

Getting your child ready for a procedure with a general anaesthetic

Information for families

Great Ormond Street Hospital for Children
NHS Foundation Trust

This information sheet from Great Ormond Street Hospital (GOSH) explains how to prepare your child for a procedure with a general anaesthetic. We want to make sure that your child is as fit and well as possible, both physically and psychologically, for their procedure. There are many things you can do to help us, as detailed in this information sheet.

There is lots of helpful information on our website about getting ready for hospital at www.gosh.nhs.uk/parents-and-visitors – if you do not have access to the internet, please telephone us so we can post the information to you.

We have also added information about what to do if your child becomes unwell before the procedure and a checklist of things to consider before their admission with some suggested timings so you can tick off each task as you do them.

If you have any worries or questions about the procedures your child will experience at GOSH, our doctors and nurses are here to help you. Please ask them if there are any issues that you would like to discuss. Our play specialists are also expert at conveying complicated or worrying ideas to young patients in an understandable way and have many good ideas to help older children prepare for their procedure.

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Telephone numbers: Monday to Friday from 8am to 6pm: 020 7829 8686.

Outside of these hours, please leave a message with your contact number and we will return your call on the next working day.

Please note:

- If your child is due to be admitted on the following day and this is now not possible, please contact the admitting ward (details are on your admission letter).
- If your child requires immediate medical attention, please contact your family doctor (GP) or seek advice from NHS 111.
- If you have specific questions about your child's planned procedure, please call your Clinical Nurse Specialist

Pre-admission assessment

GOSH has a centralised process for assessing children who need a general anaesthetic for their planned procedure. We need to make sure that your child is as well as they can be before the procedure and that we have all the information we need to look after them safely.

What is the aim of the appointment?

Preparing for a planned operation, test or procedure before coming in to hospital avoids delays and reduces the risk of cancellation. We have developed a process to identify what level of pre-admission assessment your child needs and whether they require any further assessment, tests and/or investigations.

The results of these assessment and tests will be reviewed by one of the anaesthetic team and a plan recommended to your specialty team. For a small group of children, we may recommend that the child is discussed by a Multi-Disciplinary Team to review the benefits and risks of the procedure - the result of this meeting will be explained by your specialty team.

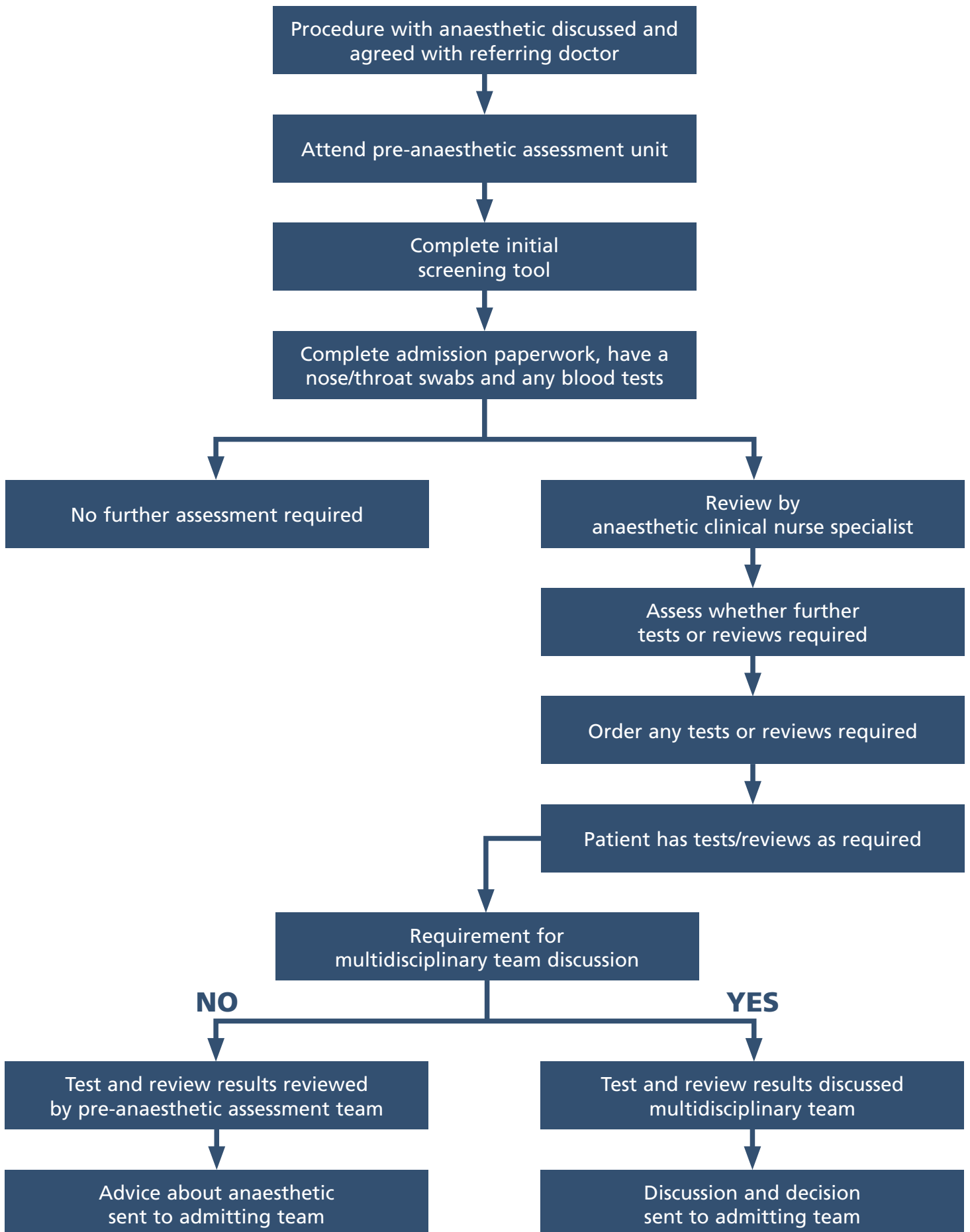
The appointment is also useful if you or your child is apprehensive about any aspect of the hospital stay, our play specialists and anaesthetic team can help prepare your child.

What will the appointment involve?

A member of the team will help you to complete a screening tool to identify the broad needs of your child. The admission paperwork, swabs for infection screening and any blood samples required for the procedure will also be carried out. If there is a chance that your child could need a blood transfusion as part of the procedure, we may need you to come back for this on another occasion. National guidance states that this blood sample must be taken within seven days of the procedure.

If your child is identified as needing further review, they will be seen by another member of the team and possibly a Consultant Anaesthetist. These team members will identify whether your child needs to be seen by another specialist team or have further tests before the operation, test or procedure. If this is the case, we will arrange this. Where possible, we will do as many tests on the day, but you may need to return on another day for some tests.

If the operation, test or procedure is not urgent, you can arrange a time to book to come back after the screening tool is completed. If it is not for some time, we will arrange with your admissions team for you to return to the clinic nearer the date. Where possible we try to link with the specialty team to keep your visits to a minimum.



What tests and investigations may my child have?

Blood tests

Your child may need various blood tests before the operation, test or procedure. However, many children will not need any blood tests. This will be discussed with you, as it depends on your child's medical condition and the nature of the surgery that is planned. Some blood tests used before an operation, test or procedure include:

- **FBC – full blood count** – to check whether your child has a low number of red blood cells (anaemia)
- **U&Es** – urea and electrolytes – to check that your child's kidneys are working properly
- **Clotting** – to check how long it takes for the blood to form a clot.
- **G&S – group and save** – to check your child's blood group in case they need a blood transfusion
- **Cross match** – to ensure that if your child needs a blood transfusion during surgery it is available on the day
- **LFTs – liver function tests** – to check that your child's liver is working properly
- **Sickle cell test** – to check whether your child has sickle cell disease or trait.

Ward investigations

Your child will need to have a nose and throat swab. This is routine and checks for certain infections. It may be uncomfortable but will not hurt.

Other investigations

If your child needs any other tests or investigations, like ECHO, ultrasound, X-rays or photographs, we will arrange this. Where possible, we will do the as many tests on the day, but you may need to return on another day for some of the tests.

Having an anaesthetic

A general anaesthetic is given so that your child is not conscious and cannot see, hear or feel anything during their procedure. It consists of medication given either as gases to breathe or by an injection into a vein through a thin plastic tube called a cannula.

Anaesthetists are doctors who give anaesthetics and look after children before, during and after a procedure. Their role is to ensure that children are not conscious, that they remain safe throughout the test or operation and that they wake up as comfortable as possible at the end.

Who do I see before my procedure?

So that we can make sure that your child is as well as they can be before their procedure and that we have all the information we need to look after them safely, we would like to see you and your child in our pre-anaesthetic assessment clinic. We will discuss previous experiences with anaesthetics and clarify your child's medical history and any medications (including herbal medications) they are currently taking. Depending on your child's health, they may require further investigations and need to see an anaesthetist at this stage. If your child is an adolescent, we will offer to see them on their own for some of the consultation/pre-anaesthetic assessment.

On the day of your child's surgery, you and your child will be visited by an anaesthetist before you come to theatre and this is a good opportunity to ask any further questions you may have about the anaesthetic. Please bring in all your child's current medicines with you when admitted to hospital.

The anaesthetist will discuss options for anaesthesia and pain relief medication, and whether your child would benefit from taking a pre-medication (pre-med). These may have already been discussed during the pre-assessment clinic but it can be useful to have the conversation with the anaesthetist looking after your child on the day. The aim is to make your child's experience as calm and pain free as possible.

If your child becomes ill and is not considered well enough to have the procedure, or if they have eaten or drunk too recently, there is a chance that their procedure could be delayed or cancelled.

Anaesthetic information for the consent process

Your wishes and those of your child are very important to us and we will provide you with all the information we have from the pre-anaesthetic assessment to ensure you can make the best decision for your child. Your child should be part of this process to the level appropriate for their age and understanding. It is important that you feel you have had all your questions and concerns answered before the procedure.

Why should my child not eat or drink before having an anaesthetic?

It is important that your child's stomach is empty as this reduces the risk of vomiting during the procedure, when vomit can come up to the back of the throat and then get into their lungs. You will be informed of the length of time that your child should be 'nil by mouth' – in other words have nothing to eat or drink before the anaesthetic. However, it is important to keep giving your child food and drink until those times to ensure they remain well-hydrated. This may involve waking your child in the night to give them a drink.

If your child is taking medications, they should continue to take them as usual, unless your anaesthetist or surgeon has asked your child not to. For example, if your child takes aspirin, diuretics or diabetes medicines you will need specific instructions.

Premedication (a 'premed')

This is the name for medicines that are sometimes given before an anaesthetic. Some 'premeds' prepare your child's body for the procedure; others help your child to relax. If your child does need a 'premed' this will be discussed with you beforehand. Premeds are usually liquid, although occasionally an injection is needed.

A local anaesthetic cream can be put on to numb the skin before a cannula is put in and if needed, will be put on by a member of staff.

What happens next?

You and your child will be accompanied by a member of the team to the anaesthetic room. Your child can take a toy, game or comforter with them if they would like to.

The general anaesthetic will be given to your child either as gas to breathe or as a liquid injected through a cannula. Children may prefer one method over the other so please feel free to discuss this with us at an early stage.

If the anaesthetic medication is breathed in, the anaesthetist may cup a hand over the child's nose and mouth or use a face-mask to give the anaesthetic gas. Both of these methods work quite quickly although we know it may feel longer and is a difficult time for you. During this period, a member of staff from the unit will support you with the anaesthetic team.

The anaesthetist will closely monitor your child's blood pressure, pulse, temperature and breathing throughout the procedure, ensuring that they are safe.

Will I be able to stay in the anaesthetic room?

Both parents can come to the anaesthetic room and it may be possible to give the anaesthetic while your child is sitting on your lap. You will usually be able to stay until your child is under anaesthetic, at which point you will be accompanied to the ward by a member of staff.

We know that not all parents wish to come to the anaesthetic room. You may feel it is better for your child to be accompanied by a nurse or play therapist.

What happens afterwards?

After an anaesthetic, children are looked after in Recovery. Recovery is where children make their initial recovery from surgery and/or anaesthesia unless they are being transferred to intensive care area.

Recovery staff are highly skilled nurses and operating department practitioners who provide one to one care for children post procedure, working closely with your child's team to provide high quality post-operative care.

When your child is beginning to wake, the recovery team will phone your ward and arrange for you to come to Recovery. Please ensure you leave your contact details with the ward nurses when your child is admitted. A member of staff from the ward will accompany you to the waiting area outside Recovery and you will be called as soon as your child is ready. Visitors are limited to two per child and siblings are not allowed into recovery due to safety issues and space limitations. Chairs are provided and if your child has a favourite comforter or special toy then please bring it with you.

What to expect when you see your child in Recovery

Sometimes your child may cry or be anxious on waking and need lots of reassurance and parental contact. The recovery staff will be there to support you and answer any questions you may have. Children can be disorientated by the unfamiliar environment and effects of the anaesthetic and it may take a while for them to readjust and feel themselves again - your presence and reassurance will help.

When allowed, a drink of water is provided. Sometimes children may experience discomfort following surgery, knowing what is normal behaviour for your child will help the recovery staff to assess your child and then provide any additional pain relief. The pain control service and the anaesthetists are always available to provide extra pain relief if necessary and advice.

If your child has any special requirements please ask your ward nurse to inform the recovery team in advance. Informal visits can be arranged by liaising with Recovery through the pre-assessment clinic should you or your child wish to see recovery beforehand.

When your child is ready to return to the ward, we will arrange this. One of our team will come with you and relate all the important aspects of your child's care to your ward nurse.

The surgeon will normally visit your child later on the ward to discuss your child's procedure and plan of care if your child had an operation. For day case procedures, they may see you in Recovery.

How safe is anaesthesia and are there any after-effects?

The degree of risk will depend on your child's medical condition and the nature of surgery for which anaesthesia is being provided. You will be able to discuss this with an anaesthetist before surgery but

the following is a general overview of side effects and potential complications of anaesthesia.

Most children recover quickly and are soon back to their usual activities after an anaesthetic. Some children may get side effects - however these are usually mild. Headaches, nausea (feeling sick, sometimes with vomiting) and a sore throat are common but can usually be treated effectively. Other side effects generally just need time to wear off and include tiredness, dizziness, and disorientation on waking, which can be distressing both for children and for their parents. Some children may also have disturbed sleep patterns for a few days after an operation.

More serious problems are uncommon but include a minor cut lip, damage to teeth, an allergic or other reaction to a drug, and breathing difficulties either during or after an anaesthetic. People often worry about the risk of awareness during anaesthesia but fortunately this is rare. When it does happen, it tends to be awareness of sounds only, and in children does not seem to be associated with subsequent psychological problems.

The most serious complications are usually very rare but include severe allergic reactions, nerve injury, and the risk of death or disability such as a stroke, deafness or blindness.

Risks cannot be removed completely but modern equipment, training and drugs have continued to make anaesthesia safer. An anaesthetist will be with your child throughout their anaesthetic to monitor their progress and to help them to wake up as comfortable as possible.

Other procedures that an anaesthetist may perform for your child - such as insertion of an arterial line, central venous line, or epidural - will have their own specific side effects and risks of complication. You will have a chance to discuss the plan for anaesthesia, its risks and how they relate to your child with an anaesthetist before surgery.

Becoming unwell or coming into contact with unwell people

Some illnesses increase the usual risks (discussed above) of anaesthesia so we may feel it is safer to postpone your child's procedure until they are well. The majority of planned procedures are non-urgent, so they can be safely postponed. However, there will be some procedures where the benefits of going ahead outweigh the risks of postponing. The team need to have a full picture of your child's health before making the decision to continue with the planned procedure or to postpone it.

If you have any questions about whether your child is fit and well enough for the procedure and general anaesthetic, please telephone us as soon as possible. We will liaise with the admitting team and ensure you are provided with advice relating to your child.

Coughs and colds

We will usually postpone a planned procedure if your child:

- Is listless and off their food
- Has a high temperature
- Has a streaming nose
- Has a wheezy cough
- Is receiving treatment for the cough or cold from your family doctor (GP) or pharmacist

However, we may carry out the procedure as planned if your child:

- Is generally well
- Is eating and drinking as usual

Chest infections

Including infections with respiratory viruses such as the flu virus, whooping cough and pulmonary tuberculosis.

We will usually postpone a planned procedure if your child:

- Has a chest infection confirmed by a health professional

However, we may carry out the procedure as planned if your child:

- Has regular chest infections as part of their medical condition

Chicken pox and shingles

Chicken pox is infectious from two days before the appearance of the spots until all of the spots have dried up completely. The chicken pox virus is spread through the air, which means that your child can catch chicken pox by being in the same room as someone with chicken pox or who develops it within the next two days. Shingles are infectious from when the rash appears until it has completely crusted over.

We will usually postpone a planned procedure if your child:

- Has chicken pox or shingles
- If your child has not already had chickenpox or the chickenpox vaccination and has been in contact with someone with chickenpox or shingles within the last three weeks.

However, we may carry out the procedure as planned if your child:

- Has been in contact with chicken pox within the five days leading up to the planned procedure – they are unlikely to be unwell if they are having a short stay procedure.

Diarrhoea and/or vomiting

Diarrhoea and/or vomiting are usually caused by a tummy bug, which is extremely infectious while symptoms are present. It can take up to two days for symptoms to develop after coming into contact with someone with a tummy bug.

We will usually postpone a planned procedure if your child:

- Has had diarrhoea and/or vomiting in the two days leading up to the planned procedure
- Has been in contact with someone with diarrhoea and/or vomiting in the two days leading up to the planned procedure

However, we may carry out the procedure as planned if your child:

- If your child has these symptoms as a result of their medical condition

Eye conditions

We will usually postpone a planned procedure if your child:

- Has coloured discharge (ooze) in the days leading up to the planned procedure

However, we may carry out the procedure as planned if your child:

- If your child has these symptoms as a result of their medical condition

Hand, foot and mouth disease

Hand, foot and mouth disease causes blistering of the skin on the hands, feet and around the mouth. This blistering affects how the skin heals and how it protects against infection. A child with hand, foot and mouth disease is infectious for about seven days after the symptoms first occur. It can take between three and six days for the symptoms to appear after coming into contact with someone with hand, foot and mouth disease.

We will usually postpone a planned procedure if your child:

- Has hand, foot and mouth disease
- Has been in contact with someone with hand, foot and mouth disease in the week leading up to the planned procedure

Measles

Someone with measles is infectious from up to five days before the appearance of the rash until four days after the rash has appeared. The measles virus is spread through the air, which means that your child can catch measles by being in the same room as someone with measles or who develops the measles rash within the next five days.

We will usually postpone a planned procedure if your child:

- Has measles
- Has not already had measles or two doses of the MMR vaccine and has been in contact with someone with measles in the two weeks leading up to the planned procedure.

However, we may carry out the procedure as planned if your child:

- Has been in contact with measles within the five days leading up to the planned procedure – they are unlikely to be unwell if they are having a short stay procedure.

Other illnesses

There are many childhood illnesses and we cannot include them all in this information sheet. As a general rule, the following applies:

We will usually postpone a planned procedure if your child:

- Is taking antibiotics for treatment rather than prevention unless they have been prescribed by a specialist team for treatment of the condition
- Has a high temperature
- Has a wheezy cough

However, we may carry out the procedure as planned if your child:

- Is taking preventative low-dose antibiotics

Checklist of things to do

More than a month before	<input checked="" type="checkbox"/>
Talk to your child about what will happen during their stay in hospital. Children are usually aware that something is wrong and it needs to be fixed. We have information on our website about how best to talk to children about hospital. Visit www.gosh.nhs.uk/parents-and-visitors/advice-for-when-you-stay/preparing-for-surgery for further information. Our Play department can also help so call them on 020 7829 8849 (Monday to Friday from 9am to 5pm).	<input type="checkbox"/>
Two weeks before admission	<input checked="" type="checkbox"/>
If your child has been unwell, admitted to another hospital or has had to see their family doctor (GP), please call us (number below). If your child has been ill, we sometimes need to postpone their admission, by giving us plenty of notice we can quickly re-arrange a new admission date and offer your original date to another child.	<input type="checkbox"/>
If your child is on regular medication at home, please make sure you have enough supplies for when they are discharged. You may need to see your family doctor (GP) to arrange a repeat prescription. We try to avoid prescribing regular medication to take home as this can delay discharge.	<input type="checkbox"/>
One week before admission	<input checked="" type="checkbox"/>
As before, if your child has been unwell, admitted to another hospital or has had to see their family doctor (GP), please call us (number below).	<input type="checkbox"/>
Please check your child's hair for any signs of head lice. Head lice eggs are white in colour and can be found near the scalp. If you see head lice, please use a head lice treatment available from your community pharmacy (chemist).	<input type="checkbox"/>
If your child uses medical equipment at home, for instance, tube feeding or a tracheostomy, please bring a spare one with you for the admission. You can discuss the admission with your community team and they will be able to arrange for supplies of the kind you use at home to bring with you to Hospital if necessary.	<input type="checkbox"/>
For all procedures carried out with an anaesthetic, we recommend that you have some pain relief medicine ready at home. Paracetamol or ibuprofen are suitable for most children, but please discuss this with your doctor if you have any questions.	<input type="checkbox"/>
Make sure you have childcare in place for your other children. If you cannot arrange child care, please telephone us to re-arrange the admission. Unfortunately, we are unable to look after children other than our patients.	<input type="checkbox"/>
Some medications need to be stopped before a procedure with an anaesthetic. Your doctor will have explained whether to stop giving medication or continue until admission, but if you are unclear, please telephone us.	<input type="checkbox"/>
Work out how you are going to travel to and from GOSH – further details are available on our website at www.gosh.nhs.uk/parents-and-visitors/coming-to-hospital/directions-map-and-parking . Remember that your child may not be well enough for public transport after the procedure, so it may be better to arrange for someone to collect you by car.	<input type="checkbox"/>

The day before admission



As before, if your child has been unwell, admitted to another hospital or has had to see their family doctor (GP), please call us (number below).

If your child is being admitted on the day of the procedure, we may call you the evening before to confirm their 'fasting time'. This is the latest time your child can have something to eat and drink. If your child is due to be admitted on a Monday, we will telephone you on Friday evening. If you have not received a call before 5pm on the working day before admission, please telephone us.

Pack a small bag for you and your child – details of what to bring with you are available on our website at www.gosh.nhs.uk/parents-and-visitors/advice-for-when-you-stay/what-to-bring. Even if your child is coming in for a day procedure, it is worth bringing a few items just in case. Please do not bring too much as space is limited on the wards at GOSH, but remember to bring your child's routine medication and any equipment they will need during their stay.

If your child has a favourite food or drink, please bring it with you so they can have something they really enjoy when they wake up from the anaesthetic. We, of course, have food and drink available but may not have your child's favourite in stock.

The night before admission



Your child should have a bath or shower and wash their hair the night before admission. Having clean skin before the procedure reduces the risk of infection.

All children can eat and drink as usual the night before admission, unless otherwise advised, so you may want to give them their favourite dinner. Make sure that they carry on drinking clear fluids (weak fruit squash or water) until their fasting time so that they are well hydrated before the procedure. This may involve waking your child for a drink.

Remove any jewellery from your child and leave it at home for safe-keeping. If any piercings are recent, we can remove them before the procedure and put them back afterwards so the hole is unlikely to close. Please warn us when you arrive if your child has recent piercings.

Take off any nail varnish – both fingers and toes – as it stops us monitoring your child's breathing and oxygen levels during the anaesthetic.

The day of admission



Unless we have told you otherwise in the telephone call the day before the procedure, encourage your child to drink plenty of clear fluids until their fasting time.

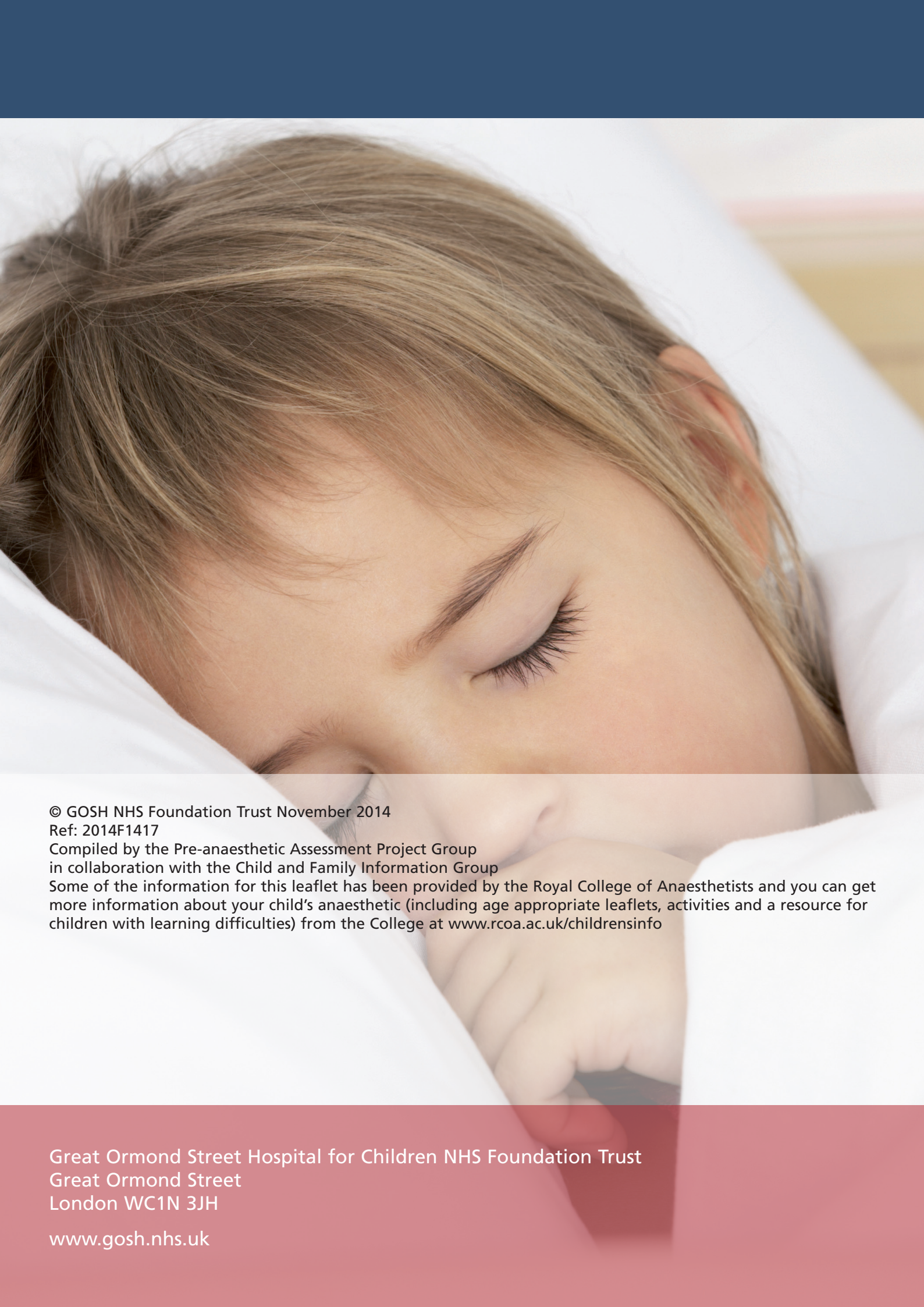
Make your way to the hospital leaving enough time to allow for transport delays. If you think you are going to be late, please telephone us to warn us. Our operating lists are finalised at least 24 hours in advance, so we may be unable to re-arrange your child's admission if you are very late.

When you arrive at GOSH, please look at the map in the main reception area to find your child's admission ward. Volunteers – wearing yellow polo-shirts or sashes – are also available to take you there or give you directions.

Notes

Notes

Notes



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Compiled by the Pre-anaesthetic Assessment Project Group
in collaboration with the Child and Family Information Group

Some of the information for this leaflet has been provided by the Royal College of Anaesthetists and you can get more information about your child's anaesthetic (including age appropriate leaflets, activities and a resource for children with learning difficulties) from the College at www.rcoa.ac.uk/childrensinfo

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