



## INFORMATION FOR PARENTS ABOUT ANESTHESIA FOR YOUR CHILDREN (FIRST DAY SURGERY)

### **Before the Operation**

You and your child's doctor have planned for your child to undergo a procedure or surgery at University of Wisconsin Children's Hospital. To shorten your child's stay in the hospital, your child has been scheduled to have surgery or a procedure on the same day of admission. In order for your child to be as safe and comfortable as possible during the procedure, the surgeon has requested that an anesthesiologist be involved in his/her care. An anesthesiologist is a doctor who has specialized training and knowledge in providing anesthesia and pain relief, as well as maintaining vital life functions which include blood pressure and breathing. This doctor often supervises Certified Registered Nurse Anesthetists, Anesthesia Assistants, or physicians in-training, as part of a team, to provide the safest and most efficient care possible. This anesthesia team will provide "anesthesia" for your child.

What is "anesthesia?" It means little or no sensation or pain, and the word may also refer to any of the medications or methods used to produce this state. Also, the condition of anesthesia may be associated with "amnesia" (no memory) for the events surrounding the surgery, and lack of awareness or unconsciousness.

A visit to the hospital can be an exciting and (sometimes) an intimidating experience for children and their parents. We at University Children's Hospital would like to make your and your child's stay as comfortable and safe as possible.

To accomplish this, it is important to prepare for your visit ahead of time. This begins with the visit to the surgeon's office. There you will learn about the proposed procedure and you will have the opportunity to ask questions about how this procedure will affect your child. This will enable your child to understand why the hospital visit is necessary, and what to expect. Children do much better if their

parents are straightforward about what will happen and if parents openly acknowledge their concerns and questions.

Another part of the preparation can be a visit to the “Anesthesiology Preoperative Assessment Clinic” located in the Outpatient Surgery Center, F6/2. There, a nurse or an anesthesia doctor will check to see that your child is medically ready for surgery and will explain the process of anesthesia so that you both can understand what will occur. You should also take this opportunity to ask questions. We welcome your participation in your child’s care! The Anesthesia Preoperative Clinic hours are 9 a.m. to 5 p.m. Monday thru Friday (except holidays). You should call (608) 263-9483 or (608) 262-0870 if you need to ask questions ahead of time or need to contact us for any reason. During the Clinic visit and also the day prior to the scheduled procedure, you will be given instructions about the length of time your child must not be given anything to eat or drink before anesthesia. It is critically important that any patient not have food or liquid in the stomach at the time an anesthetic is administered. A full stomach can contribute to excessive nausea and vomiting after the anesthetic and, more importantly, can be dangerous if stomach contents get into the “windpipe” or lungs during the anesthetic. Please follow the fasting instructions faithfully and completely. We do want to minimize the time your child is hungry and thirsty, but we both want what is safest for your child. If you do not follow these eating directions faithfully, it could mean your child’s procedure will be canceled or postponed for his/her own protection. Exceptions to this are medications that you may be instructed to give to your child, with a small amount of water, on the morning of surgery. Please ask us if you have any questions about this or any other part of the anesthetic process.

**\*Do not take *herbal or diet medications* for at least one week before surgery.**

For surgeries which are not urgent, it is best for your child that he/she be as healthy as possible. If, a few days prior to the scheduled surgery, you think your child has become “sick,” please call your surgeon, the Anesthesia Preop Clinic (608-263-9483), or the Operating Room Control (263-8595) and ask to speak with a preoperative nurse or anesthesiologist. They will determine whether your child is healthy enough to have surgery and anesthesia. We would be concerned if your child has a “cold” or “flu,” fever, cough, sore throat, earache, muscle aches, vomiting, diarrhea, or an abnormal appetite or activity level. It may also be important whether your child is at the beginning or at the end of an illness. A special note about

Chickenpox: if your child has had “close” contact with someone with Chickenpox during the time when it is “catching” (a few days before the “pox” appear and until they crust over), then we will usually ask you NOT to have your child’s surgery scheduled until it is certain your child will not develop Chickenpox too. This should be about 21 days from the time of exposure.

## **The Hospital**

For many children, the hardest part of the entire process can be leaving mother or father to go to the operating room to have anesthesia administered. It helps greatly to explain to your child, a few days prior to the day of admission, that he or she will be going to the hospital to have a procedure that is meant to improve health. Be honest with your child about possible discomfort afterwards, but give reassurance that the doctors and nurses will give medicines to make him or her feel better, and that you will be present to make sure all goes well. Plans may be made for you to accompany your child to the operating room for the start of the anesthetic (not the surgery). You should know, however, that not all childrens’ medical conditions or anesthetic procedures are appropriate for parents to be present. This decision is made during your conversation with the anesthesiologist. At the very least, you will always be able to be with your child up to the actual move into the operating room. Child Life Services provides a program to help both children and parents prepare for surgery. Please ask the Surgery Clinic nurse to arrange for this program for you.

On the day of surgery, you and your child should come to the Pediatric FDS Unit. Please report to the **3D** Unit on the 3rd floor, unless instructed otherwise (come in the Main entrance, follow grey path to the left, take elevators at “D” lobby up to 3, go around the corner to the left). Please come at the time indicated by the nurses who will call you on the working day prior to surgery. Upon admission, the nursing staff will ensure that you and your child are ready for the procedure, and that all paperwork is complete. On the day of your surgery or procedure you will have the opportunity to meet with the specific anesthesiologist who will take care of your child. He or she will talk about various aspects of the anesthetic management and be sure that all your questions are answered. At this time we encourage you to ask any questions about the anesthetic process and you will receive additional information concerning your child’s care. Please realize that it is not always possible to precisely predict surgery times for many procedures.

## **In the Operating Room**

We want to make the preoperative process as pleasant as possible for you and your child. We can do this in several ways. One way is to give sedative medication to make your child more relaxed. Usually, these medications are given by mouth but, in certain circumstances, it may be given as an injection. Not all children need a sedative, especially if you will be present during the start of anesthesia. Parental presence at the start of anesthesia can involve you, as much as possible, in your child's care. We often offer you (or another adult) the opportunity to stay with your child until he/she is asleep with the anesthetic. Children from about 9 months to 7 years of age benefit the most from your presence, since they tend to be the most anxious about leaving you. Of course, you are not required to accompany your child to the operating room. In addition, due to the fact that we must have an extra nurse to accompany you in the operating room, only one adult can come with your child.

If you are a bit squeamish about hospitals or the sight of doctor's equipment, you may want to have your spouse or another adult, if available, accompany your child into the operating room. If you go with your child, and are standing close to them during the start of anesthesia, you may smell the anesthesia gas. It has a rather strong, pungent odor, but the amount you breathe will not be enough to cause you to become sleepy. Some women who are in the first three months of pregnancy like to avoid any exposure to any medications. There is no evidence that this brief exposure to anesthetics gases will cause any harm to you or your developing baby, however, let us know if you are pregnant.

If you decide to go with your child, you will be given a gown to put over your clothes. Your child can sometimes sit in your lap during the start of anesthesia, but if he or she is a small infant, or more than about 3 years old, it may best to have your child sit or lay on the operating room bed. The Anesthesiologist will talk to you about the best position. Children can go off to sleep breathing the anesthetic gas mixture through a clear mask that we can often "flavor" with a fruity smell (although it never totally covers the smell of the anesthetic). Sometimes we just hold the tubing near the child's mouth. We also may tell your child a story and talk to him/her in a low, soothing voice. You are an important part of this process, since your presence has a calming influence and

reassures your child that all is well. You can help us, too, by being calm and, for instance, holding your child's hand as they drift off to sleep.

The process of going asleep takes about a minute or so; it is not like the movies where anesthesia takes a few seconds. Often, in the "twilight" stage between being awake and asleep, your child will become disoriented and talk, reach out, his/her eyes may roll back, or he/she may even try to sit or stand up. His/her breathing may be fast, irregular, and your child may snore. This is normal and nothing to be worried about. He/she usually remembers very little of this. You can help by being calm, and gently restraining your child's hands, if necessary.

As your child falls further asleep, he/she will become relaxed and quiet. At this point we will tell you that your child is now asleep, and a nurse will escort you out of the operating room and back to your child's room. Please ask if you have questions about this process.

If at any point in the process of falling asleep, there is an unexpected event, we may ask that you leave the room immediately. We appreciate your immediate and complete cooperation, and we will allow you to be present in the operating room only by agreeing with this. We would only ask you to leave to ensure the safety of your child, especially if we need to focus all our attention on some unexpected event.

Older children (older than 8 years old), or those with certain medical problems, may choose to go to "sleep" more quickly and comfortably with an intravenous injection through a small plastic tube placed in a vein on the back of the hand or arm. This is called an "IV". This is often placed while still in the child's room, with your present. We often use a local anesthetic (applied as a cream or through and injection) to "numb" the skin before this tube is inserted. We will discuss which method will work best for your child.

We will let you know just as soon as you can see your child in the recovery room. Almost all children are disoriented and upset for 15-20 minutes after awakening. This is normal and often is not closely related to the amount of pain.

**One last important point:** the possibility always exists that the Anesthesiologist or Surgeon might need to consult with you during the procedure. Therefore, we ask that you remain inside the hospital, and preferably close to the waiting area. If you decide you must leave the waiting area, please ask at the nursing station.

A member of the anesthesia team will ALWAYS be there in the operating room, maintaining contact with your child, and attending to his/her needs. The team member, under the direction of the staff anesthesiologist, administers the appropriate amounts or concentrations of anesthetic, and monitors your child's important body functions.

### **After the Operation**

After the operation/procedure is completed, your child will be taken to the recovery room. There he or she will complete the awakening process and will be monitored by special nurses to ensure that the body's vital functions are returned to normal. When the recovery nurses are finished settling your child, a Child Life Specialist will come to escort you to the recovery Room to be with your child. Your child usually will have a plastic tube (placed in the operating room if it wasn't placed before the operation) taped to the hand or foot; this is the "IV." The IV allows fluids and medications to be administered into the bloodstream directly without the need for "shots." Pain relief medications may be given by this route.

When the anesthesiologist has determined that your child is ready to leave the recovery room, you may travel with your child to the hospital room for the remaining stages of the recovery process. There, clear liquids will be offered to your child as tolerated. The nursing staff will continue to observe your child and answer your questions. It is common for your child to initially have periods of restlessness and sleepiness after surgery. These will become much less prominent as your child continues the recovery process.

### **Other Items**

We ask that you bring a couple of your child's favorite toys, blanket, or stuffed animal so that they can be there as a comfort, both before and after the procedure. It is possible that your child's pajamas will become lost or soiled if the child becomes sick to his/her stomach. Also, some pajamas are too confining and may not be

appropriate for some procedures. Therefore, we will supply hospital pajamas for your child. For infants, you should bring the baby bottle nipple your child prefers and, for toddlers, it may be helpful for you to bring their a favorite drinking cup.

A parent /legal guardian for a child less than 18 years old must be present in the hospital during the surgical procedure unless special arrangements have been made with the anesthesiologist and nursing staff.

We do not recommend it, but if you must bring any of your other children, please bring your spouse or another adult to watch and entertain them. It can be very difficult to help care for your child recovering from surgery if you need to supervise other children. When your child is discharged from the hospital, you may want to bring another adult to watch and care for your child in the car as you are driving home from the hospital. When you are driving home after the operation, you must use some form of child restraint safety system.

## **Financial**

Sometimes parents have concerns about the costs of a surgical procedure. By having surgery in a “first day,” costs are minimized and children are away from the familiar home environment for a shorter period. Actual hospital costs will vary with the type of surgery and anesthesia used. Charges for professional services by your physicians will be billed separately.

Most insurance policies cover the surgery process. Before the day of surgery you should check with your insurance company or employer’s benefits department to be sure about the extent of coverage. If you have questions about finances, please contact the hospital or physician’s business office, or speak to your physician directly.

## **Risks**

Patients and their families often have questions about the “safety” of anesthesia. We want you to understand that it is difficult to completely separate the risk of surgery from that of the anesthetic. There are specific risks related to the surgical procedure; these will be discussed with you by the surgical doctor. Risks related to the anesthetic, on the other hand, are more appropriately discussed by an anesthesiologist doctor. Our aim is to fully inform you, but not

needlessly worry you. There are frequent “minor” anesthetic risks, such as a sore throat or brief nausea after anesthesia. There are also infrequent problems, such as loosening or damaging a tooth. In addition, there can be very serious risks associated with any anesthetic process. Fortunately, these are usually not very common. Ultimately, giving you a “statistical” risk estimate is a rough guess at best, since so many factors are involved. Most people who are healthy, aside from the reason they are having surgery, have a low risk, but since anesthetics are powerful medication, there is no such thing as “zero” risk. If you have other medical problems, it may increase the overall risk, but this varies for every patient. For instance, patients who are infants, or very old may have increased risk for some problems.

We have listed some, but not all, of the possible, unpleasant things that could happen with the anesthetic process below. Remember, most patients will not have serious problems. Talk to your anesthesiologist if you need to have more explained about “risk” explained in detail. We want to reassure you that the anesthesia team will be with you at all times—watching, monitoring, and caring for you throughout your anesthetic.

Examples of risks of **general or regional anesthesia (nerve block)** include: Bruises and abrasions, equipment complications, infection, tooth damage, eye problems, lip cuts, sore throat, hoarseness, nausea or vomiting, cough, wheezing, dizziness, weakness, inhaling stomach contents, headache, backache, inability to urinate, reactions to local anesthetics, problems with blood supply, experiencing pain or being aware under anesthesia, high or low blood pressure, rapid or slow heart beat, lack of oxygen, birth defects or miscarriages in pregnant patients, angina (heart pain), heart attack, stroke, heart failure, brain damage, nerve or spinal cord damage (including paralysis), coma, or even death.

Examples of risks of **monitoring** various body functions include: Bruises, abrasions, bleeding, infection, blood vessel damage, nerve damage, swallowing tube or lung problems.

Examples of reactions to transfused **blood products**, includes infections from viruses or bacteria that cause infections, hepatitis, or AIDS. Specific information is available to you about risks of blood products. Please discuss with us any concerns you have **BEFORE** the day of surgery.

Examples of problems associated with **positioning** on the operating room table include prolonged pressure on a portion of the body causing skin, muscle, eye, or nerve damage.

**Allergic reactions** (minor or serious) to medications or other substances.

If this seems overwhelming, please be reassured that for most non-emergency surgery and anesthesia the risk is low for any of the serious problems mentioned above. Talk to us about any concerns you may have.

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## **Summary**

With proper preparation, surgery and anesthesia need not be overly traumatic to parents or children. We realize you are entrusting a very precious person in your life to our care. We will do all we can to deserve that trust. Please let us know if we can do anything to make your visit more pleasant.

University of Wisconsin Children's Hospital Anesthesiology Department

# Pre-Anesthesia Checklist

This checklist will help you prepare for your child's surgery. Since you will not be at the hospital the night before surgery, it is your responsibility to follow these instructions. Please follow them exactly, unless you have been told otherwise by your physicians or nurses. If you can't understand or follow any of these, please tell the nurses or anesthesiologist doctor.

## **Before the Day of Surgery:**

- Complete any preadmission lab tests or exams ordered for you by your doctors. If you obtain records from local doctors, please have them "Faxed" to us at (608) 262-7192. Do not mail!
- Visit the Anesthesiology Preoperative Assessment Clinic, if possible. Otherwise, call (608) 263-9483 or 262-0870 between 9 a.m. and 5 p.m. weekdays if you need to speak to anesthesia personnel.
- Talk to your surgeon about what to expect.
- Arrange for child care for your other children.
- If your child becomes "sick," has any new health problems, or have questions: call your surgeon, or (608) 263-8804 on weekdays until 7 p.m. or, if surgery is scheduled after a weekend/holiday, call (608) 262-2122 (paging) and ask for the anesthesiologist "on-call."
- Check for any insurance or health plan requirements.
- Don't give your child any herbal medications for at least one week before surgery.

## **The Day & Night Before Surgery:**

- Follow the "No eating and drinking" directions. Food or liquid in your child's stomach could make him or her sick after anesthesia. It could also be dangerous if you inhale stomach contents when sedated or asleep under anesthesia. Surgery will be postponed if these instructions are not followed!
- **Be sure the hospital has contacted you before 3 p.m. the working day prior to surgery regarding the time you should arrive: if not, call 265-8857 (for First day Surgery).** A nurse will tell you what time to arrive and review any special instructions. Please ask any last minute questions.
- Try to get a good night's rest before surgery. It will make you more relaxed and help you recover faster.

## **The Day of Surgery:**

- Talk to your child about what to expect.
  - Come through the hospital's Main or Clinics entrance to the 3rd floor 3D FDS unit.
  - Meet your Anesthesiologist and anesthesia team. Ask any last minute questions.
  - Bring a favorite toy/blanket or baby nipple/cup. Bring something to occupy the time.
  - Special Instructions: \_\_\_\_\_
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