

Getting your child ready for a procedure under a general anaesthetic

- information for families

This information sheet from Great Ormond Street Hospital (GOSH) explains how together we will prepare your child for a procedure under a general anaesthetic (GA). We want to make sure your child is as fit and well as possible, both physically and psychologically, for their procedure. There are many things you can do to help us, as detailed below. This sheet also has information about what to do if your child becomes unwell before their procedure, or comes into contact with someone who is unwell.

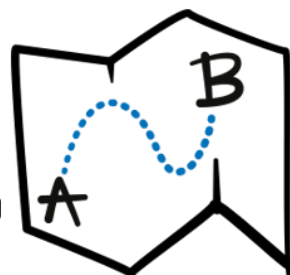
Your child's specialist team and you will have discussed and agreed the need for an operation, investigation or other medical procedure. They will have explained the benefits and risks of the planned procedure. Children need a general anaesthetic (GA) to allow most operations (as well as some investigations or procedures) to happen.

A GA is given so that your child is not conscious and cannot see, hear or feel anything during their operation or other procedure. The anaesthetic team will also keep your child safe and help them to be as comfortable as possible afterwards. For more information about general anaesthesia, including its side effects and risks, please see the leaflet about '*Your child's general anaesthetic*'.

Pre-admission assessment

GOSH has a clinic for assessing children who need a GA. This is the Anaesthetic Pre-Operative Assessment clinic (APOA), which is a nurse-led service with support from anaesthetic consultants.

We need to make sure your child is as well as they can be before the procedure and that we have all the information we need to look after them safely. We will discuss previous experiences with anaesthetics, clarify your child's medical history, which medicines they are taking (including herbal or over-the-counter ones), and any allergies they have. We will also discuss the side effects and risks of a GA.



What is the aim of the appointment?

Preparing for a planned operation, investigation or procedure before coming in to hospital avoids delays and reduces the risk of cancellation. We have a process to identify what level of assessment your child needs and whether they require any further assessments, tests and/or investigations. This process is detailed on the chart on the next page.

For a small group of children, we may recommend that their case is discussed at a Multi-Disciplinary Team (MDT) meeting to review the benefits and risks of the procedure. Parents may be invited to these meetings but your specialty team will explain the outcome to you if you have not been able to attend.

The APOA appointment is also good if you or your child has any worries or questions about your admission. Our doctors and nurses are here to help you; please ask us if there is anything you would like to discuss.

Our play specialists are also expert at conveying complicated or worrying ideas to young patients in an understandable way, and have many good ideas to help children of all ages prepare for their procedure.

What will the appointment involve?

APOA offers both face-to-face and virtual appointments (by telephone or Zoom). At the appointment, a member of the team will help you complete a questionnaire to identify the broad needs of your child. The admission paperwork will be completed, and, if you are in the hospital, any tests required at this point will also be carried out.

If there is a chance that your child could need a blood transfusion as part of the procedure, we may need you to come back another day for a further blood sample; national guidance states that this blood sample must be taken within seven days of the procedure.

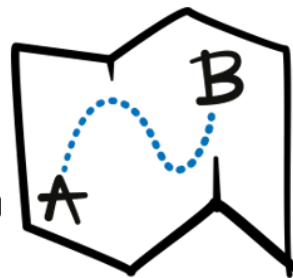
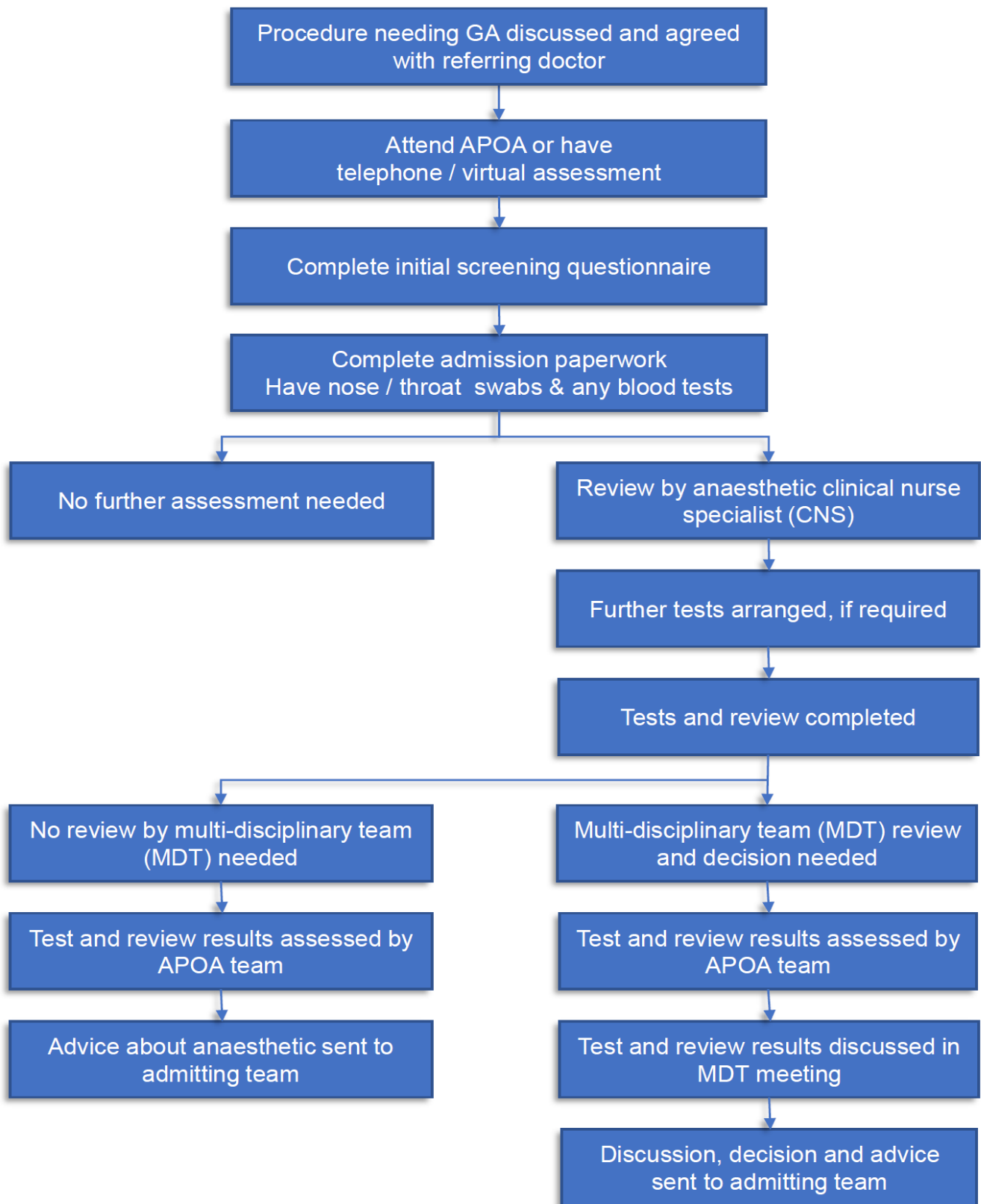
If your child is identified as needing further review, they will be seen by another member of the team and possibly a Consultant Anaesthetist. If your child needs a review by a specialist team, we will arrange this.

We will talk through what a GA involves. We will also discuss any options regarding anaesthesia and pain relief, including their side effects and risks. Your child should be part of this process to the level appropriate for their age and understanding.

Young people over 16 need to give consent for surgery and anaesthesia themselves (unless they are not able to do so, for example due to a learning disability). They will therefore need to be involved in discussions about side effects and risks. If your child is an adolescent, we will offer to see them on their own for some of the consultation.

It is important that you have had all your questions answered, and any worries or concerns addressed before the procedure. If there is anything the specialist APOA nurse cannot help you with immediately, they will normally be able to come back to you with an answer later. Otherwise we can usually offer you a consultation with an anaesthetist before your child's admission to hospital.





What tests and investigations will my child need?

Blood tests

Your child may need various blood tests before their operation, investigation or procedure. However, many children will not need any blood tests. This will be discussed with you, as it depends on your child's medical condition and the surgery or procedure that is planned. Some blood tests that might be necessary include:

- **FBC – full blood count** – to check whether your child has a low number of red blood cells (anaemia)
- **U&Es – urea and electrolytes** – to check that your child's kidneys are working properly
- **Clotting** – to check how long it takes for the blood to form a clot.
- **G&S – group and save** – to check your child's blood group, in case they need a blood transfusion
- **Cross match** – to ensure that if your child needs a blood transfusion during surgery, it is available on the day
- **LFTs – liver function tests** – to check that your child's liver is working properly
- **Sickle cell test** – to check whether your child has sickle cell disease or trait.

Screening for infection

Your child may need to have nose and throat swabs. These are routine to check for certain infections, such as viruses (including coronavirus) or bacteria (such as MRSA). They may be uncomfortable but should not hurt.

Other investigations

If your child needs any other tests or investigations, like ECG, ECHO, ultrasound, X-rays or photographs, we will arrange these. If you are in the hospital, we will try do these tests on the same day, but you may need to return on another day for some of the tests.

Who do I see before my procedure?

On the day of your child's surgery or procedure, you and your child will be visited by an anaesthetist before you come to theatre. This is a good opportunity to ask any last questions you may have about the anaesthetic.

The anaesthetist will discuss any options for anaesthesia and pain relief, including whether your child might benefit from taking sedative pre-medication (a pre-med) before coming for their procedure – see the leaflet about '*Your child's general anaesthetic*' for more information. These options may have been discussed already during your APOA appointment but it is useful to confirm this with the anaesthetist on the day. The aim is to make your child's experience as safe, calm, and pain free as possible.

If your child is not considered well enough to have the procedure, or if they have eaten or drunk too recently, there is a chance that their procedure could be delayed or cancelled.

Why should my child not eat or drink before having a GA?

It is important that your child's stomach is empty as this reduces the risk of stomach contents coming up into the back of their throat during the anaesthetic. This is dangerous as stomach contents can enter the lungs. You will be told when your child should stop eating and when your child should stop drinking before the anaesthetic. If they have eaten or drunk too recently, there is a chance that their procedure could be delayed or cancelled.

However, it is also important to keep giving your child food and drink until those times to ensure they remain well hydrated.

If your child is taking medicines, they should continue to take them as usual, unless your anaesthetist or surgeon has asked your child not to. If your child takes aspirin, diuretics or diabetes medicines you will receive specific instructions.



Talking to your child about their procedure under GA

When to tell your child about coming into hospital and their planned procedure depends on their age. As a rule of thumb, we recommend:

- 2-3 years old – tell them 2 days before
- 4-7 years old – tell them 4-7 days before
- 8 years or over – involve them in decisions

It is important to be honest about what is planned. It is good to use story books and play to get children ready – you can ask us for help with this.

Becoming unwell or coming into contact with unwell people

Some illnesses increase the usual risks of anaesthesia so if they are unwell, we may feel it is safer to postpone your child's procedure. The majority of planned procedures are non-urgent, so they can be safely postponed. However, there will be some procedures where the benefits of going ahead outweigh the risks. The team need to have a full picture of your child's health before making the decision to continue with the planned procedure or to postpone it.

If you have any questions about whether your child is well enough for their procedure under GA, please telephone us as soon as possible

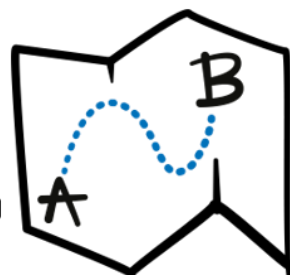
We will liaise with the admitting team and ensure you are provided with the correct advice relating to your child. If you need to call the night before or the morning of the procedure, please phone the ward to which you are booked to go.

To reduce the risks of anaesthesia and surgery for your child, and to protect other children in our hospital, please contact us if your child might have any of the following:

- **Coronavirus / COVID 19** - or has had contact with someone with symptoms of coronavirus, or someone who is self-isolating. Please also let us know if your

child has had coronavirus in the 2 months before their GA. Children who are self-isolating should not come to GOSH unless it has been agreed in advance.

- **A cough or a cold** - or if they have had one within two weeks of their procedure as a current or recent infection increases the risks associated with a GA. We will usually postpone a procedure if a child has a temperature, thick snot, or a cough (especially a chesty or wheezy cough).
- **RSV (Respiratory Syncytial Virus)** - known or suspected RSV infection within 6 weeks of their procedure date, or ongoing symptoms following RSV infection. RSV infection also increases the risks of a GA.
- **Diarrhoea or vomiting** - any symptoms in the 48 hours before their procedure, or contact with anyone with these symptoms in the 48 hours before their procedure.
- **Chicken pox or Shingles** - or if your child has not had chicken pox (or the vaccine) and has been in contact with anyone who has chicken pox or shingles in the three weeks before their procedure.
- **Measles** - or if your child has not had measles (or at least two doses of the MMR vaccine) and has been in contact with anyone who has measles in the two weeks before their procedure.
- **Conjunctivitis** - a red, painful eye with a watery or coloured discharge (ooze).
- **Hand, foot and mouth** - this causes a rash with blisters in these areas. Please contact us if you think your child may have this, has recently had it, or has been in contact with someone who has this in the week before their procedure. The blistering affects how the skin heals and how it protects against infection.
- **Other illnesses** - we will usually postpone a planned procedure if your child is on antibiotics (other than long term treatment for prevention of infection) or has a temperature, but please call us for advice.



Telephone numbers

Anaesthetic Pre-Operative Assessment (APOA): Monday to Friday from 8:30am to 5pm: 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. In an emergency, please attend your local Emergency Department or call 999.

If you have specific questions about your child's planned procedure, please call your Clinical Nurse Specialist (CNS). Do feel free to call us if you don't know how to contact your CNS.

