

Further information can be obtained from:

NHS 111	Dial 111
Or contact your GP	
Bluebell Ward, Lister Hospital, Stevenage	01438 284008
Children's Day Services, Lister	01438 286315
Children's A&E, Lister	01438 284333
Lister Community Children's Nurses	01438 284012
QEII Community Children's Nurses	01438 288370
Patient Advice and Liaison Service	01438 285811

Anaesthetic Advice

Child Health Patient Information Leaflet

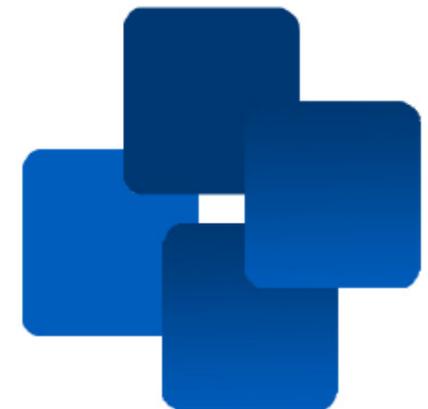


The information in this leaflet was taken from www.cks.nhs.uk

www.enherts-tr.nhs.uk

Date of publication: Aug 2012
Author: Paediatric Information Leaflet Group
Reference: Version: 2
Review Date: April 2019
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You can request this
information in a
different format or
another language.



Introduction

Your child has been admitted to have an operation or investigation under a General Anaesthetic. This ensures that your child is unconscious and free from pain while the operation or investigation is being carried out.

Asking for Consent

It is part of our consent process to discuss your child's treatment with you, including the common side effects and complications of anaesthesia.

Side effects are secondary effects of drugs or treatment which are often expected but are sometimes unavoidable. They include nausea and vomiting, headache, drowsiness, dizziness and sore throat.

Complications are unexpected and unwanted events due to a treatment. Examples include damage to teeth, mouth or gums and unexpected allergy to a drug.

Preparing Your Child for the Anaesthetic

Your child should have an empty stomach prior to the anaesthetic. This is because a child being sick whilst unconscious could lead to complications.

Your child will have a special "magic" cream applied to the backs of both of their hands. This numbs the sensation in this area so that the anaesthetist can insert a small plastic tube (cannula) into a vein in the back of the hand in the anaesthetic room.

A "premed" is the name for drugs which are sometimes given before an anaesthetic. Some premeds help your child to relax and some are given for other reasons such as pain relief. Not every child needs a premed. It depends upon the surgery, investigation or the child's condition.

In the Anaesthetic Room

A nurse or play specialist will accompany one parent to the anaesthetic room. Your child may take a toy or comforter with them.

Your child will go to sleep either by having anaesthetic gas through a face mask or anaesthetic medicine given into the cannula in the back of his/her hand.

If the anaesthetic medicine is used your child will fall asleep very quickly. With the gas it can take a little longer. It is quite normal for the child to wriggle, cough, breathe noisily or not close their eyes immediately.

After the Anaesthetic

Your child will be cared for by a specialist nurse until he/she has regained consciousness and is comfortable. At this point they will be reunited with you. Your child may be either very sleepy or a little disorientated and tearful. Both reactions are completely normal but please check with the nurse looking after your child if you have any concerns.

Rest and Activity

Your child should rest at home for the next 24 hours with a responsible adult caring for them. Following the anaesthetic, children often tire easily and their co-ordination and judgement may be affected. Allow them to gradually increase their activity until they feel back to normal. Their sleep pattern may be altered for the first 24 to 48 hours.

Eating and Drinking

In most cases children can eat and drink normally following the anaesthetic. Often, plenty of drinks are all they require for the first 24 hours. Please check with the nurse looking after your child.