Anaesthesia and Children

Your child will soon have to undergo a procedure or examination at the Máxima Medical Center. This procedure will take place under general anaesthesia. This means that your child will be put into a deep sleep so that they are not aware of the procedure. This leaflet provides you with some more information.

What is General Anaesthesia?

Your child will undergo surgery or an examination under general anaesthesia so they are not aware of the procedure. The anaesthesia is administered by an anaesthesiologist and a nurse anaesthetist.

General anaesthesia has several effects:

- causes sleep
- treats pain
- relaxes the muscles

During surgery, the anaesthesiologist monitors vital body functions such as breathing, heart rate, blood pressure and body temperature. From the moment your child arrives in the operating room until they go to the outpatient ward or children's ward, your child will be continuously monitored.

Preoperative Screening

Once the decision is made for your child to undergo surgery, you and your child will be asked to fill out a digital questionnaire about your child's health. You will also be asked to watch information video's about the preparation and what to expect before and after the anesthesia. You can watch and discuss these video's together with your child. If there are any health issues, you will be contacted to discuss whether any extra examination or consultation is necessary before the operation can take place. If you have any questions yourself, you can write it in the questionnaire that you want us to contact you.
As a parent/guardian, you will be asked for consent for the surgery. This is mandatory under the Medical Treatment Contracts Act (wet op de geneeskundige behandelingsovereenkomst - WGBO).

The information in this leaflet is of a general nature and is meant to give you an idea of the care and information that you can expect. Other advice or procedures may apply depending on your situation. This leaflet is only an addition to the specific information from your specialist or practitioner.

Fasting

Your child's stomach must be empty before surgery.
For the safety of your child, it is important that the stomach of your child is empty and your child is fasted. This means that they may not eat or drink after a certain time. If they do not fast accordingly, the surgery **cannot** take place as planned.

One day before surgery, you will receive an email and text message about the time of admission. This is important for being fasted. Therefore, please adhere to the following instructions:

Instructions about food and drink prior to the operation of your child

Food: Your child is allowed to eat **up until 6 hours before your child has to be at the hospital (the admission time)**. After this**, your child may not eat anything**.

Drinks: In order for your child to stay as fit as possible before the surgery, it is good to have your child drink clear fluids **up until the time of treatment.**
Examples of clear liquids are: water, sugar water, lemonade, tea without milk, coffee without milk and clear apple juice. **Please note:** Dairy products are **not** allowed.

Breastfeeding: children may be breastfed or drink pumped milk from a bottle **up to 4 hours** before the time of treatment.

Powdered milk (baby and follow-on formula): children may have powdered milk from a bottle or cup up to **6 hours** before the time of treatment.

Sugar water
For a baby <1 year old, it is extra important to try and let them drink luke warm water or sugar water up until the time of admission.

How to prepare sugar water: mix 100mL of water with two tea spoons of sugar and give it to your child luke warm. (this is about 5grams of sugar per 100mL of water)

Childhood Diseases

If your child is ill (body temperature above 38 °C, listless and/or coughing up phlegm), the planned surgery may have to be postponed until they have recovered.
If your child has had a childhood disease (e.g. chickenpox) within three weeks before being admitted, has received a vaccination or has a red rash a few days before the procedure, it may be safer to postpone the surgery. Please check with the specialist treating your child.

Preparation at home

To prepare your child well, you can talk to them at home about the points described below. Doing so will give them a chance to process the information slowly.

- The surgery your child will have.
- The wristband with their name and date of birth on it.
- The people working in the hospital have special clothes on. On the ward, they wear white clothes. In the operating room, they wear blue clothes and a cap.
- To go to sleep, a transparent mask is held over your child's mouth and nose. They can breathe normally through this.

Ask toddlers to repeat back what you have told them. This helps verify whether they have understood the information.

Please also take a look at our website with your child: www.kindenjeugdmmc.nl. Here you will find explanations and videos for a good preparation.

You can also prepare your child for a stay in the hospital by reading a story or letting the child read one. A few examples:

For children aged 2 and older (in Dutch):

- Nijntje in het ziekenhuis, Dick Bruna, Mercis. ISBN 9789073991873
- Karel in het ziekenhuis, Liesbeth Slebers, Clavis. ISBN 9789044807349

For children aged 4 and older (in Dutch):

- Lucas en de slaapdokter, Stefan Boonen and Brigitte Vangehuchten, Clavis. ISBN 9789068229684
- De operatie van kleine olifant, José Boone, De Toorts. ISBN 9789060207468

An extensive list of books and more advice on preparing your child can be found in the brochure on the department where your child will be admitted.
The leaflet on 'Helpful Language' also provides pointers. You can find it on the website https://kindenzorg.nl or via the QR code below.

Download de folder en scan een van de qr-codes:

Online versie

Printversie

Preparation at the Paediatric Ward

Your child will be prepared for the procedure as good as possible at the hospital.
Your child may wear his own pajamas (note: no onesie).
On the ward, your child will receive pain medication in the form of a suppository, a lozenge or regular paracetamol before the procedure.
If your child chooses to have anaesthesia with an IV line, anaesthetic ointment is rubbed on the skin beforehand. This will make inserting the IV line less sensitive.
A nurse from the department will take you and your child to the operating room complex.

To the Operating Room

One parent may accompany the child to the operating room, also for emergency surgery, until the child is asleep. A special room has been set up in the operating room complex where you and your child can wait until it is their turn. Because of the hygiene rules in the operating room complex, you will receive blue overalls to put over your clothing. You will also be given a cap and a pair of covers to wear over your shoes. If you are pregnant, you must report this to the employee at the operating room complex.

The General Anaesthetic

Your child will sit or lie on the operating table in the operating room. Patches will be affixed to your child's chest to measure their heart rate, and a clip on their finger will measure their blood oxygen level. Blood pressure will be measured on their arm. The data will be checked again with the entire surgical team. You can also ask any questions you may still have. The anaesthesia is then started either through the mask or the IV line.

The anaesthetic comes through a transparent mask covering the mouth and nose. Your child falls asleep by breathing into the mask. While falling asleep, your child may make involuntary movements. This is normal and disappears when your child is under anesthesia.
If your child has opted for an IV line, the sedatives are administered directly into the bloodstream by the IV line.

As soon as your child is asleep, an employee will bring you to the door of the operating room complex. Outside the complex, you can remove your overalls, cap and covers and return to the ward.

Local Anaesthesia

If possible (depending on the type and location of surgery), a local anaesthetic is used in addition to general anaesthesia. This is an injection of local anaesthetic medication around a nerve. It is the most effective method to prevent or reduce pain after surgery. The anaesthetic can last between 5 and 15 hours, depending on the location and medication given. Local anaesthesia is given to children once the child is asleep. The following forms of local anaesthesia are used for children at Máxima MC:

Ilioinguinal Nerve Block (groin area)
This anaesthetic is administered for single-sided surgery in the groin (e.g. inguinal hernia) or scrotum (e.g. testicular fixation). Medication is injected between the abdominal muscles to numb the nerves of the groin and scrotum.

Caudal Block
This anaesthetic is administered for single or double-sided surgeries in the lower abdomen or groin (e.g. inguinal hernia) or scrotum (e.g. testicular fixation), or for lower limb surgeries (e.g. clubfoot or Achilles tendon lengthening). A caudal block is a form of epidural anesthesia where a local anaesthetic is injected at the base of the back to numb the abdomen and legs. This can lead to some temporary muscle weakness in the legs.

Plexus or nerve block of the arm or leg
This involves numbing an arm or leg by injecting medication close to a nerve or bundle of nerves. This is used in certain surgical or orthopaedic procedures on the arm or leg. Muscle weakness in the anaesthetised limb for the duration of the anaesthesia is common.

Epidural anaesthesia (single shot epidural or epidural catheter)
Epidural anaesthesia is the injection of medication between two vertebrae (back bones). The lower body feels relaxed and numb once the medication fluid is in the right place. When your child wakes up, they can still move freely but their legs might feel wobbly. Keep this in mind when your child wants to get out of bed.

For shorter surgeries, such as epiphysiodesis, only medication fluid is injected. For longer surgeries, such as a leg lengthening, a thin catheter will be left in place in the back. Painkillers can be given through this catheter for a longer period, hours or days. These medications also numb the bladder, so a urinary catheter is inserted into the bladder during surgery to drain the urine. This urinary catheter will remain in the bladder as long as the epidural catheter remains in place.

Postoperative Care

After surgery, your child will be taken to the children's recovery room. This is an area next to the operating rooms. One parent may stay here with the child. Children are sometimes uneasy when waking up from general anaesthesia. The presence of a parent can be very reassuring.

Your child may still feel sleepy after the surgery. Nausea and vomiting are also possible. We cannot always prevent pain after surgery. If your child experiences pain, feel free to ask for additional pain relief. The nurses know what they can give your child.

When your child is comfortable, you may return to the paediatric ward. In some cases, it may be decided that your child will have to stay at the hospital for a night even though it was previously agreed they could go home the same day. The reasons for this include persistent nausea, the procedure taking longer than expected and bleeding.

Advice for at home

We will keep your child's stay at the hospital as short as possible. In most cases, your child can go home on the day of the surgery or the next day. Have your child take it easy at home for the first 24 hours after the surgery, and do not allow them to participate in traffic on their own.

Your child might not feel fit and may be listless the first few days after the surgery. There may be various reasons for this, such as the surgery, the anaesthesia or processing the major event that is hospitalisation. Give your child the rest and time they need.
The aftercare depends on the type of surgery. You will receive instructions from the nurse or attending physician.

Questions

If you still have questions about general anaesthetic after reading this information, please contact the Preoperative Screening (POS) unit by phone on +31 40 888 50 30.