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# Patient Information for Consent General Anaesthesia (child)

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## What is a general anaesthetic?

A general anaesthetic is a combination of drugs that produce deep sleep. It is used for operations or procedures as it causes a loss of sensation. Your child will not be aware of what is happening and afterwards will not remember anything that has happened.

The anaesthetic will be given by an anaesthetist (doctor trained in anaesthesia). Your anaesthetist is usually assisted by a specially-trained healthcare practitioner.

A general anaesthetic has been recommended for your child. This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with them so they can be involved in the decision too.

If you have any questions that this document does not answer, ask your anaesthetist or the healthcare team

## What are the benefits of a general anaesthetic?

Your child needs to have an operation or procedure. So that your surgeon or doctor can perform the operation safely, your child needs to be in a state where they do not move and their muscles are relaxed. A safe way to achieve this is to give your child a general anaesthetic

## Are there any alternatives to a general anaesthetic?

For certain procedures, such as a scan, your child may be able to have sedation.

For smaller operations, your anaesthetist may

consider a local anaesthetic injected near the area of surgery.

The options depend on how mature your child is and their ability to stay calm and still. Your anaesthetist will be able to discuss this with you.

## What happens before a general anaesthetic?

If your child is female, the healthcare team may ask them to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if your child could be pregnant.

Your child should not eat in the 6 hours before the operation. Breastfed babies can feed up to 4 hours before the operation. Your child may drink water or clear juice up to 1 hour before.

You will meet your anaesthetist, who will assess your child's health and discuss the anaesthetic with you.

If your child has a bad cold, high temperature, signs of a chest infection or has lost their appetite, your anaesthetist may recommend waiting until they have recovered (usually 2 to 6 weeks).

Your anaesthetist and the healthcare team will carry out some final checks with you and your child, and each other. Even though you may have been asked some of the questions before, it is important to answer carefully as the checks are carried out for your child's safety.

Your child may be given pain relief or medication to reduce their anxiety and make them sleepy. Often you can stay with your child while they go to sleep. It is important to keep calm to reduce your child's anxiety and to give them comfort.

## How is a general anaesthetic given?

Most older children are sent to sleep by injecting the anaesthetic through a drip (small tube) in a vein.

Local anaesthetic cream will be rubbed into the area where the needle will be inserted. This makes the area numb, allowing your anaesthetist to insert the drip with much less discomfort for your child. The injection takes about 30 seconds to work.

Some children prefer to go to sleep by breathing an anaesthetic gas through a face mask. This technique is more common in younger children and babies. Your child may be a bit restless as the gas begins to work but it usually takes only a minute for them to go to sleep. Your child will be kept asleep either by giving them more of the same anaesthetic into the vein or by breathing anaesthetic gases.

Your anaesthetist may also give your child medication to reduce pain and sickness after the operation. Your anaesthetist will monitor your child closely. Your anaesthetist may give your child a painkilling suppository (a soft tablet placed in their back passage).

When the operation has finished, the anaesthetic wears off, allowing your child to wake up again.

## How will my anaesthetist know that my child is really asleep?

There is not a monitor available that can reliably say that someone is asleep. 1 in 60,000 children report being aware of what is happening during a general anaesthetic when they should be asleep. Your anaesthetist continuously monitors the amount of anaesthetic in your child's body to reduce this risk

## What complications can happen?

Your anaesthetist will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had a general anaesthetic. Your anaesthetist may be able to tell you if the risk of a complication is higher or lower for your child.

Some complications can be serious and can even cause death (risk of anaesthesia contributing to death: 1 in 40,000, risk of death: less than 1 in 100,000).

You should ask your anaesthetist if there is anything you do not understand.

## Minor complications (not disabling or life-threatening)

Feeling or being sick after the operation (risk: 1 in 4). The risk is higher if your child is older, is a girl and for certain operations but can be reduced with medication given by your anaesthetist.

- Sore throat (risk: 1 in 6). This gets better quickly.
- Behavioural changes. Your child may appear unsettled when they first wake up (risk: 1 in 5). You may notice your child has anxiety, night-time crying, bed wetting or temper tantrums (risk: 1 in 2 for a few days, 1 in 8 for several weeks).
- Dental damage affecting the front teeth or crowns (risk: less than 1 in 100). Your anaesthetist will always ask to look inside your child's mouth. Let your anaesthetist know if your child has any loose teeth, crowns or bridgework. Your anaesthetist may remove loose milk teeth and will return them to you

## Serious complications

- Nerve injury (risk: 1 in 1,000). The nerve that usually gets damaged is the ulnar nerve that runs just behind the elbow. Any damage is usually mild and gets better but the damage may be permanent.
- Slow or irregular heartbeat (arrhythmia) (risk: 1 in 100). The risk is lower in older children. Your child may need to be monitored closely until their heartbeat returns to normal.
- Cardiac arrest (where the heart stops working) (risk: less than 1 in 10,000). This is unusual even in children with known heart problems.
- Breathing problems. Your child may get a minor breathing problem, such as a wheeze or cough, that settles (risk: 1 in 20). A chest infection is less common. The risk is higher if your child has a bad cold, if they are exposed to cigarette smoke at home, or if they have a chest or lung disease.
- Allergic reaction to the medication used in the anaesthetic. Your anaesthetist is trained to detect and treat any reactions that might happen. However, an allergic reaction can be life-threatening (risk: 1 in 20,000)

## Summary

A general anaesthetic is usually a safe and effective way for your child to have an operation or procedure.

Most children do not have any problems. However, complications can happen. You need to know about them to help you to make an informed decision about the anaesthetic. Knowing about them will also help you to help the healthcare team to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## Fasting Instructions

Practice Guidelines for Preoperative Fasting of Pediatric Patients (age $\leq$ 15 years)	
Ingested Material Period	Minimum Fasting
Clear liquids (examples include water, fruit juices without suspended particles, carbonated beverages, clear tea, and black coffee)	2 hours
Breast Milk	4 hours
Non-human milk, fruit juices with suspended particles, tea/coffee with milk, and other non-clear liquids	6 hours
Light snack (examples include dry toast, bread, crackers, or biscuits)	6 hours
Regular meal, fried, fatty, or oily food, and meat	8 hours

✓ Examples of clear liquids: Water, clear fruit juice (apple juice, white grape, etc.), tea and black coffee without milk or creamer, carbonated beverages

× Examples of non-clear liquids: Fruit juice with pulp (orange juice, pineapple juice, etc.), milk, creamer, milk formulas, yogurt and other milk products



**PLEASE DO NOT  
EAT OR DRINK.**

## Moving Beyond “NPO at Midnight”

### Healthy Patient of Any Age

(i.e., not diabetic, obese,  
pregnant, ileus/SBO, difficult  
airway)

### Undergoing Elective Procedure

(i.e., not emergent)

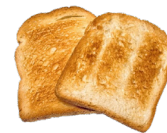
### General or Regional Anesthesia

(i.e., not merely local  
anesthesia)

### Hours Pre-Op

### Allowable Food or Beverage

>8	Heavy foods (fried/fatty) and meats
6	Light meal (e.g., toast + clear liquid) Cow's milk (in moderation) Infant formula
4	Breast milk
2	Non-alcoholic clear liquids (e.g., water, fruit juice without pulp, nutritional drinks, clear tea, black coffee)
0-2	NPO



### Benefits of Clear Liquids up to 2 hours Pre-Op

- ✓ LESS patient thirst and hunger
- ✓ LOWER risk of aspiration