

INFORMATION FOR PARENTS ABOUT ANESTHESIA

We, in the Anesthesiology Department, 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. Also, your presence at the start of anesthesia can involve you, as much as possible, in your child's care. We usually offer you (or another adult) the opportunity to stay with your child until he/she is asleep with the anesthetic. This will be a decision made by the anesthesiologist and you. There may be circumstances where the anesthesiologist prefers you not to be present, so that all attention can be focused on your child. 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 brief exposure to anesthetics gases will cause any harm to you or your developing baby. However, if you are concerned about this issue, let us know.

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 to sleep 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 of our attention on some unexpected event.

Older children (older than 8 years old), or those with certain medical problems, usually 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 presence. We often use a local anesthetic (applied as a cream or through an 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 not closely related to the amount of pain they experience.

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 want to leave the waiting area, please check at the nursing station first.