Anesthesia and Your Child: Information for Parents

Any time a child requires a hospital visit, it can cause anxiety for both a parent and the child. This especially may be the case when the visit involves any type of procedure that might require anesthesia. Examples of such procedures are surgery, medical imaging, and certain tests to examine the stomach or intestines. Read on for more information from the American Academy of Pediatrics about anesthesia.

What is anesthesia?

Anesthesia is medicine that allows surgery, a medical test, or medical treatment to be done without pain, memory, or movement. Anesthesia will temporarily put your child to sleep. The type of anesthesia given will depend on your child's health and special needs, as well as the procedure.

Your child's comfort and safety are very important. Before, during, and after anesthesia, your child's heart rate, blood pressure, breathing, temperature, and oxygen level in the blood are watched. Your child will remain "asleep" until the anesthesiologist takes away the medicine.

Most anesthesia professionals work as a team. Anesthesiologists (doctors), residents (doctors in training), certified registered nurse anesthetists (CRNAs), physician's assistants, and nurses may all be part of this team.

What is a pediatric anesthesiologist?

A pediatric anesthesiologist is a doctor who has the experience and training to help ensure a successful surgery, test, or treatment for your child.

A pediatric anesthesiologist is a fully trained anesthesiologist who has completed at least one extra year of specialized training in anesthesia for infants and children. Many children who need surgery have complex medical problems that affect many parts of the body. The pediatric anesthesiologist has special training and experience to evaluate these complex problems and to plan a safe anesthetic for each individual child.

What will my child's doctor need to know before anesthesia is given?

Before having anesthesia, your child will need a physical examination. At this time, either your child's doctor or a member of the anesthesia care team will review your child's current health and medical history.

Be ready to answer questions about your child's health. This may take place right before or on the day of the surgery, test, or treatment.

It is important to tell the doctor about any of the following that apply to your child:

- Allergies, including allergies to food, drugs, or latex (rubber).
- All medicines your child is taking. Remember to tell your child's doctor about herbal or natural and inhaled (breathed-in) medicines.
- Breathing problems, including asthma, croup, or wheezing. Also, snoring or apnea (periods when breath is held during sleep).
- Recent illnesses, especially bad colds or fevers.
- Problems your child had as a newborn, such as preterm birth, breathing problems such as croup or asthma, staying in a neonatal intensive care unit, or birth defects.
- Heart problems, including holes between the heart chambers. Also, valve problems, heart murmurs, or irregular heartbeats.
- Other medical problems your child has or has had, especially if they required a doctor visit or hospital stay.
- Use of anesthesia for a past surgery or procedure.
- Past problems with anesthesia or surgery, such as airway problems or problems going to sleep or waking up from anesthesia. Also, problems with nausea and vomiting after surgery.
- Family history (both sides of the family) of problems with anesthesia.
- Family history of bleeding problems.
- Anyone in the home who smokes.
- If your child has loose teeth. (Sometimes loose teeth must be removed during anesthesia for your child's safety.)
- If your child may be pregnant.

Your child may need blood tests prior to anesthesia. Other tests, such as x-rays, are also needed sometimes. Most of the time few tests, if any, are required.

What are the risks of anesthesia for my child?

Anesthesia is very safe, but there are always risks to any medicine. Minor side effects of anesthesia, such as a sore throat, nausea, and vomiting, can be common. Major complications from anesthesia are rare. If you have concerns, ask your anesthesiologist.

What do I tell my child about anesthesia?

Children who understand what is happening will have a more positive hospital experience. It is important to be honest with your child. However, keep in mind your child's age and level of maturity. Use words your child can understand such as *sore* for pain or *taking a nap* for being put under anesthesia.

Talk about the hospital visit 5 to 6 days ahead for older children and 2 or 3 days ahead for toddlers. Children 3 to 12 years of age may not be ready to hear about the risks of surgery or anesthesia. Often they understand enough to be scared but not enough to be reassured. Your anesthesiologist may wish to tell you about the risks when your child is not present.

If your child becomes worried when you talk about what anesthesia will be like, explain that it is OK to be scared. Point out that the anesthesia care team will work hard to make her feel safe and comfortable and will be with her the whole time. You can help keep your child's fears to a minimum by being calm and reassuring yourself.

Some hospitals offer special programs that explain the anesthesia and surgery process to children and families. Ask for printed and online resources that can help your child and you prepare.

What if my child gets sick just before the scheduled time?

Call your anesthesia care team and your child's doctor if your child becomes ill near the time scheduled for the procedure.

- If your child develops a cold or other illness, the surgery, test, or treatment may have to be rescheduled because the risk of problems may increase.
- If your child is exposed to chickenpox within 3 weeks of the procedure, it may be rescheduled because of the risk to other patients. Your child may be able to spread chickenpox before skin spots develop.

Developed in collaboration with the American Academy of Pediatrics Section on Anesthesiology and Pain Medicine.

From your doctor

American Academy of Pediatrics

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