Information for patients, families and carers



Children's anaesthetics -Frequently Asked Questions (FAQs)

1. Why is there a need for fasting before an anaesthetic?

Undigested food or fluid in the stomach can be vomited back up during anaesthesia and enter the lungs. This is called "aspiration" which can make your child very sick, and may even be life-threatening. Therefore it is **very important** for anyone having an anaesthetic to be fasted adequately, with **no food of any kind** to be eaten in the 6 hours prior to anaesthesia. Our recommended fasting time is based on many scientific studies.

However, we do not want your child to become dehydrated, and we encourage you to give your child clear fluids until your arrival at Monash Children's Hospital (MCH). (Clear fluids are liquids that you can see through, (with no solids or pulp), such as water, apple juice or tea without milk). MCH guidelines are that clear fluids can be given up to 1 hour before a general anaesthetic. Babies under the age of 6 months can have breast milk up to 3 hours **or** formula milk up to 4 hours before an anaesthetic. You will receive fasting and other instructions from MCH before your arrival. Please let MCH staff know if you have any questions or concerns regarding fasting.

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

In most circumstances, we allow one parent/carer to come with their child until they are asleep under anaesthetic. However, if you would rather not be there when we give the anaesthetic to your child, then that is fine too!

It is unnecessary for parents/carers to accompany babies under 6 months of age into the operating theatre/anaesthetic room. You will be able to be with your child in the after anaesthetic recovery area as soon as we are happy with them as they wake up.

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

Children can feel worried for many reasons, but most often they are fearful of not knowing what might be going to happen to them, of feeling pain or discomfort, or of unfamiliar people and places. You can do a lot to assist your child in reducing their anxiety: It is helpful if you can be as calm, confident, and supportive as possible, as parents who are relaxed are more likely to help their children stay calm. Older children should understand what is going to happen to them during their admission to MCH, and why. This can help them to feel more confident about their visit.

If you already have techniques that you use at home to help reduce your child's anxiety (such as breathing exercises or story telling), then these can be really helpful, too. You might also like to watch the videos in the 'further information section' at the bottom of this page. Your child's anaesthetist may prescribe a sedative (premed) for your child before the anaesthetic if they think that this will help reduce anxiety.

4. How is the anaesthetic given to my child?

In many cases, and especially in younger children, the anaesthetic starts with your child breathing anaesthetic gas through a face-mask which covers the nose and mouth. This can be flavoured with a nice smell to begin with if your child would like that. Other children prefer to have an intravenous (IV) cannula (drip) placed, usually in their hand or arm, through which anaesthetic medicine can then be given, and in some cases it is safer to put the drip in first. Numbing cream can be applied before the drip is put in, so that the sharpness of the needle is minimised. This cream takes a little while to take effect. The anaesthetic doctor will talk to you about what option is best for your child.

5. 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.

6. Is there a risk that my child might have nausea and vomiting anaesthesia?

Some children may feel sick or may vomit after anaesthesia, but if this happens, it usually passes quickly. Nausea and vomiting are more common after major surgery. Your child's anaesthetist can give medicines to prevent or treat nausea and vomiting.

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

Colds are very common in children, and if your child does not feel unwell, we may continue with the anaesthetic as there is often no increase in the risk of serious problems. If your child is unwell, has loss of appetite, breathing difficulties or a fever, then it may be preferable to postpone the anaesthetic. If your child has any of these symptoms, we recommend that you see your local doctor before you MCH appointment.

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. This usually gets better after a day or two.

13. 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.

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

For information

- Questions regarding the surgery call elective surgery services on 1800 786 188
- See our information sheet: <u>Preparing your child for surgery (link)</u>
- See our information sheet: <u>Preparing for your child's surgery -fasting (link)</u>
- See our information sheet: pain relief for children (link)
- Please watch http://monashchildrenshospital.org/patients-and-families/your-childs-surgery/before-you-arrive/
- Visit our website www.monashchildrenshospital.org
- Welcome to Department of Paediatric Anaesthesia at Monash Children's Hospital https://monashchildrenshospital.org/anaesthetics/
- Questions about how to best prepare your child for surgery call child life therapy service on (03) 8572 3003 or 0481904461.

For interpreting services



Call 131 450 TIS National