

# Anesthesia and Your Child: The Day of the Procedure

The American Academy of Pediatrics answers questions from parents about preparing for anesthesia.

## Can my child eat, drink, or take medicine on the day of anesthesia?

Except for emergencies, your child's stomach should be empty when anesthesia is started. This helps prevent vomiting, which may cause food or stomach acid to get into the lungs. Prior to your child's anesthesia, it is important to check with your surgeon or anesthesiologist about specific guidelines for your child. Here are general recommendations.

### *Infants younger than 1 year of age may have*

- Solid food until 8 hours before anesthesia. Keep in mind that baby food and cereal are solid foods.
- Infant formula until 6 hours before anesthesia.
- Breast milk until 4 hours before anesthesia.
- Clear liquids until 2 hours before anesthesia.

### *Children of all ages may have*

- Solid food until 8 hours before anesthesia. Keep in mind that baby food and cereal are solid foods. In general, no solid foods are allowed after a certain time on the evening before anesthesia.
- Clear liquids until 2 hours before anesthesia. Clear liquids include apple juice, clear soda, Popsicles, or a prepared electrolyte solution. Keep in mind that milk and baby formula are not clear liquids.

Each health care facility has its own specific guidelines for eating and drinking prior to anesthesia. If you do not follow your health care facility's guidelines, your child's procedure may be delayed, cancelled, or rescheduled.

Also, ask your anesthesiologist which, if any, of your child's routine medicines may be taken on the day of anesthesia. Some types of medicines must be stopped prior to anesthesia. Almost all approved medicines should be given on the morning of anesthesia with small sips of water but not mixed with solids such as applesauce. Remember to tell the doctor about herbal and natural types of medicines.

## Important reminders

### **On the morning your child receives anesthesia,**

- Be sure to follow the fasting (not eating) instructions.
- Dress your child in loose-fitting, comfortable clothes.
- Give your child routine morning medicines unless instructed not to.
- Bring a favorite comfort object, such as a blanket, stuffed animal, or toy.
- Be a calm and reassuring parent for your child.

## What will my child do while waiting for anesthesia?

Most large hospitals have a special waiting area for children. If you have not done so already, you will meet the anesthesia care team at this time. They will review your child's records, briefly examine your child, tell you how they will keep your child safe, discuss the risks, and answer remaining questions or concerns.

## What if my child is worried?

A calm and supportive family can provide the most help in ensuring that your child will not be overly worried or upset. If your child has a special blanket, stuffed animal, or toy, remember to bring it.

Sedatives (medicines to help your child relax) may be given before the start of anesthesia to help reduce fear and worry in children. The choice of whether or not to give a sedative will depend on your child's age, level of anxiety, and medical condition, as well as your hospital's practices. Sedatives may be given through the mouth, through the nose, or as an injection.

If a sedative is given, you will need to watch your child carefully. Your child can get very sleepy and may need help sitting up or walking.

## How will anesthesia be given to my child?

Most children can choose one of the following ways for anesthesia to be started:

- By breathing anesthetic gases through a mask. No pain is involved, but not all children will like having a mask placed on the face.
- Through a needle put into a vein (IV). If an IV is used, local anesthetic (numbing medicine) at the IV site may be used and can make this less painful.
- Through a needle put into a muscle (an injection). A shot may be necessary if your child is not able to remain still. A shot may be scary to a child, but it is quick and the pain is brief.

Before the day of the surgery, test, or treatment, talk with your child about maybe using a mask. Explain that the mask contains special air that helps children feel sleepy. The mask may be treated with a special smell to make it more comfortable. This method may not be used in certain cases, such as for some emergencies, in the case of stomach or bowel problems, or if your child has eaten recently.

For older children, anesthesia is usually started by an IV. No matter how anesthesia is started, your child will be kept comfortable and asleep with gas *and* IV anesthetics. Your child will stay asleep during the surgery, test, or treatment and will be woken up once the procedure is finished. If your child needs to remain asleep after the procedure, your anesthesiologist will explain this to you.

## Can I be with my child when anesthesia is started?

Some hospitals allow 1 support person (usually a parent) to go with a child into the operating room or other area where the child is to receive anesthesia. This may be possible for scheduled procedures or surgeries but not for emergency surgery. Check on the policy at your hospital ahead of time. Your child's anesthesiologist will make the final decision. Remember, if you stay with your child when anesthesia is given, the purpose of being there is to support your child and ease her fears. Do this for the child, not for yourself.

If you are able to be present for the start of anesthesia, ask the anesthesiologist beforehand what you should expect to see and how your child might react. Understanding what is to happen will make you feel more comfortable, as watching your child undergo anesthesia can be difficult.

It is important to realize that even if you are allowed to be with your child for the start of anesthesia, your child may still get upset before going to sleep. This depends on your child's age, temperament, and past experiences.

Many anesthesiologists feel that giving children sedatives makes separation much easier and that parents do not need to be present. Many factors are involved in this decision. Whatever the decision, remember that the anesthesia care team has a lot of experience with helping children stay calm during these moments.

## Where will my child go after the procedure?

Your child will go to a recovery room or an intensive care unit, depending on the type of surgery, test, or treatment, as well as your child's medical condition. Usually, parents are allowed to be with their child in these areas if their child's condition is stable. After a routine procedure, the recovery stay is usually 30 minutes to 2 hours. Then your child may go to a regular hospital bed or a short-stay unit or be discharged home.

## How will my child behave after the procedure?

Children awaken from anesthesia in different ways, and every time may be difficult. Some are alert and calm right away. Others may remain groggy for a longer period. Infants and toddlers may be irritable until the effects of the anesthesia have worn off. If this is the case, your child may need more sedative medicine while sleeping off the remaining effects of anesthesia.

### *Will my child feel pain?*

One of the main goals of anesthesia is to prevent pain during and after the procedure. If your child is in pain in the recovery room, pain medicine may be needed. Pain medicine comes in many different forms and can be given in many different ways. Your child's doctors will discuss the options with you and your child ahead of time.

### *Will nausea and vomiting be a problem?*

Nausea and vomiting are common after anesthesia and may result from your child's condition, the procedure, or the side effects of anesthesia. If your child is vomiting a lot, your child may need to stay in the hospital longer. Sometimes an unplanned overnight stay in the hospital is needed. There are medicines that can be given to your child during or after anesthesia to reduce the chance that this will be a problem.

Discuss your questions or concerns with your anesthesia care team and your child's doctor or other doctor(s) who are involved. These health care professionals are trained to provide your child with comfort and safety throughout the process.

Be sure to keep your anesthesia care team informed about your child's health just before the procedure. Call the team or your child's surgeon if your child develops a cold or other illness or has been exposed to chickenpox within 3 weeks of the procedure.

Developed in collaboration with the American Academy of Pediatrics Section on Anesthesiology and Pain Medicine.

The information contained in this publication should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

