



North Thames Cleft Centre at Great Ormond Street Hospital: Information for Families

Cleft lip and/or palate and anaesthesia

All children with a cleft lip and/or palate will need at least one operation under anaesthetic. We know that anaesthesia is something that concerns families so this information sheet from the North Thames Cleft Centre at Great Ormond Street Hospital (GOSH) and Broomfield Hospital answers the questions we are most commonly asked.

What is an anaesthetic?

An anaesthetic ensures that your child is pain-free during a test or operation. A general anaesthetic is most commonly used so that your child is fully unconscious throughout the operation. Only anaesthetists, who are specialist doctors, give general anaesthetics. Their role is to look after children before, during and after the operation.

Why do I need to see an anaesthetist before the anaesthetic?

An anaesthetist will see you in the preadmission clinic or on the ward to talk to you about your child's general health, previous anaesthetics and his or her options for the anaesthetic and pain relief afterwards. If your child has any allergies, please tell the anaesthetist. Please tell us about any medicines your child is taking as these can affect our choice of anaesthetic medicines. This includes any medicines bought over the counter from a pharmacy, herbal or complementary medicines.

Why should my child not eat or drink before having an anaesthetic?

It is important that your child's stomach is as empty as possible as this reduces the risk of vomiting during and after the operation. If someone vomits during an anaesthetic, there is a chance that the stomach contents could get into the lungs. This could make your child very ill. The nurses on the ward will discuss with you the time when your child should have his or her last food and drink before the operation. You should follow these instructions exactly; otherwise your child's operation may be delayed or even cancelled.

How will my child be given the anaesthetic?

Your child will either have an anaesthetic gas to breathe or an injection of anaesthetic medicine. Anaesthetic gas takes a minute or two to work. The anaesthetist generally cups a hand over your child's mouth and nose, or uses a facemask to give the anaesthetic gas. The gas has a smell but it is not a nasty one. If your child is having an anaesthetic injection, local anaesthetic cream is put on his or her hand about an hour before the operation. This numbs the skin so that a small plastic tube (cannula) can be put into a vein. The anaesthetic injection is then given through the cannula and starts to work in a



few seconds. Which of these two methods is used for your child depends on various things: his or her age, previous experience of anaesthetic and the operation planned. Young children may be able to sit on your lap to have the anaesthetic.

Will I be able to stay with my child?

Yes, you are welcome to come to the anaesthetic room and stay until your child is unconscious. It will help if you stay calm as children can pick up on any negative feelings from their parents. When your child is unconscious, you will go back to the ward with your nurse.

What happens next?

The anaesthetist will start an intravenous drip and put a breathing tube in your child's throat to control his or her breathing. The anaesthetist will monitor your child's blood pressure, pulse, temperature and breathing closely throughout the operation. Your child will be taken into the operating theatre. He or she will continue the anaesthetic and monitor your child closely, ensuring that your child is fully unconscious and pain-free.

Towards the end of the operation, the anaesthetist will give your child some pain relief that will take away any pain in the hours following the operation. Your child will continue to have pain relief for a few days after the operation.

Is there a chance that my child will wake up during the operation?

This is extremely rare. When this is reported in the media, it is usually adults who have had to have a very light level of anaesthesia that are affected. Your child will be monitored closely throughout the operation and if there are any signs that the anaesthetic is wearing off, the anaesthetist will top it up immediately.

Are there any risks with anaesthesia?

Modern anaesthesia is very safe.

Complications are rare but vary depending on your child's medical condition, the type of operation and the anaesthetic used. If there are risk factors specific to your child, these will be discussed with you beforehand. Although most children, regardless of their medical condition, can have anaesthesia, a few will need special precautions, such as a more in-depth pre-admission check or different anaesthetic medicines to usual.

The main worry is the risk of death or brain damage. This risk is very small, estimated to be between 1 in 10,000 and 1 in 100,000. On the rare occasions that things do go wrong, this may be due to unexpected reactions to the anaesthetic medicine, faulty equipment or anaesthetist error. This risk is much reduced when a specialist team is giving the anaesthetist to your child. All the anaesthetists in the cleft team are specially trained to give anaesthesia to children.

The anaesthetist may prefer to put off the operation if your child has a cold or chest infection. This is because there are risks associated with giving anaesthesia to someone with a cold or chest infection. If you are worried about your child, ring the ward before you come in so they can talk to you about it. It is usually better to postpone the operation until your child is well.

Vomiting during the anaesthetic can cause problems too. The stomach contents can be breathed into the lungs causing serious and long-term damage. This is why we ask you to avoid giving your child food and drink for some hours before the operation.

Anaesthesia can have side effects, such as feeling and being sick, having a headache and sore throat. These occur in about a third of all patients, but depend a lot on the type of operation and the age of the child.



What happens after the operation?

When the operation has finished, your child will be transferred to the recovery room. This is a large room in the operating theatre suite where your child will be closely monitored until he or she wakes up from the anaesthetic. A nurse looks after each child until he or she is comfortable enough to return to the ward. We will call you to come to the recovery room to be with your child. Some children may be grumpy or upset when they first wake up; this is normal and just a side effect of the anaesthetic medicine.

Pain relief

This varies from child to child, depending on their age and the operation they have had. Generally speaking, simple pain relief such as paracetamol and ibuprofen is usually enough after most operations. Babies who have had cleft lip or palate repair may need intravenous or oral pain relief such as morphine for the first day after the operation.

What is a nasal prong and why might my child need one?

This is a tube inserted into the nose, which stops the tongue or palate getting in the way of a child's breathing. Most children do not need one of these. They tend to be suggested if a baby has a small jaw, such as in Pierre Robin syndrome, and are only used for the first few hours after the operation.

When can my child start to eat and drink again?

Children can start to drink immediately after the operation, although they may be sleepy for a while after the operation as the anaesthetic wears off completely. Sucking can be a comfort but may be painful after primary repair operations. Sometimes a nasogastric tube (tube that is passed up the nose and into the stomach) is used for feeding until sucking is more comfortable.

Further information

The Royal College of Anaesthetists, the professional body for all anaesthetists in the UK, have produced a booklet called Your child's general anaesthetic. This is available in the hospital and also on their website at www.rcoa.ac.uk/document-store/your-childs-general-anaesthetic

This information sheet is based on an article by Dr Mike Sury and Dr Agnes Watson, published in CLAPA News. The Cleft Lip and Palate Association (CLAPA) can be found at www.clapa.com

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