

COMMONLY ENCOUNTERED QUESTIONS

What are the side effects of GA?

Common, temporary side effects	Uncommon complications
<ul style="list-style-type: none">• Headache, giddiness, drowsiness• Nausea, vomiting• Sore throat• Emergence delirium: a restless and irritable recovery process during which your child may roll about, cry or seem inconsolable	<ul style="list-style-type: none">• Damage to teeth, dental prosthetics, lip or tongue• Damage to vocal cords or larynx• Allergy reactions• Injury to nerve/ pressure areas/ pressure sores
Extremely rare and serious complications	
<ul style="list-style-type: none">• Severe allergic reaction• Very high temperatures (malignant hyperthermia)• Aspiration resulting in lung complications	

Why does my child need to fast before surgery?

Fasting ensures that your child's stomach is empty before anaesthesia. This reduces the risk of aspiration (stomach contents entering the lung) which can lead to serious breathing complications.

Can my child still receive a GA if he has fever/ cough/runny nose/sore throat/phlegm (i.e. an upper respiratory tract infection (URTI))?

Elective, non-urgent surgeries should be avoided until **two weeks after complete recovery from a URTI**. A child's breathing tract becomes more sensitive when he/she has an URTI, causing an increased risk of developing breathing complications peri-operatively.

Are there any long-term effects of GA on my child's IQ/brain development?

Recent human studies^{1,2,3} have suggested that a single, relatively short exposure to general anaesthetic and sedation drugs in infants and toddlers is unlikely to have negative effects on behaviour or learning.

1 - Pediatric Anaesthesia and Neurodevelopment Assessment (PANDA) Trial
2 - General Anaesthesia compared to Spinal Anaesthesia (GAS) Study
3 - FDA safety announcement, Dec 2016

USEFUL RESOURCES

For more information about Anaesthesia or resources to prepare your child, please visit <https://www.nuh.com.sg/anaesthesia> or scan the following QR code:



For enquiries regarding surgery, please call the respective Surgical Clinics.

For enquiries regarding Anaesthesia, please contact the Anaesthesia Outpatient Consultation Clinic at (65) 6772 6268 or appointment_aocc@nuhs.edu.sg.



National University Hospital
5 Lower Kent Ridge Road, Singapore 119074
Tel: (65) 6779 5555
Website: www.nuh.com.sg

Company Registration Number: 198500843R

The information provided in this publication is meant purely for educational purposes and may not be used as a substitute for medical diagnosis or treatment. You should seek the advice of your doctor or a qualified healthcare provider before starting any treatment or if you have any questions related to your health, physical fitness or medical conditions.

Information is correct at time of printing (May/2019) and subject to revision without prior notice.

GENERAL ANAESTHESIA IN CHILDREN

General anaesthesia is a combination of medications that puts a patient in a sleep-like state before a surgery or other medical procedures.

WHAT TO EXPECT ON THE DAY OF SURGERY

Pre-Op Preparation

- You can prepare your child by:
 - a) Explaining that the surgery will help them get better
 - b) Encouraging them to talk about the operation and ask questions. Books, games and stories are useful.
 - c) Telling them about timing: when the operation is scheduled, how long they will be in hospital for
- You should receive instructions from the hospital about when your child should stop eating or drinking. As a guide:
 - a) 6 hours before - children older than 6 months can have a light meal or a glass/bottle of milk
 - b) 4 hours before - babies less than 6 months old can have breast milk or formula milk
 - c) 2 hours before - all children can drink water

On The Day Of Admission

- After registration, a nurse will bring you to the ward to prepare you and your child for the operation. Some numbing cream is applied over the veins on the back of your child's hands so that it will not hurt when the plastic tube (intravenous cannula) is inserted into the vein later.
- The anaesthetist will review your child to check that he/she is prepared for the operation and discuss with you the options for anaesthesia and pain relief. One of the options for pain relief is to do nerve blocks, which are done once your child is asleep. Nerve blocks provide pain relief during and after the operation and reduce the amount of strong pain killers (opioids) which are not tolerated so well in children.

- Please check with our anaesthetists if you have any questions about anaesthesia or pain relief.
- Children are often anxious and the anaesthetist may give some sedative/calming medicine. This is usually taken with some juice or syrup but may also be given via other ways, such as in the nose or into an IV drip.
- We encourage one parent to accompany your child into the operating theatre (OT) to comfort and help distract him/her until he/she is asleep. However, this is not necessary if your child is below six months old or if he/she has been heavily sedated beforehand.
- Your child may be able to ride a bike into the OT and can bring a toy or device to watch a video or play a game on, to comfort him/her while he/she falls asleep.

The Anaesthetic Process

- Your child can go to sleep either lying on the operating table or sitting on your lap on a chair.
- Anaesthesia is induced either by placing the IV plug in the back of the hand (where the numbing cream was) and injecting the anaesthetic medicine or by breathing anaesthetic gas through a mask held over the mouth and nose. The anaesthetist will offer the most appropriate method based on the circumstances.

- It is common for children to get slightly disorientated and appear to struggle when going to sleep but this is normal and the child will usually not remember this.
- You will have to leave the OT once your child is asleep. The anaesthetist will then insert the breathing tube, other IV lines and perform the nerve blocks as planned.

After Surgery

- After surgery, your child will wake up in the recovery area (PACU) and the nurse will call you so that you can be with your child.
- The doctors and nurses in PACU will be able to manage any post-surgery issues such as pain relief, nausea and vomiting. Children can cry because of pain, which we can treat, but sometimes, it may be because they are confused (a side effect of the anaesthesia) and just need comforting.
- Once your child is stable, he/she will be moved to the ward. If your child is planned for discharge the same day, he/she will still need to be observed in the ward for three to four hours to make sure he/she is well before discharge.

