

ANAESTHESIA FOR CHILDREN – INFORMATION FOR PARENTS/GUARDIANS

WHAT IS ANAESTHESIA?

Anaesthesia is a narcotic given to patients to induce unconsciousness so they do not feel pain.

There is always at least one anaesthesiologist and one nurse anaesthetist working together when a patient is anaesthetised. We have thorough routines for how anaesthesia is administered. We will monitor your child continuously throughout the anaesthesia process.

WHAT WE NEED TO KNOW ABOUT YOUR CHILD BEFORE SURGERY?

We need information about your child's general health such as weight, previous illnesses, medication use, allergies and any previous experience with anaesthesia.

If your child has recently been ill, please let us know so together we can determine when the safest and best time is for surgery. The child must not come to the hospital if he or she has an infectious disease such as chickenpox, or is vomiting/diarrhoea. In case of a cold with fever and coughing, we will often postpone the anaesthesia for a few weeks. Your child should be as healthy as possible prior to being anaesthetised. Call us by phone, using the number you find in the notification letter/SMS.

We would like to know if your child is prone to nausea (e.g. car sickness), because this can give us an indication of whether the anaesthesia will cause nausea. We can then prevent nausea to some extent using medication, and by choosing a suitable form of anaesthesia.

You will probably find that we ask the same question several times during the hospital stay (e.g. name, personal identity number and when the child ate and drank last). This may seem unnecessary, but it is for your child's safety.

REGULAR MEDICATIONS

If your child is taking regular medication(s), these should not be taken in the morning on the day of the anaesthesia. Bring any medications to the hospital together with the updated list of medications being used. The anaesthetist will decide which of the child's regular medications can be taken on the day of anaesthesia. The exceptions are inhaled medicines taken for asthma and convulsive medicines for epilepsy; these can be taken as usual and brought to the hospital.

THE ROLE OF PARENTS

Parents are often the best medicine for pain and anxiety. We recommend that one or both parents be present until the child is asleep if the child is over 6 months of age. Be aware that during anaesthesia, the anaesthesia staff will focus mainly on the child.

It is important that you remain calm so your child feels safe, because your security is contagious to the child.

It can be difficult to hand over control of your child to the anaesthesia personnel. We understand your worries, but we are fully focused on your child during the surgery.

PREPARE THE CHILD FOR ANAESTHESIA

Here is some good advice for those accompanying a child to anaesthesia.

Before the anaesthesia

- Explain to the child what is going to happen in advance, in simple terms and with a calm voice. Children under 6 years of age can be informed 2 or 3 days before the hospital visit; children over 6 years of age can be informed 1 or 2 weeks before.
- Use aids such as photos, books and video clips that you find on this website
- Answer the child's questions, children often need to ask questions several times
- Always speak the truth so the child can trust us in other situations as well
- Do not lie about unpleasant and painful procedures; focus on what can be done to alleviate discomfort
- Give the child realistic choices., e.g. that they can choose which stuffed animal to bring to the operating room
- Express that you are certain the child will do just fine
- Be calm and try to hide your own insecurities. Be aware of your own body language.
- Feel free to tell us about previous experiences you have had. We can make a good plan for implementation, in cooperation with parents/guardians.

During anaesthesia

- Concentrate fully on the child; the staff will take care of everything else
 - Avoid showing excessive comfort; this tells the child the situation is something to fear
 - Be aware of your choice of words; use positive statements. Rather say: "You can do this" than "Do not be afraid"
 - Diversion is very valuable: singing, toys, soap bubbles, pictures, games/films often work well.
- d Co-determination from the child is important: we will try to take this into account if the situations allow it. That the child can choose whether they want to sit on a lap or lie on a bench, choose the colour of the bandage etc.
- If the child cries, tell the child that everything is okay. Avoid being critical/criticizing, apologizing or negotiating
 - Keep calm yourself; calm parents transmit to the child.

After the anaesthesia:

- Give confirmation and recognition to the child, even if it was a difficult experience
- Talk about what went well and how you can use this experience next time. And then move on. Change the topic to everyday topics and what you look forward to when you get home, so the hospital stay doesn't occupy more thoughts than it has to.
- Some children enjoy processing their experiences by drawing
- Confirm their mastery: "You've done it before, so you can do it again" and "Every time you do it, you get a little better at it"

Taken from the pamphlet "Help your child cope with painful interventions" from the Knowledge Center for Child Pain at the National Hospital, Denmark

WHAT SHOULD YOU BRING TO THE HOSPITAL?

Bring your child's regular medication.

There can be a lot of waiting time at the hospital. Then it's okay to bring something that the child likes to do like toys, books/audiobooks, activity books and a tablet PC. Feel free to involve the child in packing what they want to bring. Things that soothe and comfort, like pacifiers, teddy bears or cuddly blankets are nice things to bring.

FASTING

Why does your child have to fast?

Our muscles become relaxed when anaesthetised. On a full stomach, the stomach contents can enter the oesophagus, pass into the lungs and cause pneumonia. For the sake of the child's safety, it is very important that you follow the fasting rules before surgery.

What are the fasting rules?

The main rule is:

Water, juice and apple juice: OK up to 1 hour before anaesthesia. The child can be offered something to drink, but not forced to drink.

Breast milk and infant formula: Up to 4 hours before anaesthesia

Bananas and yogurt: Up to 4 hours before anaesthesia

Other foods and cow milk: Up to 6 hours before anaesthesia

Note that in some cases you will be told to fast longer than that stated above.

TOPICAL ANAESTHESIA

Emla cream, which we often call magic cream, is a topical (local) anaesthetic that temporarily numbs the skin. EMLA is therefore well suited for needle procedures. We ask all children to wear an EMLA patch before arriving. You can buy EMLA cream or patches without a prescription.

Plan well in advance when using an Emla cream/patch on your child. It must be worn for 1 hour for maximum effect. Place the EMLA cream/patch over visible blood vessels on the back of the hand, elbow or foot.

In the youngest children, there are some restrictions to use:

0-2 months: Up to 1 g cream or 1 patch per day. EMLA should be removed after 1 hour.

3-11 months: Up to 2 g cream or 2 patches. EMLA should be removed after 1 hour.

1-5 years: Up to 10 grams of cream or 10 patches/day. EMLA can be worn for 1-5 hours.

6-12 years: Up to 20 grams of cream or 20 patches/day. EMLA can be worn for 1-5 hours.

In children with eczema, one should avoid applying plasters to areas with eczema, or remove the EMLA patch after 30 minutes.

Remember: Do not promise your child that the operation will be completely painless; this is not always the case.

CALMING MEDICATION (PREMEDICATION) BEFORE ANAESTHESIA

Children react differently to hospital stays. If the child is anxious, it may be helpful to administer a sedative. Premedication can be given in different ways: the most common is a liquid medicine/oral solution (midazolam), nasal spray (dexdor) or a tablet (vival etc.). The time it takes from taking the drug to the effect varies with the drug chosen.

We do not give routine premedication to all children. You know your child best and can help us decide if this will be useful for your child.

DIFFERENT TYPES OF ANAESTHESIA

The anaesthesia can be initiated in different ways:

The anaesthesia can be given via a facial mask. The child falls asleep by inhaling the anaesthetic through the mask. The mask must fit snugly over the mouth and nose to work properly. Narcotic gases smell a little strange. It takes a few minutes for a child to fall asleep. The child often moves around while going deeper into sleep. This is normal and expected.

For intravenous administration, a soporific (sleeping medicine) is injected directly into the bloodstream. This is done via a Venflon/peripheral venous cannula which is a plastic tube that is inserted with a needle and which is used to administer a medication or fluid. Intravenous introduction goes very fast. The child falls asleep in a few seconds and the body becomes heavy and limp. It can be a little overwhelming for parents to experience, especially if they have not been made

aware of the procedure in advance. Know that the anaesthesia staff will take good care of the child in all phases of the anaesthesia.

Sometimes the child can sit on mommy or daddy's lap when we give the anaesthesia to create as safe a situation as possible for the child. If the situation allows it, we will strive for co-determination from the child.

After the child has fallen asleep, you will be escorted out of the room. In the meantime, we will make sure that the child is well.

Some children who undergo surgery will be given a nerve-block anaesthesia (blockade) to provide good pain relief at the surgical site. You will be informed of this in advance.

AFTER THE OPERATION: WAKING UP AND PAIN RELIEF

We will call you as soon as the anaesthesia is over. The child will be transferred to a monitoring ward where the child will be cared for by the intensive care nurses. The main rule is that there is only room for one parent during monitoring, as there are also other patients there who need peace and quiet.

How long the child stays in the monitoring ward depends on the child's age and type of examination or procedure. If the child is to stay in the monitoring ward overnight, one of the parents is offered a bed next to the child.

We want the child to be awake, well relieved of pain (after surgical operations) and without nausea before the child leaves the monitoring ward. If the child has a nerve block in the back, we will check that the child is urinating before you leave the hospital. Such a blockade provides good pain relief, but can cause delayed bladder evacuation.

In the awakening phase, it is important that the child is calm and wakes up by himself. We therefore avoid stimulating the child unnecessarily. Be aware that some children may become a little restless and irritable when they are about to wake up from anaesthesia.

WHEN YOU COME HOME

Before your child leaves the hospital, you will receive all the information you need about pain relief, changing bandages, examination results or further control checks. Some children may become nauseous after returning home. They can also be tired and unsteady, so make sure they do not fall and hurt themselves. Follow the pain relief recommendations if the child had surgery. Children who underwent daytime surgery should be supervised at night.

DO YOU WANT TO TALK TO THE ANAESTHETIST BEFORE YOU ARRIVE?

Feel free to contact us.

Phone number for the anaesthesia desk (weekdays 08-15): 51 51 32 26

The secretary will arrange contact with the anaesthetist, who will call you back.