

ANAESTHESIA FOR CHILDREN

This patient advisory is intended to provide you with general information. It is not a substitute for advice from your anaesthetist. You are encouraged to discuss the benefits and risks of anaesthesia with your anaesthetist. This is an abridged version of the ASA patient education pamphlet: Anaesthesia for Children – a guide for parents. The complete pamphlet is available from your anaesthetist.

Even young children respond well to information about anaesthesia. Give your child a simple explanation of the procedure, preferably at least several days ahead. Unnecessary distress is caused when the child is not informed until arrival at the hospital. Encourage your child to ask questions. It is important that no one lies to the child about the procedure.

It is in your child's interests that you reduce your anxiety by consenting to anaesthesia only after your concerns and requirements for information are fully addressed.

On the day

You will receive information about fasting. If you have not met with the anaesthetist, he or she will see you and your child in the preoperative ward to outline the plan for anaesthesia. A preoperative sedative may be necessary. Local anaesthetic cream may be applied to the hands of toddlers and children. This allows painless insertion of an intravenous needle to start the anaesthetic procedure.

Children can become anxious, uncooperative and combative. The anaesthetist and other medical and nursing staff are experienced in reassuring and settling the child so the procedure can continue.

You may choose not to be present at the start of anaesthesia. Discuss this with your child's anaesthetist so that any distress to your child and you can be minimised.

General anaesthesia

For an infant, the anaesthetist usually uses a mask that delivers the anaesthetic gas. Some older children may prefer to have the mask rather than the intravenous anaesthetic.

One parent can usually be present until the child is asleep. Once your child is asleep, you must leave quickly.

The anaesthetist is in constant attendance, adjusting the level of anaesthesia and monitoring vital signs. The child will awaken with as little pain as possible.

Recovery from general anaesthesia

After the procedure, the anaesthetist takes the child to the recovery area and into the care of specially trained nurses. Any distress is usually due to being in an unfamiliar place. Distress is more common in children who have repeated procedures or who received little information from parents.



Encourage your child to ask questions. A number of children's books about being in hospital are available for purchase at most children's hospitals or in bookstores.

Pain relief after surgery

Minor pain is often relieved by paracetamol or paracetamol and codeine. Stronger painkillers are used after major surgery. This can be controlled by a nurse or in older children may be self-administered. These techniques are safe and are not associated with narcotic addiction.

Local anaesthesia is often used for pain relief. Local anaesthetic is injected near the surgical incision or into the epidural space surrounding the spinal cord. If more major surgery is planned, a catheter may be left in place in the epidural space to allow continuous infusion of local anaesthetic, providing pain relief for days.

The child can usually eat and drink small amounts within several hours after most surgery. Eating and drinking too much, too quickly can result in vomiting, often in the car on the way home.

Possible risks and complications

Modern anaesthesia is safe but does have risks of side effects and complications.

If you are concerned about risks, please discuss this with your anaesthetist.

Although uncommon, complications are possible. These are more fully outlined in the complete ASA patient education pamphlet on anaesthesia for children, and should be discussed with your anaesthetist. ©