

Anaesthetic Information for Parents by Dr Tessa Meyer

If necessary, I will speak with you before your child's procedure to discuss their anesthetic. If you have any special concerns or would like to make an appointment to see me in my rooms please ring my rooms on 6267 6200 or email them on rooms@metroanaes.com.au

Please also fill out the online patient questionnaire on our website (metroanaes.com.au) as soon as possible as it will help me to plan the best anesthetic for your child.

What is a general anaesthetic?

A general anaesthetic ensures that your child is fully asleep during a test or operation.

Who are anaesthetists?

An anaesthetist is a specially trained doctor who is responsible for looking after and monitoring your child whilst they are asleep.

Premedication (Pre-med) is sometimes given before an operation to reduce anxiety.

FASTING

BABIES AND CHILDREN UNDER 12 MONTHS OLD

NO food for 6 hours prior. Can have, bottle milk up to 4 hours prior, breast milk up to 3 hours prior and water up to 2 hours prior to surgery.

CHILDREN OVER 12 MONTHS OF AGE

Your child should have no food or milk for 6 hours before his or her surgery.

They can have water or clear apple juice up to 2 hours prior to surgery.

Will I be able to stay with my child whilst they go to sleep?

You are welcome to stay with your child until they have gone off to sleep

How will my child be given the anaesthetic?

If your child is a toddler they will be able to sit on your lap to go off to sleep.

Your child will either have an anaesthetic gas to breathe or an injection. Anaesthetic gas takes a minute or two to work. The anaesthetist generally cups a hand over your child's mouth and nose or uses a facemask to give the anaesthetic gas.

If your child is having an anaesthetic by injection "magic cream" is put on the hand in the ward about an hour before surgery. This numbs the skin so that a small plastic tube (cannula) and needle can be put into the vein. As your child goes off to sleep the anaesthetic may make them briefly agitated so that they move around more. Once they are off to sleep they will feel heavy and floppy if they are in your lap. They may also cough, their eyes may roll up, and their breathing may become noisier or slow down. Don't be worried, these events are a normal part of your child's anaesthetic.

What happens next?

The anaesthetists will closely monitor your child throughout the operation, ensuring that he or she is safe and fully asleep. When the operation is finished your child will be transferred to the recovery room. You will be called as soon as they are awake.

How safe is anaesthesia and are there any after effects?

Modern anaesthesia is very safe and complications are rare. Most children recover quickly and are soon back to normal after an anaesthetic, but some may suffer after effects.

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These can include headache, sore throat, hoarseness and dizziness. Some children may feel sick or vomit. Sometimes your child may wake up agitated and upset after their anaesthetic. This can be a side effect of the anaesthetic and usually wears off within an hour.

Allergy to anaesthetic drugs can cause rash, wheezing or a drop in blood pressure. We are usually able to treat these problems. They will usually have little memory of this period of agitation. After your child's operation they may not sleep as well at night and behaviour may regress. This behaviour usually settles within a week.

What is the risk of serious complications?

The risk of major disability or death in an otherwise healthy child having a routine anaesthetic in Australia is extremely low. Allergic reactions to anaesthetics are extremely rare in children and are mostly fully reversible.

Postoperative medication

This will vary according to the type of surgery your child has had below are a list of medications I may prescribe. You will be given a script, discharge medications or advice on which medication to purchase prior to your discharge from hospital. The dose I prescribe for your child may be slightly higher than that written on the bottle by the manufacturer. It is often more effective to "stagger" medication. So for example if your child is taking neurofen and paracetamol then they can take neurofen then 3 hours later paracetamol.

Paracetamol/Panadol

This is often given with other medication such as ibuprofen and oxycodone.

It should not be given with painstop .

It is safe as long as you stick to the recommended dose.

Ibuprofen

This can cause indigestion so should be taken with food. If stomach pain persists it should be ceased.

It should not be taken after tonsillectomy.

Painstop day time

This is a combination of paracetamol and codeine so is like panadeine forte for children. It can cause constipation. Overdose is dangerous and can cause excessive drowsiness. It may cause nausea.

Oxycodone

This is a very strong painkiller and must only be taken at the recommended dose or your child may stop breathing. It can also cause constipation so be aware of this and get some medication from the chemist if needs be. It may cause nausea. To reduce the dose needed it is often given with paracetamol.

Prednisolone

For some operations such as tonsillectomy the pain can increase four days after the procedure. This steroid may be prescribed to reduce this pain for a few days. In diabetics it can cause the blood sugar to rise and a higher dose of diabetic medication may be needed.

Ondansetron

This is sometimes prescribed for nausea

Coloxyl and Senna

In older patients I will prescribe this to reduce the risk of constipation with strong pain killers.

Postoperative nausea or pain

If your child is experiencing persistent nausea or pain once they have gone home please ring 6267 6200 or 0439448873 out of hours