

A common technique is a caudal epidural anaesthetic, often used for operations below the tummy button. It is performed when your child is asleep. Local anaesthetic is injected at the lower part of the back. This will provide excellent pain relief for three to four hours. Your child may have weak legs and may find it difficult to pass urine for the first few hours.

Intravenous analgesia – For bigger operations a strong pain killer such as morphine may be needed. Morphine may be used through a pump that continuously gives the drug. For older children a technique may be used so that your child can control the pain themselves.

Your child may be tearful after the operation. They may feel tired and should be encouraged to sleep. Most children are allowed a drink soon after their operation.

## Going home

Most children will have their operation and go home later the same day.

Your child may experience some discomfort and should take pain relieving medicine as instructed by the hospital. Some children do not sleep well after their operation, they may be more clingy. This behaviour should quickly return to normal.

If you have any concerns you should telephone the number provided by the ward.

## Risks

Serious problems during and after anaesthesia are uncommon. However risks cannot be removed completely. Common side effects include a sore throat, feeling sick and dizzy, and shivering.

Rare side effects such as developing a serious reaction to the anaesthetic may occur in one child in 20,000.

The side effects depend upon the type of surgery and anaesthetic.

## Further Information

You can get obtain further information at <http://www.rcoa.ac.uk/patients-and-relatives>

### Paediatric Wards

Jungle	020 8725 2034
Nicholls	020 8725 2098
Frederick Hewitt	020 8725 2081
Pinckney	020 8725 2082
Ocean	020 8725 4636

St George's Healthcare NHS Trust  
St George's Hospital  
Blackshaw Road  
London SW17 0QT  
Tel: 020 8672 1255  
Website: [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)



## Your child's anaesthetic

An information leaflet for children and their parents and carers



**This leaflet gives basic information to help you and your child prepare for their anaesthetic.**

## Types of anaesthesia

General anaesthesia is when drugs are used to make your child unconscious so that they can't hear or feel anything. Local anaesthetic may also be used with or occasionally instead of general anaesthesia to numb a part of the body so no pain is felt.

## Anaesthetists

These are doctors with specialist training. You will meet an anaesthetist before the operation to discuss the anaesthetic and you will have the opportunity to ask questions.

## Before the anaesthetic

An anaesthetist will ask questions about your child's health and medication. They will discuss the type of anaesthesia which can be used and decide with you what is best for your child. Your child may have a cream which numbs the skin placed on the back of their hands. This is used for placing a cannula, a thin plastic tube, into a vein. There may be a period of waiting prior to the operation so you should bring something for your child to do. Occasionally your child will receive a premed (an oral medicine) to relieve anxiety before the operation.

Following Trust policy if your daughter is of childbearing age she will have a urinary pregnancy test preoperatively.

Occasionally it is necessary to postpone your child's operation. This could happen if your child is unwell or has eaten food too recently. If you are concerned that your child may be too unwell for surgery, please telephone the ward prior to leaving home.

## Fasting

It is important that you follow hospital guidelines on fasting:



- Six hours before the operation your child may have a light meal or a milky drink
- Four hours before the operation your baby may drink breast milk
- Two hours before the operation your child may drink water or fruit squash (not fruit juice or fizzy drinks)

## Having the anaesthetic

You and your child will be escorted from the ward to the anaesthetic room. Your child can take a toy or comforter. It may be possible to give the anaesthetic while your child sits on your lap.



The anaesthetist will start the anaesthetic by injecting the anaesthetic medicine through the cannula or by giving your child anaesthetic gas to breathe.

The gas may be given through a mask, or by the anaesthetist cupping their hand over your child's nose and mouth. If gas is used your child may become restless before they are unconscious. The injection works very quickly. When your child is asleep you will be escorted back to the ward by a member of staff.

During the anaesthetic an anaesthetist will remain with your child all the time. At the end of the operation the anaesthetist takes your child into the recovery room. In the recovery room a member of the theatre team stays with your child. You will be called to be with your child when they are awake.

## Pain relief

Pain relief is important. The anaesthetist will manage your child's pain during and immediately after the operation.



This is done in many ways:

**Tablets and liquids** – used for all types of pain; common medicines are paracetamol (calpol) and ibuprofen (nurofen).

You should ensure you have these medicines at home for use after the operation.

**Suppositories** – these are medicines that are placed into the bottom.

**Local Anaesthetic** – this is used during the operation to numb a particular area of the body.