572 3003** or **0481 904 461**.

**This document is intended for information purposes only and does not replace discussion or advice that your healthcare team give you**