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- that they are going into hospital.
- that they will be having an operation.
- some basic information about what will happen to them once they are in hospital.

The best time to provide this information will be different according to your child's age. Pre-school children probably only need to know the day before. Older children may need more time for the information to sink in.

You may have an opportunity to visit the children's ward before the day of the operation. This can be a good way to help prepare your child. We have play staff available who can give explanations and encourage discussion through play.

Some ideas of what to say to your child:

- **explain** that the operation or procedure will help their eyes get better.
- **encourage** your child to talk about the operation and ask questions. Books, games and stories can help. There are resources available such as colouring sheets and stories at www.rcoa.ac.uk/patientinfo.
- **tell** your child about timing: when will they have the operation or procedure?
- **emphasise** that they will be coming home the same day.

Preparing for admission

To ensure your child is comfortable during their stay, you should bring in a pair of slippers and pyjamas (or loose

trousers and a t-shirt). You can also bring in a favourite toy or book which they may be able to take into the anaesthetic room.

Don't forget to bring....

- regular medicines and inhalers.
- nappies and feeds for younger children.
- favourite cold snacks/drinks for after the procedure.

Whilst you are welcome to bring in siblings, it is usually better to leave them in the care of others if this is possible. This is because the day can be very long and tiring, especially for small children.

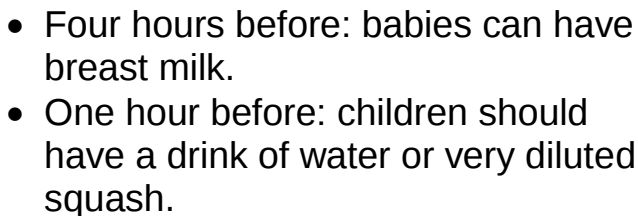
Nil by mouth

It is important for your child to follow the instructions about when to stop eating and drinking. This is because if there is food or liquid in your child's stomach during the anaesthetic, it could come up into the back of the throat and damage his or her lungs.

Children are much more comfortable if they do not have to wait longer than necessary without food and drink.

The following are generally agreed timings for when you can give your child something to eat or drink before surgery.

- Six hours before: your child can have a light meal or a glass of milk. Bottle-fed babies can have a formula feed.



Please phone the children's ward to let us know if your child develops a significant cough or cold, or diarrhoea or vomiting within a few days of the operation. We may advise that it is best to delay the operation until they are better.

An anaesthetist will visit you on the ward before the procedure to discuss your child's anaesthetic.

The anaesthetist needs to find out about your child's general health, previous experiences of anaesthesia, any medicines your child is taking and any allergies he or she has.

This is a good time to talk about any particular concerns you may have about the anaesthetic.

Occasionally, the anaesthetist may learn something about your child that means it would be safer not to do the

procedure on that day. This could happen if your child has a cold or develops a rash.

If your child has eaten food too recently, the operation will be delayed or postponed, possibly until another day.

This is the name for drugs which are sometimes given before an anaesthetic. Some pre-meds help your child to relax and some are related to the kind of surgery or anaesthetic that he or she will be having. Most pre-meds are given as liquid medicines.

Pre-med drugs can be:

- **sedatives** to ease your child's anxiety.
- **medications to protect your child** from side effects of the anaesthetic (for example, nausea or too much saliva).
- **an extra dose of treatment** for illnesses like asthma.
- **dilating eye drops** to enable the doctor to examine the back of the eye during the procedure.

Nearly all children will have ‘magic cream’ put on the back of their hands and (sometimes) their feet. This is also called “Ametop” or “EMLA”. It takes 30 – 60 minutes to work and reduces the pain of the injection when a cannula is placed in your child’s hand or foot. It has been found to work well in reducing pain in 9 out of 10 children.

Going to theatre

In most situations your child will be able to wear their own clothes to the operating theatre, but if not we can provide a colourful gown. Your child will be able to keep their underwear on.

Your child may walk to the anaesthetic room, or may travel on a hospital bed, or be carried. Like most other hospitals in the UK, we allow one parent to go with their child to the anaesthetic room. You do not **have** to accompany your child to the anaesthetic room. A ward nurse or play specialist will go along if you do not wish to go.

In the anaesthetic room

A nurse from the ward will accompany you and your child to the anaesthetic room. Your child will be able to take a toy or a comforter along. Sometimes the nurses are able to bring an iPad for your child to play with.

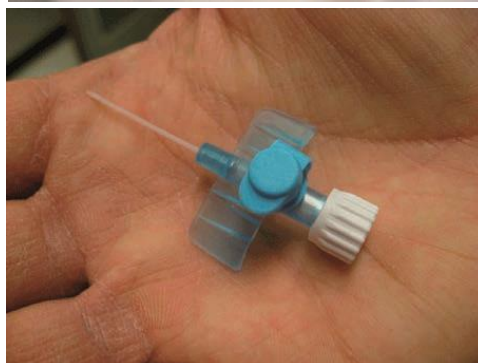
During the anaesthetic

If you want to, you will usually be welcome to stay with your child until he or she is unconscious. The anaesthetic may be started while your child is lying on a trolley. Smaller children may be anaesthetised sitting on your lap. Staff would then help you lift him/her onto the trolley.

The anaesthetist will either use gas or an injection through a cannula to start the anaesthetic. This will be discussed and agreed with you beforehand. Most

older children will have an injection through a cannula.

A cannula is a thin plastic tube that is placed into a vein under the skin, usually on the back of the hand (see figures 1 and 2 below). A needle is used to put the cannula in, but the needle is removed immediately, leaving only the soft cannula in place. It will usually be left in place until your child is eating and drinking normally.



Figures 1 and 2: a cannula

If a cannula is used, your child will normally become unconscious very quickly. The anaesthetist will then use a mask to continue the anaesthetic.

If the anaesthetic is started with a gas, the anaesthetist will generally use a mask to give the gas (see figure 3 below). They may pass the gas through a cupped hand gently placed over your

child's nose and mouth. Anaesthetic gases smell similar to felt-tip pens. It normally takes a little while (one to two minutes) for the anaesthetic to take effect. It is normal for a child to become restless during this time but staff will help you hold your child gently but firmly. You will then be asked to leave the anaesthetic room. A member of staff will be with you when you leave.



Figure 3: a face mask

Pain relief

Pain relieving drugs are given during the anaesthetic to ensure that your child wakes up as comfortable as possible. The type of pain relief given will depend on the procedure. The anaesthetist, surgeon and/or ward nurses will talk to you about the best type of pain relief for your child.

What happens next?

Your child will be taken into the operating theatre to have the operation or procedure. Some simple procedures might be done in the anaesthetic room. The anaesthetist will stay with your child throughout the procedure and monitor their blood pressure, pulse and

breathing closely, ensuring that he or she is safe and fully anaesthetised.

In the recovery room

Most children will wake up in the recovery room. The anaesthetist is close by and can help if needed. Each child is cared for by a specialist nurse who makes sure your child is comfortable. She will give extra pain relief and anti-sickness medicines as needed. You will be called to be with your child during the waking up process.

Distress upon waking

Many children show some signs of confusion or distress when they wake up. This is more likely to happen with younger children.

Some children can become very agitated and may cry and roll about or wave their arms and legs. This behaviour may last around 30 minutes. The recovery room nurses are experienced at looking after children at this time and will consider whether more pain relief will help. They will also advise you on how best to comfort and reassure your child.

If a child wakes in distress this is naturally worrying to parents and carers. It would be worth telling your anaesthetist if your child has experienced this type of distress in the past so that they can discuss ways that it might be avoided in the future.

Going home

Your child will have their operation or procedure carried out as a 'day stay' and they will almost always be able to go home on the same day.

You will be provided with pain relief medicines as needed, or staff may check what you have at home already. Staff should make sure that you know how to give the pain relief medicines before you leave. It is usually best to give pain relief medicines regularly and in the majority of cases, 'over the counter' paracetamol and ibuprofen will be enough for your child.

Some children feel sick or may be sick on the journey home. It is useful to be prepared and bring some plastic/paper bags along!

Before you leave the hospital you will be given a contact number to ring if you have any concerns about your child when at home.

Some children find a hospital visit worrying and we have found that some children do not sleep well after their hospital stay. They may be clingy and worried about leaving you afterwards and their behaviour may be more difficult than before. This will usually return to normal within three to four weeks.

Side effects & risks

In modern anaesthesia, serious problems are uncommon. Most children

recover quickly and are soon back to normal after their operation and anaesthetic. Some children may feel sick or have a sore throat. These usually last a short time. Medicines to treat sickness are available and often given.

For a child in good health having minor surgery:

- 1 child in 10 experiences a headache or a sore throat.
- 1 child in 10 experiences sickness or dizziness.
- 1 child in 5 becomes agitated upon waking.

Around 1 child in 10,000 develops a serious allergic reaction to the anaesthetic. Please note that the risk of death from anaesthesia for healthy children (having minor or moderate non-emergency surgery), is less than 1 in 100,000. For more information visit www.rcoa.ac.uk/document-store/death-or-brain-damage.

The likelihood of a serious risk or complication is higher if your child has a serious illness, or is under the age of 1 and/or having a major operation.

Children with significant illness, or babies having surgery sometimes have particular risks associated with the anaesthetic. The anaesthetist can discuss this with you before the operation. Modern equipment, training and drugs have made having an anaesthetic very safe although of course all risks cannot be removed completely.

There is ongoing research into the possible long term effects of anaesthesia in babies and very young children. At present there is no strong evidence of harm, and it is important to consider that any risk should be balanced against the overall importance of providing anaesthesia for a procedure or surgery.

Further information

For further information, you may wish to look at the following from the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI):

Long-term Effects of Anaesthesia on Infants and Young Children: Information for Parents: <http://bit.ly/2xFWISb>

Information about the general risks of having an anaesthetic for older children and young people is available in the following booklet authored by the Royal College of Anaesthetists:
www.rcoa.ac.uk/document-store/anaesthesia-explained

The link below will direct you to leaflets about specific risks associated with having an anaesthetic or an anaesthetic procedure. They are also available via the RCOA college website:

www.rcoa.ac.uk/patientinfo

There are also three leaflets for children available to download from the RCOA college website via:
www.rcoa.ac.uk/childrensinfo.

Other useful organisations are the Association of Paediatric Anaesthetists of Great Britain and Ireland and Action for Sick Children:

www.apagbi.org.uk/children-and-young-people

www.actionforsickchildren.org

References:

This leaflet includes text taken from the Royal College of Anaesthetists' (RCoA) leaflet 'Your Child's General Anaesthetic, 5th Edition 2017', however the RCoA has not reviewed this leaflet as a whole.

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Moorfields Eye Hospital NHS Foundation Trust
City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields Direct telephone helpline

Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net





Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have about the care we provide, guiding you through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs

