



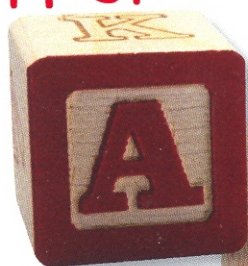
DOERNBECHER
CHILDREN'S
HOSPITAL

Let's Talk About...



WHEN YOUR CHILD
NEEDS ANESTHESIA

From



to



OREGON
HEALTH
& SCIENCE
UNIVERSITY



OHSU
ANESTHESIOLOGY
& PERI-OPERATIVE
MEDICINE

What Is A Pediatric Anesthesiologist?

A pediatric anesthesiologist is a physician who has completed at least three years of anesthesiology training after medical school and at least 1 additional year of specialized training in the anesthetic care of infants and children. A pediatric anesthesiologist has the experience and training to help ensure the safe and comfortable surgery, test, or treatment for your child. The pediatric anesthesiologist knows how children react to hospitals and surgery. As physicians, they work with other doctors such as pediatricians, surgeons and other specialists to improve the quality of your child's entire hospital stay. You also may meet anesthesiologists in other hospital areas. For example, if your child needs a specialized radiological test including diagnostic scans, a pediatric anesthesiologist may well be present to provide anesthesia or safe sedation for your child. Following surgery, pediatric anesthesiologists are often involved in providing pain relief for your child and are consulted in the pediatric intensive care unit. Even if your child is not undergoing an operation, a pediatric anesthesiologist may be consulted for pain management, respiratory care and other medical situations.

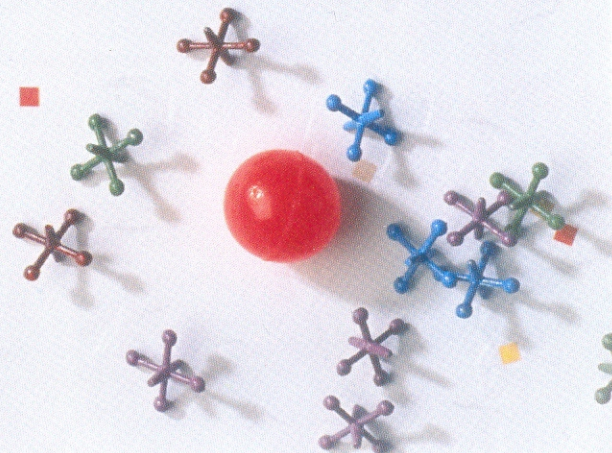


What Will The Anesthesiologist Need To Know????

The anesthesiologist will want to make sure that your child is in the best possible physical condition before surgery.



You will be asked important questions about your child's general health, including whether he or she has allergies or any medical problems, whether there has been any family history of difficulties with anesthesia, and what your child's experiences have been with previous anesthetics. During the evaluation, anesthesiologist will explain the planned anesthetic procedures. The discussion may include whether or not your child will receive anything for sedation before surgery, how the anesthetic will be initiated and maintained, and other pertinent anesthetic details. This is the best time for you and your child to ask questions and express any concerns to the anesthesiologist.



What Are The Risks of Anesthesia For My Child?

Although serious complications associated with anesthesia can occur, they are very rare. However, no matter how unlikely, it is our responsibility to inform our patients of possible complications.

Complications associated with the administration of general anesthesia range from minor discomforts or injury (sore throat, nausea, fatigue, and chipped tooth) to very serious, but rare, events (pneumonia, stroke, heart attack, or even death). Some of the serious complications associated with regional anesthesia (spinal, epidural, or nerve block anesthesia) include seizures, cardiac arrest, and permanent nerve damage. For some procedures, it may be necessary to insert catheters (small tubes) into arteries or large veins. Complications associated with the insertion of these catheters include damage to the blood vessel, infection, collapsed lung, bleeding, nerve injury, or stroke. Remember that the serious complications are extremely unlikely. If you have any questions about these risks, please discuss them with your pediatric anesthesiologist before your child's surgery.

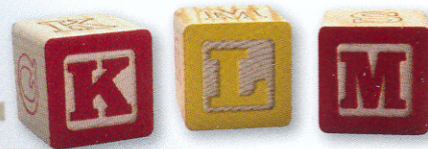


Will My Child Receive Any Medication Before Surgery?

Children vary in their need for sedation before entering the operating room. Some are best prepared for the stress of a procedure or hospitalization by the calming presence of their parents. In spite of parents' reassurances, however, some children still may require medicine to calm them before surgery. This medication may be given by mouth, injection or rectal suppository. The time before surgery that such pre-medication is given will vary. The anesthesiologist will discuss the options for sedation with you during the preoperative visit. Your input is very important since you know your child best.

How will My Child Be Given Anesthesia?

The most common method of beginning anesthesia in pre-teen children is to let the child breathe anesthetic agents through a mask until losing consciousness. This is called a mask or inhalational induction. With this approach, your child will be asked to breathe through a "space mask" quietly, and no needlesticks will be performed until after your child is fully asleep. In contrast, adults usually have their anesthesia started by administering medication through an intravenous line. This is also a method



What About Regional Anesthesia For My Child?

that can be used for children. The choice of which method to begin anesthesia will be made by the anesthesiologist based on many factors.

General anesthetics provide complete pain relief and loss of consciousness during an operation.

However they also have various effects on the lungs, the heart and on other organs of the body.

The anesthesiologist will choose specific anesthetics whose effects are best for a particular child.

Different children may awaken from anesthesia at differing

rates. Some children may be fully alert



upon arriving in the recovery room. Others may be groggy for hours after surgery. If you have any concerns about your child's recovery, you should feel free to ask your anesthesiologist. Although operations are much safer today, they still produce stress on the body and may cause your child to have a "sick" feeling. Nausea and vomiting are occasional side effects after surgery and anesthesia. If your child experiences significant nausea, medication can be given intravenously to help.



In recent years, it has become possible to provide pain relief to specific areas of the body. For example, if your child is having foot surgery, it is possible to eliminate the feeling of pain in only the foot, either with a local injection of an anesthetic or by regional anesthesia. The most common type of regional anesthesia used in children is called epidural anesthesia. This is very similar to the anesthesia used

for childbirth when local anesthesia



is injected into

the back or tailbone region. In addition, there is increasing use of injections closer to the site of surgery, called peripheral nerve blocks. Peripheral nerve blocks are most commonly used for surgery on the arms/hands or legs/feet. In children, intravenous or inhaled anesthetic agents are usually combined with a regional anesthetic. This combination may allow the anesthesiologist to give less general anesthesia. Another advantage is that regional anesthesia is often used to provide pain relief after surgery. Your anesthesiologist can discuss the advantages and disadvantages of regional anesthesia with you.



How Is Pain Controlled After Surgery?

The anesthesiologist may be consulted to help manage your child's pain following the surgery.

After surgery, pain medication is commonly given by the nurse through



the patient's IV.

However, there are other forms of pain

management that

may be chosen to provide comfort. For instance, patient-controlled analgesia (PCA) allows a child to self-administer a controlled dose of pain-relieving medicine when needed. The anesthesiologist programs a small, computerized pump, and children 8 years old or older may be instructed on PCA use. For certain types of surgery, it may be recommended that your child have a tiny epidural catheter inserted through which a small dose of medication for pain relief can be given. This allows the child to be more awake and lessens the chance for complications from the use of other pain medications. Sometimes the epidural relief can be continued for several days after the operation. Similarly, a small catheter can be inserted closer to the surgery site in an arm or leg through which pain medication can be given. This is called a peripheral nerve catheter. At regular intervals, your nurse will be checking the patient's level of pain to assess how the pain management is working. If at anytime, you have additional concerns regarding pain management for your child please contact the floor nurse, or charge nurse and ask for a pain physician evaluation.

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