



# Getting ready for a procedure with a general anaesthetic

Information for young people

Great Ormond Street Hospital for Children NHS Foundation Trust

This information sheet from Great Ormond Street Hospital (GOSH) explains how to get ready for a procedure with an anaesthetic.

We want to make sure that you are as fit and well as possible before your procedure and there are lots of things you can do to help. Have a look at this checklist so you are ready for your procedure and tick off the tasks when you have done them. We have also added information about what to do if you are unwell before the procedure. If you have any questions about your procedure or the anaesthetic, please talk to us – our contact numbers are at the end of the information sheet.

There is lots of helpful information on our website about getting ready for hospital at [www.gosh.nhs.uk/teenagers/coming-to-hospital](http://www.gosh.nhs.uk/teenagers/coming-to-hospital) - if you do not have access to the internet, please telephone us so we can post the information to you.

**Telephone numbers:** Monday to Friday from 8am to 6pm: 020 7829 8686.

Outside of these hours, please leave a message with your contact number and we will return your call on the next working day.

Please note:

- If your child is due to be admitted on the following day and this is now not possible, please contact the admitting ward (details are on your admission letter).
- If your child requires immediate medical attention, please contact your family doctor (GP) or seek advice from NHS 111.
- If you have specific questions about your child's planned procedure, please call your Clinical Nurse Specialist

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# Pre-anaesthetic assessment

**GOSH has a centralised process for assessing children and young people who need a general anaesthetic for their planned procedure. We need to make sure that you are as well as possible before the procedure and we have all the information we need to look after you safely.**

**Preparing for a planned operation, test or procedure before coming into hospital avoids delays and reduces the risk of cancellation. We have developed a process to work out what level of pre-anaesthetic assessment you need and whether you will need any further assessment, tests and/or investigations.**

**The results of the assessment will be reviewed by one of the anaesthetic team and a plan recommended to your specialty team. The appointment is also useful if you are worried about any part of your hospital stay as our play specialists and anaesthetists can help you get ready.**

## What will the appointment involve?

A member of the team will help you fill in a screening tool which will tell us what level of assessment you will need. We will also complete the admission paperwork and take swabs for infection screening and any blood samples needed for the procedure. If needed, another member of the team or a Consultant Anaesthetist will review your medical history in more detail and work out if you need to have any other tests or reviews by other doctors at GOSH.

Where possible, we will try to arrange this for the same day but you may need to come back on another day for some tests and reviews. If your planned procedure is not urgent, you can arrange a time to come back on another day. If it is not

for some time, we will arrange your pre-admission assessment for nearer the procedure date. Where possible, we try to link with the specialty team to keep your visits to a minimum.

A flow chart explaining your appointment is on page 4.

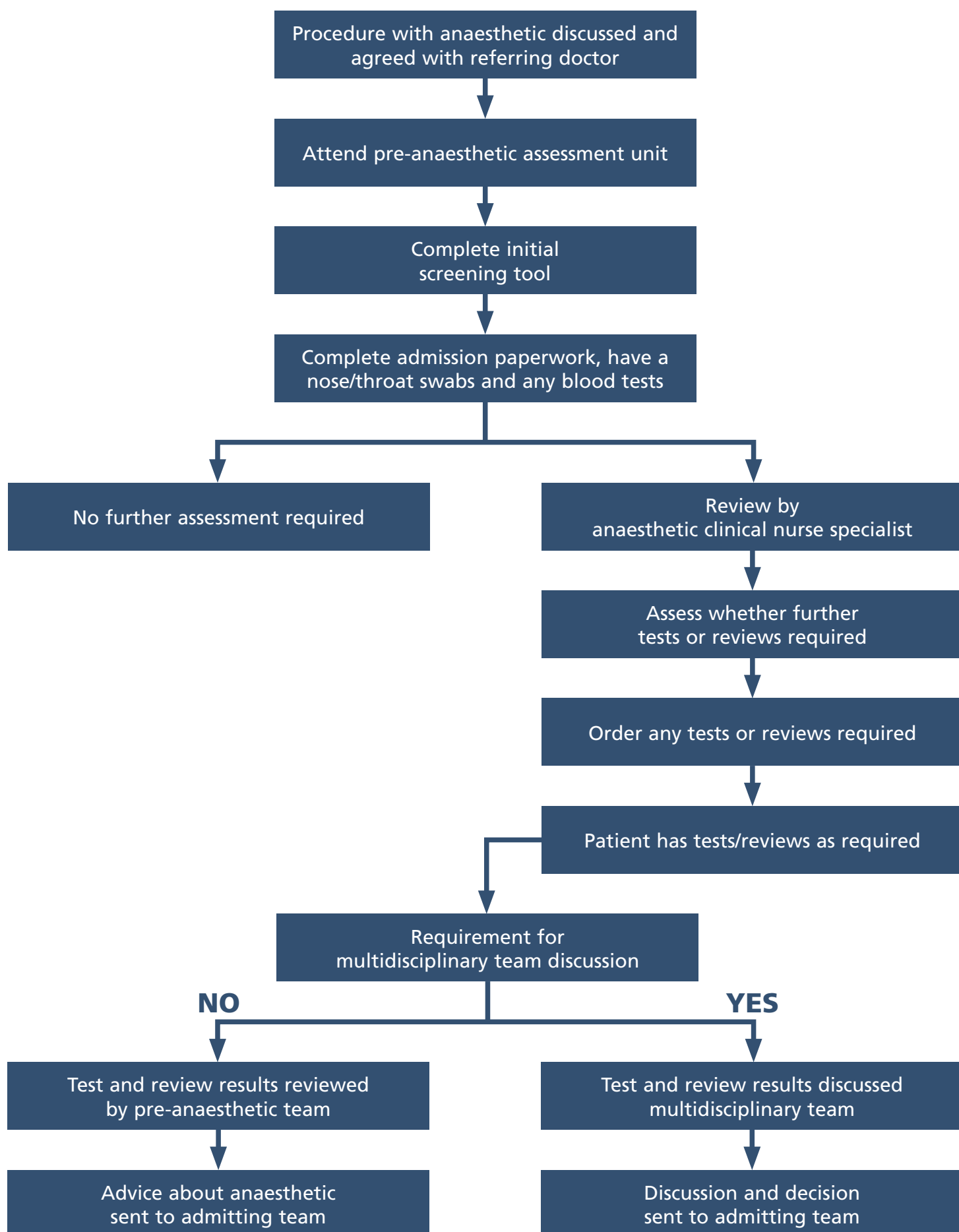
## What other investigations may I need?

**Blood tests** – Many children and young people do not need any blood tests before their planned procedure. However, if you do – this depends on the planned procedure – they might include the following:

- **FBC (full blood count)** – to check whether you have a low number of red blood cells (anaemia)
- **U&E (urea & electrolytes)** – to check that your kidneys are working properly
- **Clotting** – to see how long it takes for your blood to clot
- **G&S (group and save)** – to check your blood group in case you need a blood transfusion
- **Cross match** – to ensure that, if you need a blood transfusion, the right blood is available on the day of the procedure
- **LFT (liver function tests)** – to check that your liver is working properly
- **Sickle cell test** – to see whether you have sickle cell disease or trait

**Ward investigations** – You will need to have a nose and throat swab to check for certain infections. This may be uncomfortable but will not hurt.

**Other investigations** – If you need any other tests or investigations, like an ECHO, ultrasound, x-ray or photographs, we will arrange this. We will try to do as many as possible on the same day but you may need to come back for some tests.





# Having an anaesthetic

**A general anaesthetic ensures that you are not conscious and cannot see, hear or feel anything during a procedure. It consists of medication given either as gases to breathe or by an injection into a vein through a thin plastic tube called a cannula.**

**Anaesthetists are doctors who give anaesthetics and look after children and young people before, during and after a procedure. Their role is to ensure that you are not conscious, stay safe throughout the procedure and wake up as comfortable as possible afterwards.**

## Who do I see before my procedure?

You will see a member of the team during the pre-anaesthetic assessment. They will discuss previous anaesthetics with you and also check your medical history and any medications you are currently taking. They will offer to see you without your parents if you want to discuss anything in private with them. Depending on your health, you may need further investigations and need to see an anaesthetist at this stage.

On the day of the procedure, an anaesthetist will visit you before you go to theatre and this is an ideal opportunity to ask any further questions you have about your anaesthetic. They will discuss options of anaesthesia and pain relief medication and whether you would benefit from a pre-medication (pre-med). These may already have been discussed in your pre-admission assessment appointment but it can be useful to have the conversation with the anaesthetist looking after you on the day. We want your experience to be as calm and pain free as possible.

If you become ill or are not considered well enough to have the procedure, or if you have eaten or drunk too recently, there is a chance that your procedure could be delayed or cancelled.

## Anaesthetic information for the consent process

If you are 16 or over it is your right to provide consent assuming you are able, for those under 16 you should be part of this process if you feel able; you may or may not wish to have family members or friends present to support you during this visit and we will support your wishes. Your wishes are very important to us and we will provide you with all the information we have from the pre-anaesthetic assessment to ensure you and/or your parents can make the best decision. It is important that you feel you have had all your questions and concerns answered before the procedure.

## Why should I not eat or drink before an anaesthetic?

It is important that your stomach is empty as this reduces the risk of vomiting during the procedure, when vomit can come up the back of the throat and then get into your lungs. We will tell you the length of time you should be 'nil by mouth' – in other words, have nothing to eat or drink before the anaesthetic. However, it is important to keep well-hydrated, so you may need to wake up during the night to have a drink.

If you take medications, carry on taking them as normal, unless your anaesthetist or surgeon has advised otherwise. For example, if you are taking aspirin, diuretics or diabetes medicines you will need specific instructions.

## Pre-medication (a 'pre-med')

This is the name for medicines sometimes given before an anaesthetic. Some 'pre-meds' prepare your body for the procedure, others help you to relax. If you do need a 'pre-med', we will discuss this with you beforehand. 'Pre-meds' are usually liquid although occasionally an injection is needed. A local anaesthetic cream can be put on to numb the skin before a cannula is inserted – a member of staff will apply the cream if needed.

## What happens next?

You will go to the anaesthetic room with your parent(s) and a member of staff. If you would prefer your parents not to go to the anaesthetic room with you, please discuss this with them beforehand. If you have something that comforts you, such as a toy or game, you are welcome to take this with you.

The general anaesthetic will be given as a gas to breathe or as an injection through a cannula. You will have discussed this with the anaesthetist either at the pre-admission assessment or before you came to theatre or both. If the anaesthetic is breathed in, the anaesthetist may cup their hand over your nose and mouth or use a face-mask. Both methods work quite quickly and the next thing you will remember is waking up after the procedure.

As part of preparing for the procedure, either before or after you have had the anaesthetic, the anaesthetist will put a blood pressure cuff around your arm and a peg device on a finger or toe. Both these pieces of equipment are important for making sure you are safe during the procedure.

Once you have had the anaesthetic, your parent(s) will be taken to your post-operative ward to wait for you to have the procedure.

## What happens afterwards?

After the procedure, you will wake up in our Recovery Area. The Recovery nurses will call your parent(s) so that they can be with you as you wake up. You might feel a bit wobbly after the anaesthetic – this is normal and due to the medicines used. You can have a drink when you feel like it – small sips are better to start as you may feel a bit sick. This is also due to the medicines used. When you are feeling a bit better, you will be taken to the ward to recover fully. You will probably feel very sleepy – this is normal.

## How safe is anaesthesia?

The degree of risk will depend on your medical condition and the type of surgery for which anaesthesia is being provided. You will be able to discuss this with an anaesthetist before surgery but the following is a general overview of side effects and potential complications of anaesthesia.

Most people recover quickly and are soon back to their usual activities after an anaesthetic. Some may get side effects –however these are usually mild. Headaches, nausea (feeling sick sometimes with vomiting) and a sore throat are common but can usually be treated effectively. Other side effects generally just need time to wear off and include tiredness, dizziness and disorientation on waking, which can be distressing both for you and your parents. Some people may also have disturbed sleep patterns for a few days after an operation.

More serious problems are uncommon but include a minor cut lip, damage to teeth, an allergic or other reaction to a drug, and breathing difficulties either during or after an anaesthetic. People often worry about the risk of awareness during anaesthesia but fortunately this is rare. The most serious complications are usually very rare but include severe allergic reactions, nerve injury and the risk of death or disability, such as a stroke, deafness or blindness.

Risks cannot be removed completely but modern equipment, training and drugs have continued to make anaesthesia safer. An anaesthetist will be with you throughout your anaesthetic to monitor your progress and help you wake up as comfortable as possible.

Other procedures that an anaesthetist may carry out such as insertion of an arterial line, central venous line or epidural will have their own specific side effects and risks of complication. You will have the chance to discuss the plan for anaesthesia, its risks and how they relate to you with an anaesthetist before surgery.

# Getting yourself ready for the procedure and anaesthetic

**It is important that the anaesthetist is aware of your medical history and your lifestyle to make your general anaesthetic as safe as possible. There is a lot that you can do to get yourself ready. Smoking, alcohol, drugs, herbal medications and dietary supplements all affect your body and may interact with the anaesthetic drugs. If any of these relate to you, it is important that you tell us about them so we can look after you to the best of our abilities.**

## Smoking

If you smoke, you should think about giving up – the longer you can stop the better. If you stop smoking for a day or two, your blood cells will be able to carry more oxygen around your body. If you can stop for about six weeks before you come into hospital, you are also less likely to get a chest infection, a wound infection or delayed wound healing after the operation which can extend your stay in hospital. If you would like advice about stopping smoking, visit the NHS Smokefree website at <http://smokefree.nhs.uk>

## Alcohol

Alcohol is a chemical and interacts with general anaesthetic drugs. If you are used to drinking alcohol, it is useful to reduce the amount that you drink. Avoid drinking the day and night before you come into hospital. Alcohol causes dehydration and can reduce the function of your heart during and after the procedure.

## Drugs

Recreational 'street' drugs, including legal highs, can cause serious and possibly life-threatening reactions. These drugs last a differing amount of time in your system and can interact with the general anaesthetic in unexpected ways causing complications that may be fatal. Please advise us of any drug usage so we can make a plan to ensure your procedure is carried out as safely as possible. For free confidential advice about using drugs, Talk to Frank at [www.talktofrank.com](http://www.talktofrank.com)

## Herbal medications and dietary supplements

Certain herbal remedies and dietary supplements may raise your blood pressure, increase the risk of bleeding and prolong the time you take to wake after the anaesthetic. If you are taking anything like this please tell us, so we can advise you if you need to stop taking them.



## Contraceptive pill and pregnancy

Some procedures carry a risk to unborn babies. These procedures include some (but not all) x-rays, scans and operations. If you will be 12 or over on the day that you are due to undergo one of these procedures a member of staff will ask you for a sample of urine to test on that day. The testing will be done in private, and the result will be available later the same day. More information is available in our *Routine pregnancy testing before treatment* information sheet.

For most procedures we recommend that you continue taking the pill. If we need you to stop taking the pill pre-operatively we will discuss this with you.

If you are taking the contraceptive pill, we will ask you to wear a pair of pressure stockings (TED stockings) until you are mobile afterwards because the pill causes a small risk of a blood clot (deep vein thrombosis or DVT) forming when under a general anaesthetic, similar to the risk when travelling on an aeroplane.

Some antibiotics reduce the effectiveness of the contraceptive pill for a period of time afterwards. If you are using the pill for contraceptive purposes, please ask the team for advice about the need for using additional protection.

## Piercings

Piercings may heat up and burn the skin because of the electrical devices used during

your operation. Try to remember to remove all piercings and leave them at home for safe keeping. If you have piercings that are at risk of closing up in a short space of time – for example tongue piercings or new piercings – it would be better to replace these beforehand with a plastic bar. Please advise the pre-assessment team of any tongue piercings so we can make a note to ensure this is considered when the anaesthetist is looking after your airway.

## What should I tell the pre-anaesthetic assessment team?

- Any medical problems
- Any medications you take
- Any allergies you have
- If you, or anyone in your family have had any previous problems with anaesthetics
- If you could be pregnant
- If you smoke
- If you drink alcohol, use drugs, herbal medications and/or dietary supplements.

You are entitled to talk to a member of the pre-anaesthetic assessment team in private without your parents and we will offer this to you. What you tell us will be kept confidential, although there are some things we might need to share with other health professionals. We will explain this more when you come for your pre-anaesthetic assessment.

# Becoming unwell or coming into contact with unwell people

**Some illness increase the usual risks of anaesthesia as outlined above so we may feel it is safer to postpone your procedure until you are well. The majority of planned procedures are non-urgent so they can safely be postponed. However, there will be some procedures where the benefits of going ahead outweigh the risks of postponing. The team need to have a full picture of your health before making the decision to continue with the planned procedure or postpone it.**

**If you have any questions about whether you are fit and well enough for the procedure and general anaesthetic, please telephone us as soon as possible. We will liaise with the admitting team to ensure you are provided with advice.**

## Coughs and colds

We will usually postpone a planned procedure if you:

- Are listless and off your food
- Have a high temperature
- Have a streaming nose
- Have a wheezy cough
- Are receiving treatment for the cough or cold from your family doctor (GP) or pharmacist

However, we may carry out the procedure as planned if you:

- Are generally well
- Are eating and drinking as usual

## Chest infections

Including infections with respiratory viruses such as the flu virus, whooping cough and pulmonary tuberculosis

We will usually postpone a planned procedure if you:

- Have a chest infection confirmed by a health professional

However, we may carry out the procedure as planned if you:

- Have regular chest infections as part of your medical condition

## Chicken pox and shingles

Chicken pox is infectious from two days before the appearance of the spots until all of the spots have dried up completely. The chicken pox virus is spread through the air, which means that you can catch chicken pox by being in the same room as someone with chicken pox or who develops it within the next two days. Shingles are infectious from when the rash appears until it has completely crusted over.

We will usually postpone a planned procedure if you:

- Have chicken pox or shingles
- Have not already had chickenpox or the chicken pox vaccination and have been in contact with someone with chicken pox or shingles within the last three weeks.

However, we may carry out the procedure as planned if you:

- Has been in contact with chicken pox within the five days leading up to the planned procedure – they are unlikely to be unwell if they are having a short stay procedure.

## Diarrhoea and/or vomiting

Diarrhoea and/or vomiting are usually caused by a tummy bug, which is extremely infectious while symptoms are present. It can take up to two days for symptoms to develop after coming into contact with someone with a tummy bug.

We will usually postpone a planned procedure if you:

- Have had diarrhoea and/or vomiting in the two days leading up to the planned procedure
- Have been in contact with someone with diarrhoea and/or vomiting in the two days leading up to the planned procedure

However, we may carry out the procedure as planned if you:

- Have these symptoms as a result of your medical condition

## Eye conditions

We will usually postpone a planned procedure if you:

- Have coloured discharge (ooze) in the days leading up to the planned procedure

However, we may carry out the procedure as planned if you:

- Have these symptoms as a result of their medical condition

## Hand, foot and mouth disease

Hand, foot and mouth disease causes blistering of the skin on the hands, feet and around the mouth. This blistering affects how the skin heals and how it protects against infection. Someone with hand, foot and mouth disease is infectious for about seven days after the symptoms first occur. It can take between three and six days for the symptoms to appear after coming into contact with someone with hand, foot and mouth disease.

We will usually postpone a planned procedure if you:

- Have hand, foot and mouth disease
- Have been in contact with someone with hand, foot and mouth disease in the week leading up to the planned procedure

## Measles

Someone with measles is infectious from up to five days before the appearance of the rash until four days after the rash has appeared. The measles virus is spread through the air, which means that you can catch measles by being in the same room as someone with measles or who develops the measles rash within the next five days.

We will usually postpone a planned procedure if you:

- Have measles
- Have not already had measles or two doses of the MMR vaccine and have been in contact with someone with measles in the two weeks leading up to the planned procedure.

However, we may carry out the procedure as planned if you:

- Have been in contact with measles within the five days leading up to the planned procedure – you are unlikely to be unwell if you are having a short stay procedure.

## Other illnesses

There are many illnesses and we cannot include them all in this information sheet. As a general rule, the following applies:

We will usually postpone a planned procedure if you:

- Are taking antibiotics for treatment rather than prevention unless they have been prescribed by a specialist team for treatment of your condition
- Have a high temperature
- Have a wheezy cough

However, we may carry out the procedure as planned if you:

- Are taking preventative low-dose antibiotics

# Checklist of things to do

## More than a month before



### Have you been to GOSH before?

- Look at our website at [www.gosh.nhs.uk](http://www.gosh.nhs.uk) to find out about the hospital – there is a specific section for teenagers with videos as well as written information.



### Do you know what procedure you will be having and why?

- There are information sheets about various procedures on the website at [www.gosh.nhs.uk/teenagers/about-your-condition/tests-and-treatments](http://www.gosh.nhs.uk/teenagers/about-your-condition/tests-and-treatments) - see if your procedure is there. If not, ask your doctor for information.



## Two weeks before admission



### How are you feeling?

- If you are unwell or have been recently, we might need to put off your procedure until you are better. Tell us in plenty of time so we can re-arrange your procedure and offer your original date to another child or young person.



### Are you taking medicines regularly?

- If so, make sure you have enough ready for when you come home. It is unlikely we will give you a supply of your regular medicines but we will give you other medicines if you need them after your procedure.



## One week before admission



### Regular medications

- You need to stop some medicines before a procedure with an anaesthetic. Your doctor will have told you if you need to stop your medicines when you came to the pre-anaesthetic assessment, but if you are unsure, please ask us.



### Headlice

- As someone to check your head for head lice - head lice eggs are white in colour and can be found near the scalp. If you think you might have head lice, buy some treatment shampoo or spray from the chemist so you can get rid of them before your procedure.



### How are you feeling?

- If you are unwell or have been recently, we might need to put off your procedure until you are better. Tell us in plenty of time so we can re-arrange your procedure and offer your original date to another child or young person.



### Sorting out your kit

- If you use medical equipment at home, for instance, tube feeding or a tracheostomy, please bring a spare one with you for the admission.



### Pain relief

- For all procedures carried out with an anaesthetic, we recommend that you have some pain relief medicine ready at home. Paracetamol or ibuprofen are suitable for most people but discuss this with your doctor.



## The day before admission



### How are you feeling?

- If you are unwell or have been recently, we might need to put off your procedure until you are better. Tell us in plenty of time so we can re-arrange your procedure and offer your original date to another child or young person

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### What are your 'fasting times'?

- Your fasting time is the last time you can have something to eat and drink before your procedure. We will telephone you and your parents the evening before admission to tell you your fasting time.

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### What are you bringing with you?

- Remember that space is quite limited on the wards at GOSH so try not to bring too much. Important things to bring are day and night clothes, wash things, something to do or read, plus any regular medicines. [www.gosh.nhs.uk/teenagers/coming-to-hospital](http://www.gosh.nhs.uk/teenagers/coming-to-hospital)

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### Keeping it clean

- It is important to have a bath or shower and hair wash before you come to hospital. Keeping clean is the best way of preventing infection.

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### Take off your bling

- You will need to take off any jewellery and piercings before your procedure so it will be safer to leave them at home. If you have a recent piercing, tell us so we can put it back after your procedure.

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### No nail varnish please

- The anaesthetist keeping an eye on you during your procedure looks at the colour of your nails to make sure your breathing and oxygen levels are fine. They will not be able to do this if you have nail varnish on your fingers and toes.

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## Admission day



### Keep drinking

- Drink plenty of clear fluids right up to your fasting time to help your body deal with the procedure and recover well afterwards.

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### Leave plenty of time to travel

- London gets pretty busy with traffic so leave enough time for your journey in case there are hold ups. Telephone us if you are running late, although we may have to cancel your procedure if you are very late.

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### Find your ward

- Look at the map in the main reception area at GOSH to find your ward. We have volunteers who can take you there or give you directions if you want.

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**Notes**

## Notes

Some of the information for this leaflet has been provided by the Royal College of Anaesthetists and you can get more information about your child's anaesthetic from the College at [www.rcoa.ac.uk/childrensinfo](http://www.rcoa.ac.uk/childrensinfo)



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