



the anaesthetic will be given to your child and any other important details.

Minor illnesses such as a cold may cause problems during some types of surgery and anaesthesia. If your child is unwell in the two weeks before their operation, please ring the pre-assessment clinic to discuss the situation. A risk assessment will also be done on the day of the operation and for your child's safety; the anaesthetist may feel it is best to postpone surgery.

### Will I receive a phone call before the operation?

You may be phoned by a nurse before the operation to check on information you have provided on the questionnaire. It is important to return the questionnaire as early as possible. You may also be asked to meet an anaesthetist in the pre-assessment clinic prior to the date of your child's operation. This helps to make sure that the operation can be performed safely and minimises the risk of it being cancelled.

### What if my child has day surgery?

For some operations in low risk children it is normal for patients to go home on the same day as they have surgery. Although same day surgery is usually performed for small operations, it is still very important to follow the instructions given here.

### Important information - Eating and Drinking

We know children don't like being hungry and thirsty but it's very important that you watch your child closely and follow the instructions provided. Anything in a child's stomach can cause them to vomit and/or choke under anaesthetic.

If these instructions are not followed, your child's operation or procedure may be cancelled or delayed. If your child takes routine medication, this may be taken with a sip of clear fluid at the usual time.

#### If your child's operation is scheduled for the morning

- Your child must have nothing to eat after midnight. This includes lollies, lollipops, chewing gum, jelly, solid food, formula, cow's milk, milk products and juice containing pulp.
- You can continue to breastfeed your child until 4am.
- Your child can have clear fluids such as water, clear juices and lemonade popsicles until 6am. They can't have fizzy drinks or any juice containing pulp.

#### If your child's operation is scheduled for the afternoon

- Your child can have a light breakfast (cereal or toast, but no fried foods) as long as they have finished eating by 6am. After 6am they must have nothing to eat. This

includes lollies, lollipops, chewing gum, jelly, solid food, formula cow's milk, milk products and juice containing pulp.

- Breast feeding - you can continue to breastfeed your child until 8am.
- Your child can have clear fluids such as water, clear juices and lemonade popsicles until 10am. They can't have fizzy drinks or any juice containing pulp.

### How can I help as a parent/caregiver?

The anaesthetist, surgeon and nurses will do their best to make your child's visit to the hospital as comfortable as possible. Your anaesthetist will explain what will happen before the operation. You also have a key role to play in your child's care.

It is normal for you to feel anxious when your child needs surgery and anaesthesia. It helps to talk calmly and honestly with your child about what to expect when they come to hospital. Reassure your child that everything done during the hospital stay will be explained. Children are very reassured by their parents/caregivers appearing relaxed, confident and calm – even if you do not feel that way inside!

### How will my child be given anaesthesia?

There are two main ways of giving general anaesthesia. One method is by injection of anaesthetic through a small tube or IV drip. Another method is anaesthetic gas given through a clear mask placed over the nose and mouth and then starting the IV drip after your child is asleep. Sometimes for safety reasons only one of these methods may be appropriate but often there is a choice and your child's anaesthetist can discuss this with you.

Your child will remain unconscious while the surgery is performed and will be constantly monitored by the anaesthetist. A special breathing tube is often placed after your child is asleep as a routine part of anaesthetic care. If local anaesthetics or regional anaesthesia are going to be used as well, it is usually done at this time.

### Can I go with my child into the operating room?

A parent/caregiver can usually go with their child aged from approximately 12 months of age, into the operating room and stay until their child is asleep. The presence of a calm and confident parent/caregiver can help reduce the fear associated with medical procedures. However if you feel uncomfortable about coming into the operating room, it may be better that you stay outside as children are sensitive to their parent's anxiety.

Sometimes you might not be able to go with your child and this will be explained to you. Infants younger than 12 months tend to separate easily from the parents/caregivers. Your child's anaesthetist will discuss going

into the operating theatre with you and he/she will make the final decision. If it is not possible for you to be in the operating room, your child will be reassured by medical staff that you will see them after they wake up.

An operating room is a special medical environment. You will be provided with over covers for your clothing, hair and shoes.

### Will my child receive any medication before surgery?

Medication to help calm an anxious child before surgery may be recommended. The medicine will usually be given by mouth, sometimes through the nose and very rarely by injection. Most children over the age of 6 months of age will have local anaesthetic cream applied to their skin to help numb the area in which an IV drip may be started. These details can be discussed with your child's anaesthetist.

### What happens after surgery?

Once the operation is finished the anaesthetist will start to wake your child up. When it is safe, your child will be taken to the Post Anaesthesia Care Unit (PACU or Recovery) to be cared for by a specially trained nurse. Parents will be invited into PACU to be with their child once it is safe to do so. Your child will be returned to the ward when he or she is awake and comfortable.

### How is pain controlled after surgery?

Pain after surgery varies with different children and the type of surgery performed. The anaesthetist will ensure your child receives appropriate pain relief.

Following minor surgery, simple pain relieving medicines can usually be given by mouth. Strong pain relieving techniques and medicines are used after bigger operations.

Strong pain medicine is usually given through an IV drip. This may be a morphine infusion in younger children. Older children may be able to control a small computerised pump attached to the IV drip. This pump is programmed by an anaesthetist to let patients to take a safe dose of pain relieving medicine when they need it. This is carefully monitored by the nurses on the ward and is reviewed daily by the acute pain team.

Sometimes a tiny epidural catheter may be inserted in your child's back while they are asleep in the operating room. Local anaesthetics and other drugs are given through this catheter and the technique can provide excellent pain relief for up to 5 days after major surgery. The anaesthetist will discuss the risks and benefits of these techniques with you.

Pain management after surgery is very important and the anaesthetist, acute pain team and ward nursing staff all work together to make sure that your child is safe and comfortable.

### Will there be any side effects?

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Your child may suffer side effects like nausea, vomiting or a sore throat. These usually last only a short time and there are medicines available to help them if they need them.

Sometimes it takes several days for sleeping patterns and behaviour to return to normal - similar to travelling overseas. You will be given contact numbers for the hospital if you have concerns about your child after an operation.

### Are there any serious risks?

Anaesthesia is safe, it is controlled by medical specialists in a medical environment with strict conditions like not eating before the operation. It is still a serious medical procedure even when surgery is only minor. It is possible for serious injury or death to occur but the chances of this happening are extremely small.

The risk varies according to your child's medical condition and the type of surgery that your child needs. For a healthy child having minor surgery, the risk of a serious allergic reaction is very low. Your anaesthetist will discuss the potential risks related to your child with you and can explain how those risks are managed.

### Going home

If your child has had their operation or investigation carried out as a day stay patient, they are usually able to go home on the same day. Your child may experience pain or discomfort on the first day or so. Before they are discharged the staff looking after your child will check that you have suitable pain relieving medicines at home. If necessary you will be given a prescription to take to your local pharmacy.

Occasionally children feel sick or even vomit after anaesthesia and surgery. This can usually be prevented or treated before they have left the hospital. Sometimes these symptoms happen on the way home. If symptoms of nausea or vomiting continue for more than 8 hours please contact your doctor.

### Interpreter

Family cannot act as interpreters. If English is not your first language and you need an interpreter, please let the staff know as this must be arranged prior to admission so they can arrange it before your child is admitted.