



Anaesthesia for Children

If your child needs to undergo an operation, being prepared can help ensure that the experience is a positive one.



This pamphlet will:



Provide you with general information about anaesthesia



Encourage you to ask questions of your child's anaesthetist



Help you and your child approach the planned procedure positively

If you have any further questions, you should ask your specialist or relevant health professional.



Types of surgery

Almost all surgeries that can be performed in adults can be performed in children.



You are in good hands

Australia is one of the safest places in the world to have an anaesthetic. Specialist anaesthetists in Australia are highly trained medical specialists. They have gone to medical school, completed an internship and spent at least five years undergoing specialist anaesthetic training. Training includes anaesthesia, pain management, resuscitation and the management of medical emergencies.



Before the surgery

Your child's anaesthetist will want to know about your child's medical history. This may include seeing the anaesthetist in their rooms or a telehealth consultation before the date of your child's surgery. Your child might need further tests or consultations with other medical and health specialists before surgery. Although these tests and investigations may delay surgery, having your child in the best condition prior to surgery is crucial to a successful outcome and to their long-term health. During this time, you are encouraged to ask any questions you may have. Sometimes there can be a delay between the initial consultation and date of surgery. If your child develops any new medical concerns, including any coughs or colds, please tell your anaesthetist.



Your medications

Most medications can continue up until surgery. Blood thinners and diabetic medication require special consideration and you will be given specific instructions on what to do with these medications. If you are unsure, please ask your child's surgeon or anaesthetist.



Preparation

Children are naturally intuitive and pick up on a parent's or guardian's emotions. Being informed and positive will help your child during the process. It is important to provide your child with a simple explanation of the planned surgery to help your child build trust in the health care system, feel prepared and calm.

It is very important that your child follows the fasting guidelines provided before their procedure otherwise your child's surgery may be delayed or rescheduled for another date. Generally, the guidelines for children preparing for their operation are:

- Withhold solid food and milk for 6 hours before the procedure
- Withhold breast milk for 4 hours
- Withhold clear fluids for 2 hours

Some anaesthetists may recommend sips of water for your child up to one hour before their surgery or may follow different fasting guidelines. Your child's anaesthetist will discuss this with you before the procedure.

As children may feel a sense of anxiety being away from home and in the hospital, it may be useful to bring a book, tablet or special comfort object to occupy your child while waiting for the operation.



What to expect

Your child's anaesthetist will discuss the process with you before the operation. The type of anaesthesia used will be heavily dependent on the type of surgery as well as the preference of the anaesthetist or the patient.

Local Anaesthesia: A local anaesthetic medication can be injected at the site of the surgery to produce numbness. Local anaesthesia is commonly used to supplement general anaesthesia, but rarely as the sole technique.

Regional Anaesthesia: A regional anaesthetic or 'nerve block' involves injecting numbing medicine around a nerve or group of nerves. A nerve block is usually done to provide your child with pain relief after surgery. It is usually done after your child is anaesthetised ('asleep') and rarely done as the sole technique.

Sedation: This is sometimes called 'twilight anaesthesia' and is medication given intravenously to make your child relaxed and drowsy. This is not the same as general anaesthesia and is rarely offered to children for surgery.

General Anaesthesia: General anaesthesia is what is often termed 'going to sleep'. To go under a general anaesthetic, your child will be asked to breathe oxygen through a mask. The anaesthetist will typically induce anaesthesia using inhalation anaesthesia. This involves administering anaesthetic gases through a mask or a breathing tube to make the child unconscious. Children go off to 'sleep' quickly. Sometimes as they go off to 'sleep', they may wiggle, roll their eyes, breathe noisily or even go limp. This is normal. Depending on the type of surgery, the hospital, and the age of your child, you may be able to be with your child until they 'go to sleep'. This may not always be possible and the decision will depend on the anaesthetic and theatre staff.

Some children may require sedative medication before their anaesthetic. This can be in the form of a tablet or liquid medication that is mixed with a small amount of clear fluid

such as cordial. There may also be some local anaesthetic cream placed on their hands or arms to help numb the skin if they need an injection before going to 'sleep'.



Post-Surgery

At the end of the operation, the anaesthetist will transport your child to the recovery room where they will be cared for by specially trained nursing staff. Your child will be discharged from recovery once the staff are happy that it is safe to do so, but this may take an hour or two after surgery. While you may feel anxious, it is not uncommon for your child to spend a few hours away from you while recovering.



Risks to be aware of

Major complications with anaesthesia are uncommon when anaesthesia is administered by a specialist anaesthetist. Minor complications include dizziness or lightheadedness, nausea or vomiting, sore throat, skin bruising or itching. Note agitation or delirium can happen to children waking up from anaesthetic. This is more common in toddlers. The recovery staff will provide close supervision until it has passed. Sometimes medication may be needed to reduce it.

A risk of regional anaesthesia is damage to a nerve. This can result in numbness or weakness. In most cases it goes away by itself.

While extremely rare, serious side effects such as disruption to airways and breathing, inhalation of vomit and severe allergic reaction exist. Remember that the risks of these more serious complications are very rare. You are encouraged to ask your child's anaesthetist any questions you may have. They will be more than happy to answer them and discuss the best management plan approaching your child's surgery.

This pamphlet provides general information about anaesthesia for children. It is not a substitute for advice provided by your specialist about your personal treatment plan. Every effort is made to ensure that the information is accurate and up to date. However, we do not guarantee or warrant the accuracy or completeness of the information provided. This information may change with time due to advancements in clinical research and knowledge. Use this pamphlet only in consultation with your specialist. We prefer our members to link to our website rather than print or republish our materials on your own website to ensure you have access to the most up-to-date version. For the latest version please visit the ASA Website. Last reviewed 12/03/24.