

## Anesthesia: Questions and answers

### What is anesthesia?

Anesthesia (an-ess-**thee**-zha) is medicine given before a medical procedure to help your child fall deeply asleep and feel no pain. This is also called “general anesthesia” because it affects the whole body. “Local anesthesia” is used only on certain parts of the body.

### How can I prepare my child for anesthesia?

First, be aware of your own feelings; many parents are nervous. It helps to remember the purpose of anesthesia, and that the staff at Children’s are specialists in giving anesthesia to children.

Anesthesia is best described to a young child as “a medicine to help you sleep so you don’t feel anything during the procedure.” A nurse, child life specialist, and the anesthesia team will meet with you before your child’s procedure to help prepare all of you, and to answer your questions.

Even with preparation, some children are very nervous about anesthesia. If so, medicine is available to help them relax. This medicine can be given after the anesthesiologist (the doctor who gives the anesthesia) assesses your child. If there is a medical reason **not** to give your child this relaxing medicine, the staff will offer other suggestions.

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

Sometimes. After talking with you, the anesthesiologist will decide what will be safest and medically best for your child when starting the anesthesia (this is called the “induction”). The anesthesiologist will consider such factors as your child’s age and developmental needs, and your own desire to participate.

### How will my child react to anesthesia?

Children can have different reactions to anesthesia. Age, developmental stage, temperament, and past medical experience all affect how they can react. These issues help the anesthesiologist decide where and how to give it.

Generally, children younger than 12 months will be carried directly to the operating room by the anesthesiologist and nurse anesthetist, while the parents are escorted to the waiting room.

For children 1 to 10 years old, parents may be invited to be present while their child falls asleep. Unlike most adults, children often begin their anesthesia by breathing the medicine through a mask. (For most young children this method works better than inserting an IV—a tube in the vein—to give the anesthesia.)

During induction, toddlers or young children may be held on your lap. For larger children, it is safer to lie on the bed while falling asleep.

When using a mask, many children simply drift gently off to sleep. However, some may resist the mask being held on their face. Parents may be asked to “hug” their child in a way that limits their arm movement, letting the anesthesiologist hold the mask gently on the child’s face. A favorite song or rhyme can be soothing to your child.

It takes several minutes to fall completely asleep by breathing the anesthesia medicine. During the transition from awake to asleep, some children may squirm, make loud breathing sounds, and breathe rapidly and shallowly. Usually, breathing quiets and slows as the child falls more deeply asleep. Most children will look and feel limp, and their eyelids may not be totally closed. These changes may worry parents, but they are all normal.

For older children and children with certain medical issues, an IV catheter (small tube) is put in a vein to give the anesthesia medicine. This method usually works more quickly than the mask method. Medicine can be used to numb the skin before the IV is put in, if needed for comfort. See the education sheet, “Anesthetic cream.”

### **What if I decide not to be present for the induction?**

Parents are **not required** to be with their child when anesthesia is started. Sometimes parents feel more comfortable **not** being present. Your needs are important, too. Just let the anesthesiologist and nurse anesthetist know your wishes and they will be supportive of your choice.

### **If I’ve been present for induction before, may I be present again?**

Each anesthesia experience is different. Some parents wish to be present again and others do not. A child’s age, maturity, or changes in medical condition may call for a different approach. Again, your child’s anesthesiologist will decide if this is an option.

### **If the anesthesiologist says it is all right, which family members can be there?**

No more than two adults can be with the child in the induction room. The anesthesiologist and nurse anesthetist need enough room for easy access to your child. If your child’s anesthesia begins in the operating room, usually just one adult may be present. Siblings may not be present during induction.

### **When can I be with my child after the procedure?**

After the procedure, your child will be moved to the post-anesthesia care unit (also called PACU, or recovery room). The anesthesia team will stay with your child until stable, and a PACU nurse will watch and care for your child. See the education sheet, “Post-anesthesia care unit.”

Pain medicine is given as needed. After receiving it, children need to be observed for a time due to the sleepiness and possible change in breathing caused by most pain medicines. You will be reunited with your child when vital signs are stable and beginning to wake up.

Some children, especially toddlers and young children, may be fussy as they gradually become alert. This can happen even if they are not hurting. Usually this phase is brief and the nurses are skilled at helping your child adjust. Children may calm down once with their parents again, but they may continue to be fussy for a short period. Patience and reassurance from parents and nurses will help children become comfortable and settled.

### **How will my child feel after waking up from anesthesia?**

Common feelings after anesthesia may last up to 24 hours, and may include:

- sleepiness
- upset stomach
- dizziness
- headache
- sore throat
- irritability
- muscle aches

Use extra support when holding your child at first, as he or she may be less steady than usual.

### **Questions?**

This sheet is not specific to your child but provides general information. An anesthesiologist will meet with you on the day of your child's procedure. If you have questions before then, please call the department where your child is scheduled for the procedure:

Children's – Minneapolis  
Pre-surgery phone line (612) 813-6191

Children's – St. Paul  
Short Stay Unit (651) 220-6195  
Day Surgery Center (651) 241-6864

Children's West (952) 930-8700

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: [www.childrensmn.org](http://www.childrensmn.org).

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