



Royal Orthopaedic Hospital NHS Foundation Trust Patient Information

# Paediatric Anaesthetics – information for you and your child

Welcome to the Royal Orthopaedic Hospital (ROH).  
For further information please visit [www.roh.nhs.uk](http://www.roh.nhs.uk)

## What is an Anaesthetic?

A general anaesthetic ensures that your child is unconscious in a controlled state and free of pain during their operation or investigation. The anaesthetist is a specialist doctor who is responsible for the wellbeing of your child whilst they are asleep. They use anaesthetic drugs (both gases and injections/intravenous) to induce and maintain anaesthesia. The anaesthetists are also closely involved with your child's pain management after surgery.

Your wishes and those of your child are very important. We want to work with you to provide the best possible care for your child and family.

At times, there may be a reason for your child to prefer a gas induction as opposed to an injection/ iv induction. You can discuss any preferences with your anaesthetist pre-surgery.

## Preparation

Prior to coming into hospital it is important your child is prepared.

We recommend all children (except infants too young to understand) should be told:

- That they are going into hospital
- That they will be having an operation or investigation
- Some basic information about what their visit entails.

It is vital that your child is starved according to



the below guidelines prior to their anaesthetic :

- Stop solids/milk– 6 hours prior to surgery (midnight)
- Stop clear fluids/water 2hours prior to surgery (6am)
- Stop chewing gum chewing 2hours prior (6am)

If you are on an afternoon list you will be advised accordingly.

**If your child develops a severe cough, cold or illness in the days before/on the day of your admission, please contact the ward for advice on 0121 685 4011. It may be in your child's best interest to delay their admission.**

## Pre-op

Sometimes you may attend a pre-op assessment or receive a telephone assessment prior to your admission. They will discuss your operation including your anaesthetic.

When admitted to the ward, your anaesthetist will introduce themselves and review your child to discuss your individual needs. This process occurs on the ward.

## Pre-medication

Pre-meds are sometimes given before operations at the anaesthetists discretion.



These are medications that can help your child to relax. However, they can cause a drowsy effect after surgery, which can delay your child's discharge. Pre-meds are not given regularly and are offered on an individual basis following discussion with your child's anaesthetist.

### 'Magic Cream'

Prior to your child's trip to theatre magic cream, also known as Ametop or Emla is applied to the hand or arm. This acts as a local anaesthetic to the skin so cannula insertion in the anaesthetic room does not hurt.

A cannula is a small plastic tube placed in the back of the hand using a needle, which is used to administer anaesthetic and any other medication required.

### The Anaesthetic Recovery Room

Your child will be asked to wear a theatre gown and paper pants or a clean nappy for their trip to theatre to minimize the risk of infection.



A nurse or theatre escort will accompany your child to theatre with a porter. Your child will go down to theatre on the bed. Parents/Guardians are allowed to attend the anaesthetics room (Maximum of 2 people). If parents wish to, they can stay with their child in the anaesthetics room until they are asleep. You will then be accompanied out of theatres.

### Recovery room

Once your child's operation is complete, they will be taken round to the recovery room where they will be safely monitored until they are fully conscious. When it is appropriate, the recovery staff will call the ward nurses and send for the child's parents to attend the recovery room to be by their child's side.

### Post-Op

After your child returns to the ward, dependent upon the type of surgery they have had, there will be specific instructions from the surgeon

of things your child must achieve prior to being discharge.

Nursing staff will encourage your child to eat and drink following their anaesthetic. It is also important you inform nursing staff when your child first passes urine after their surgery. If it is no longer required your child's cannula can be removed following successful completion of the above.

### Pain relief

Following your child's surgery we aim to ensure they are as comfortable as possible. Pain relief options will be discussed with your anaesthetist prior to them going to theatre.

#### Types of pain relief:

**Oral** – These are syrups or tablets taken in the mouth.

**IV** – Intravenous given into the vein through a cannula.

**Suppositories** – These are given rectally (in the bottom) and are usually given in theatre with parental consent.

**Epidural** – This is an infusion of local anaesthetic given around the spine. Epidurals are inserted in theatre and are discussed pre-surgery on the ward. They are mainly used following major surgery. Epidurals cause intentional numbness to the lower limbs so don't be concerned if your child feels a funny sensation in his/her legs.

**PCA** – This is a patient controlled intravenous drug infusion usually consisting of morphine. Controlled by a button, your child can push when they feel they require a top up of pain relief. They are set with locks on the pumps to prevent over dosing.

**One-off blocks** – Sometimes nerve blocks may be used to block the pain sensation to the operated limb. These are carried out in theatre. They cause intentional numbness to the affected limb and wear off over a 12 hour period.

If you require any further information please speak to the nurse in charge on Ward 11.

