

## When Your Child Needs Anesthesia



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### AMERICAN SOCIETY OF ANESTHESIOLOGISTS

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#### How is pain controlled after surgery?

The anesthesiologist may be consulted to help manage your child's pain following the surgery. Although "painkilling" injections are still commonly used, other forms of pain management may also be chosen to provide comfort. For instance, patient-controlled analgesia (PCA) allows a child to self-administer a controlled dose of pain-relieving medicine when needed. A small, computerized pump is programmed by the anesthesiologist, and children 8 years old or older may be instructed on PCA use.

Another approach is the insertion of a tiny epidural catheter in your child's back through which a small dose of medication for pain relief can be given. This allows the child to be more awake and lessens the chance for complications from the use of other pain medications. Sometimes, the epidural pain relief can be continued for several days after the operation.

#### Will I be charged for the anesthesia services?

The anesthesiologist is a consulting physician who evaluates your child before the operation, ensures a safe, individualized anesthetic during the entire surgery and provides pain relief following the operation. Like other medical specialists, the anesthesiologist will charge for professional services, and this fee will be separate from the surgeon's fee or the hospital's charges. The anesthesiologist's fee reflects the high level of professional care that the anesthesiologist provides for your child during his or her hospital visit.

#### What about regional anesthesia for my child?

In recent years, it has become possible to provide pain relief to specific areas of the body rather than give general anesthesia that causes unconsciousness. For example, if your child is having foot surgery, it is possible to eliminate the feeling of pain in only the foot, either with a local injection of an anesthetic or by regional anesthesia. The most common type of regional anesthesia used in children is called epidural anesthesia. This is very similar to the anesthesia used for childbirth when local anesthesia is injected into the back or tailbone region. Intravenous sedation or inhaled anesthetic agents may be combined with a regional anesthetic. This combination may allow the anesthesiologist to give less general anesthesia. Another advantage is that regional anesthesia is often used to provide pain relief after surgery. Your anesthesiologist can discuss the advantages and disadvantages of regional anesthesia with you.



#### How will my child be given anesthesia?

Anesthetic agents can be started in several ways. Most commonly in adults, anesthesia is started by an intravenous injection so the patient becomes unconscious rapidly. This is also a method that can be used for children. Another method of beginning anesthesia is to let your child breathe anesthetic agents until losing consciousness. This is called a mask or inhalational induction. With this approach, your child will be asked to breathe through a "space mask" quietly, and no needlesticks will be performed until after your child is sound asleep. The choice of which method to begin anesthesia will be made by the anesthesiologist based on many factors.

Although anesthetics can provide complete pain relief and loss of consciousness during an operation, they do occasionally have side effects. They tend to decrease breathing, heart action and blood pressure. The anesthesiologist is specially trained to ensure that these anesthetic effects are minimized. Different children may awaken from anesthesia at differing rates. Some children may be fully alert upon arriving in the recovery room. Others may be groggy for hours after surgery. If you have any concerns about your child's recovery, you should feel free to ask your anesthesiologist. Although operations are much safer these days, they still produce stress on the body and may cause your child to have a "sick" feeling. Nausea and vomiting are occasional side effects after surgery and anesthesia.

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A hospital visit can be an anxious time for you and your child. You both will meet many doctors, nurses and other people who will do their best to make your experience a positive one. Just as there are doctors who specialize in different aspects of a child's hospital care such as pediatricians and surgeons, there are doctors called anesthesiologists with special training in the anesthetic care of children.



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**W**hat do anesthesiologists do? Anesthesiologists are concerned with many aspects of a child's care. Their main task is to provide safe, optimal conditions during surgery and to make the entire hospital stay as pleasant and comfortable as possible.

Anesthesiologists consider *any* surgical procedure performed on your child to be of major importance. They are constantly on guard for changes in breathing, heart action, blood pressure or unexpected events which, although rare, may occur during surgery. Apart from assuring the optimal *safety* of your child during surgery, anesthesiologists are specially trained in how to make the operative procedure as *comfortable* as possible for your child. Anesthesiologists know how children react to hospitals and surgery. As physicians, they work with other doctors such as pediatricians, surgeons and other specialists to improve the quality of your child's entire hospital stay.

You also may meet anesthesiologists in other hospital areas. For example, if your child needs a specialized radiological test including diagnostic scans, an anesthesiologist may well be present to provide anesthesia or safe sedation for your child. Following surgery, anesthesiologists are often involved in providing pain relief for your child and are consulted in the pediatric intensive care unit. Even if your child is not undergoing an operation, an anesthesiologist may be consulted for pain management, respiratory care and other medical situations.

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**H**ow can I as a parent help? The anesthesiologist and the surgeon will do their best to make your child's visit to the hospital as pleasant as possible; however, you also have a key role to play in your child's care. It is important that you begin preparing your child for the operation as soon as a decision is made to perform surgery. Children tolerate surgery and anesthesia better when they are well-prepared. As with all of us, children have natural fears of the unknown. Anything you can do to relieve these anxieties and to inform your child about the coming events in the hospital and the operating room will greatly improve your child's experience.

Before you explain to your child what to expect, *you* also must learn what to expect. It is very important to learn about your child's anesthetic experience beforehand by discussing it with the anesthesiologist in the preanesthetic interview.

Once you learn what will happen, you will gain confidence and be better able to talk calmly and honestly to your child. Honesty is a key word. Your child should be told that he or she will be in unfamiliar surroundings but will meet many friendly doctors and nurses. Children need to know that they will have an operation and that there may be some discomfort afterward. Let them know that you may not be with them every minute but will be waiting nearby.

Your composure as a parent is essential. Nothing calms a child more than a confident parent. Although it is natural for parents to have anxiety when their children are having surgery, it is best not to convey this to your child.

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**W**hat will the anesthesiologist need to know? Talk to your child about what to expect in the hospital such as corridors, hospital beds and the presence of other children. Reassure your child that everything done during the hospital stay will be explained beforehand.

The anesthesiologist will want to make sure that your child is in the best possible physical condition before surgery. You will be asked important questions about your child's general health, including whether he or she has allergies or asthma, whether there has been any family history of difficulties with anesthesia and what your child's experiences have been with previous anesthetics. During this evaluation, the anesthesiologist will explain the planned anesthetic procedures. The discussion may include whether or not your child will receive anything for sedation before surgery, how the anesthetic will be initiated and maintained, and other pertinent anesthetic details. This is the best time for you and your child to ask questions and express any concerns to the anesthesiologist.

Sometimes minor illnesses such as sniffles and colds may cause problems during some types of surgery and anesthesia. For this reason, the anesthesiologist may feel it is best to postpone surgery. Remember, the anesthesiologist has your child's safety in mind.

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**W**hat if my child has outpatient surgery? Outpatient surgery for certain operations has become very common and can be performed without a hospital admission. This means that information about your child needed by the anesthesiologist will be obtained the day of surgery or at some meeting arranged before the day of surgery. Although outpatient or same-day surgery is usually performed for "small" operations, the anesthesia is never "small." It is just as important to follow preoperative directions for outpatient surgery as for operations when your child is brought into the hospital overnight. For example, it is very important for your child's safety to follow closely the anesthesiologist's instructions concerning food and liquid intake.

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

**W**In the past, virtually every child received an injected sedative before being taken to the operating room. We now realize that many children need less sedation when calm, assured and confident parents help them through the stress of a procedure or hospitalization. In spite of parents' reassurances, however, some children still may require medicine to calm them before surgery. This medication may be given by mouth, injection or rectal suppository. The time before surgery that such premedication is given will vary. The type of medicine used, if any, will be determined by the anesthesiologist during the preoperative visit.

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