

ANAESTHESIA AND YOUR CHILD

Your child needs an operation, and you may have doubts or fears regarding the admission to hospital and the anaesthetic.

A visit to hospital and an operation can be a frightening experience for children. The aim of this pamphlet is to allay any fears you may have, and to offer strategies to prepare your child for the admission.

If you understand what is going to happen to your child in hospital, you can be confident and prepare your child for the experience.

If the operation is a planned one, talk to your child about going into hospital and to the operating theatre. Answer questions as honestly as you can. Read your child stories and if possible visit the hospital before the admission. Provide your child with the continued love and security needed during the experience.

WHAT IS ANAESTHESIA?

Anaesthesia is a state of freedom from pain. It may involve the whole body or only part of it. General anaesthesia puts the whole body "to sleep" and consciousness is lost. In local or regional anaesthesia only a part of the body is made numb.

WHO GIVES YOUR CHILD THE ANAESTHETIC?

The anaesthetic is administered by a doctor who is a specialist in anaesthesia called an anaesthetist. The anaesthetist will remain with your child throughout the entire operation and will choose the anaesthetic drugs appropriate to your child.

WHAT HAPPENS BEFORE THE OPERATION?

Unless the operation is an emergency your child will usually be admitted, either a few hours before, or on the day before the operation.

Your child's weight, temperature, pulse and respirations will be recorded, and a urine test performed. Before the operation your child will be visited by the anaesthetist who will ask you questions about:

- your child's health
- any allergies your child may have
- any anaesthetic problems any member of your family may have had.

The anaesthetist will then examine your child and discuss the procedure, and answer any questions.

Your child will not be allowed to eat or drink anything, not even water, for at least four hours before the anaesthetic. This is because the presence of food or drink in the stomach is dangerous both during and immediately after the anaesthetic.

Children need to be watched carefully during this fasting time, as they often forget, or don't understand they are not allowed food or drink.

A premedication may be given to your child about one to two hours before going to theatre. This may be medicine, or an injection. It may make your child quite sleepy and sometimes cause a dry mouth.

WHAT HAPPENS DURING THE OPERATION?

Your child may be transferred to theatre either on a trolley or on the bed. At the theatre doors your child will be met by a nurse who will

usually stay with your child until the anaesthetic takes effect. If your child has a special toy, or dummy, name it and send it to theatre with your child.

The anaesthetist will start the anaesthetic by making your child go "to sleep", either by letting your child breathe an anaesthetic gas given by a special mask or by an injection in the back of the hand.

You may wish to stay while your child is going "to sleep", although this practice varies among hospitals and doctors. If you wish to do this please discuss it with your doctor.

During the operation the anaesthetist will constantly watch over your child, especially your child's breathing and circulation, supporting and controlling them as necessary. Depending on the type of operation, it may be necessary to have an intravenous drip, which will be inserted while your child is asleep. This may or may not be removed before returning to the ward.

THE RECOVERY ROOM

When the operation is completed, the anaesthetic will be stopped and your child will be transferred to the recovery room.

This area is close to the operating theatre and is staffed by nurses trained in the care of anaesthetised patients. During this time children are often drowsy and sometimes confused, but they receive supportive care and reassurance from the recovery room staff. Your child will be closely monitored until awake enough to be transferred back to the ward.

You may wish to be present in recovery while your child is waking, although this practice varies among hospitals and doctors. If you wish to do this please discuss it with your doctor.

During the next few hours your child may remain very sleepy due to the anaesthetic, and if there is any pain will be given pain relief as necessary.

AFTER EFFECTS

After effects may be present following anaesthetic, but are rarely serious.

Nausea and vomiting may be after effects of anaesthesia, but if present, reassure and make your child comfortable. Medication may be helpful.

Sore throat may be present due to temporary measures taken by the anaesthetist to assist your child's breathing during the operation. This should pass in 24 hours.

Anaesthetic drugs are given through a needle usually in the back of the hand. There may be slight swelling or pain at this site.

If you have any concerns or questions please ask your doctor or the staff on the ward.

The A.A.W.C.H. (S.A. Branch) hospital play kit may be used by your child and family to enable you to familiarise yourselves with the hospitalisation experience. Library books and audio-visual material may also be borrowed from the S.A. Branch office. Ph. (08) 267 7347.

A family that is well prepared, confident and able to provide their child with the continued love and security needed during this experience, will promote positive well-being.

The Australian Association for the Welfare of Children in Hospital

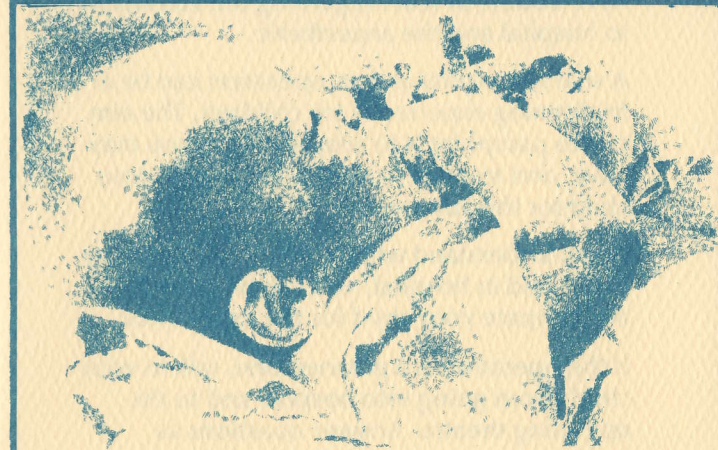


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