

Leaflet about anesthesia

It is natural that you worry about anesthesia when your child's operation is scheduled. This booklet is intended to offer you information about anesthetic procedure at our hospital and relieve you from anxiety.

If you have some questions about anesthesia, please feel free to ask. We can work together to make your child's experience as calm and pain free as possible.

What is anesthesia?

The word "anesthesia" is derived from "loss of sensation". A general anesthesia ensures that your child is unconscious and free from pain during the operation.

- General anesthesia is a state of controlled unconsciousness and freedom from pain.
- Anesthetics are the drugs that are used to start and maintain anesthesia.
- Anesthesiologists are trained doctors who give the anesthetics and pay much attention to your child during the operation.

Health check before anesthesia

You may find it helpful to make a list of questions you want to ask. We should discuss the anesthesia before operation. We need to understand about your child's general health, previous experiences of anesthesia, medicines your child is currently taking and allergic reaction he or she might have. Our most concern is if your child has asthma and ongoing chest infection. Occasionally, we may learn something about your child that means it would be safer not to give anesthesia on that day. This could happen if your child has a bad cold or has a rash.

Nothing to eat or drink - fasting

We give you clear instruction about fasting, which is important to follow. If there is any food or liquid in the stomach before anesthesia, it could come up into throat and fall into trachea, which results in serious damage to lung.

There are the latest times that you should give your child anything to eat or drink:

- **6 hours before;** your child can have a light meal, glass of milk or fizzy drink
- **4 hour before;** babies can have breast milk.



- **2 hours before;** all children and babies can have a drink of water but not a fizzy drink.

Goes to the operating theatre

Your child may travel to the operating room in a bed, on a trolley with you and nurse. But, you do not have to accompany your child inside the operating room. Your child is able to take a toy, instead.

To monitor the condition, we will attach some monitoring patches to your child to watch

- heartbeat: sticky patches will be placed on the chest
- blood pressure: a blood-pressure cuff will be placed on the arm
- The oxygen concentration in blood: a clip will be placed on the finger

Steps for the anaesthesia

Most of child prefers anaesthetic gas rather than injection to go into sleep because they feel fear the injection, which is occasionally painful. We can choose which is better for your child. Anaesthetic gases smell similar to felt-tip pens.

If the anaesthetic is given by gas; it takes a little while to sleep. He or she becomes restless as the gases take effect. After that, a thin plastic tube (a “cannula”) will be put into vein as we may need to give your child some drugs.

If the anaesthetic is given by injection; your child becomes unconscious very quickly.

After your child gets sleep, we tilt the head back and lift the chin. Your child has an air tube placed in the airway. Keeping the airway open is essential for the safety. For some operations, muscle relaxants, which intentionally stops breathing, are necessary. The air tube is connected a machine (a “ventilator”) to ‘breathe’ for your child. Then, the operation starts.

We anaesthesiologists stay with your child and are constantly aware of the condition, checking the monitors, adjusting the anaesthetic and giving drugs in need.

There are some of the drugs your child may be given during the anaesthesia:

- Anaesthetic drugs or gasses to keep your child so-called ‘anaesthetized’
- Pain-relieving drugs
- Muscle relaxant to temporarily paralyze the muscle

When the operation is finished, we turn anaesthetic gas down to zero. If muscle relaxant is used, a drug that can eliminate its effect will be given. Your child regains consciousness as the anaesthetic effect fades, which normally takes 5 minutes. When we confirm that your child can breathe without any difficulty, the air tube is removed.

After the operation

Your child is cared for in the operating room until he or she is comfortable enough to return to you. Normally, your child can drink a glass of water 3 hours after the operation. But, be sure it depends on the operation. Occasionally, fasting time will take long, just in case.

Benefits and risks of anesthesia

We'd like you to understand that anaesthesia has made much of today's operation possible and has brought great benefits.

In modern anesthesia, serious problems are uncommon. The benefit of anaesthesia is that it can remove pain and sensation. This benefit needs to be weighed against the risks of the anaesthetic procedure and the drugs in use. risk cannot be removed completely. The balance varies from child to child. It is difficult to separate risks from operation and anesthesia.

The risk depends on:

- whether your child have any other illness
- operation which is complicated, long or done in an emergency

We may use many drugs in combination. Many of the drugs in anesthesia have been safely used for a long time. But, the more complicated operation is, the more chance complications and side effects there are.

Index of side effects and complications

Feeling sick and vomiting

Some operation, anesthetics and pain-relieving drugs are more likely to cause sickness than others. Sickness can be treated with anti-vomiting drugs, but it may last from a few hours to several days.

Sore throat

The discomfort lasts for a few hours to days due to air tube.

Itching

This is a side effect of opiates (such as morphine), but can be caused by an allergy (for example, to drugs, sterilizing fluids or stitches or dressings). If your child has itchiness, it can be treated with other drugs.

Chest infection

A chest infection is more likely to happen to child who has chronic bronchiolitis or asthma.

Damage to teeth and lips

Minor damage to lips is common. Damage to teeth is uncommon, but may happen when air tube is placed. It is more likely if your child still has baby tooth.

Allergy to drugs

We are sure that allergic reaction is instantly noticed and treated quickly. Very rarely, these reactions lead to death even in healthy child. We need to know about any allergies.

When any of the complications are suspected to occur, we are sure that every effort to minimize complications is instantly made.



If you have some questions, please feel free to ask. We are obliged to reply your worries whatever they are.

We appreciated for your corporation.