

What about regional anesthesia for my child?

It is possible to provide pain relief to specific areas of the body using injections of local anesthetics. This is called regional anesthesia and can be performed safely in children as well as in adults. Caudal anesthesia is a type of regional anesthesia commonly used in children for some types of surgery on the lower half of the body, such as certain urological procedures. Caudal anesthesia involves a local anesthetic injected into the tailbone region, where it numbs the nerves supplying the lower body. This is very similar to the epidural anesthesia often given to women during childbirth, when local anesthesia is injected into the back. This procedure is usually done in addition to general anesthesia and performed after your child is asleep. The caudal may allow the anesthesiologist to give your child less general anesthesia during the surgery, thereby lessening the chances of side effects occurring from general anesthesia, and also provide for pain relief after surgery. Caudal anesthesia is commonly given to children and may safely be performed even in very young babies. Because caudal anesthesia numbs the nerves to leg muscles as well as sensory nerves, your child may notice that his or her legs feel weak after surgery, and they may even have difficulty walking. This weakness will pass, as will the numbness, at which point they should be given alternative pain medication if necessary, as directed by your surgeon. Your child should not have a caudal anesthetic if he or she has any bleeding problems or is on blood thinners (anticoagulants). Your anesthesiologist can discuss the advantages and disadvantages of this technique with you.

Beyond the operating room

Our pediatric anesthesiologists also provide anesthesia services for many non-surgical procedures throughout the hospital. For example, if your child needs a special test which requires him or her to lie absolutely still, such as a diagnostic scan, or an uncomfortable procedure, such as a spinal tap or endoscopy, an anesthesiologist may be present to provide anesthesia or sedation for your child. Please note that all of the same anesthesia preparations, guidelines, and instructions, such as no eating or drinking, apply even when anesthesia or sedation is given for non-surgical procedures.

How can I as a parent help?

The anesthesiologist and the surgeon will do their best to make your child's visit to the hospital as pleasant as possible. However, you also have a key role to play in your child's care. It is important that you begin preparing your child for the operation as soon as a decision is made to perform surgery. Children tolerate surgery and anesthesia better when they are well prepared. Children

have natural fears of the unknown. Anything you can do to relieve these anxieties and to inform your child about the coming events in the hospital and the operating room will greatly improve your child's experience.

Honesty is very important. Your child should be told that he or she will be in unfamiliar surroundings but will meet many friendly doctors and nurses. Children need to know that they will have an operation and that there may be some discomfort afterward. Let them know that you may not be with them every minute but will be waiting nearby.

Your composure as a parent is essential. Nothing calms a child more than a confident parent. Although it is natural for parents to have anxiety when their children are having surgery, it is best not to convey this to your child. Talk to your child about what to expect in the hospital such as corridors, hospital beds and the presence of other children. Reassure your child that everything done during the hospital stay will be explained beforehand.

To help prepare you and your child for this experience, our Child Life specialists offer a pre-operative program, free of charge, designed to provide information, reassurance and support prior to surgery. This one hour program consists of age-appropriate activities geared towards preparing children for surgery. Children 3 years of age and older and their families may participate. Visits are by appointment only. Please call the Child Life Program at 212-746-3518 for more information or to make an appointment.

The institution now known as the New York Weill Cornell Medical Center has been involved in the care of children of all ages for over a century and has been at the forefront of many important developments in the pediatric subspecialties. Continuing in this tradition, the pediatric anesthesia division is dedicated to providing outstanding care for your child, ensuring his or her utmost safety as well as comfort.

Pre-operative dietary guidelines for children

ALL AGES: No solids after midnight. Solids include any food, juices with pulp, cow's milk, candy, chewing gum, and carbonated drinks.

NEWBORN - 6 MONTHS: Formula may be given up to but no later than 6 hours before surgery. (No whole milk)

ALL AGES: Clear liquids may be given up to but no later than 3 hours before surgery. Clear liquids include apple juice, water, sugar water, and pedialyte.

ANESTHESIA AND YOUR CHILD



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A hospital visit can be an anxious time for you and your child. You both will meet many doctors, nurses and other people who will do their best to make your experience a positive one. At the NewYork Weill Cornell Medical Center of NewYork-Presbyterian Hospital, there is a dedicated team of pediatric anesthesiologists with specialized expertise in the anesthetic care of children. These highly skilled and caring physicians are available 24 hours a day to provide anesthetic services for children undergoing elective and emergency surgery or other procedures.

Each year our pediatric anesthesia service cares for over 2500 pediatric patients of all ages, including newborns and even very small premature infants, from a wide variety of surgical subspecialties. These children undergo procedures ranging from placement of ear tubes to highly technical urological, neurosurgical, plastic, otolaryngological and transplantation surgery. We also routinely participate in the care of children being treated at our world renowned Burn Center, the largest specialized burn facility in the country. Our job as pediatric anesthesiologists is to provide safe, optimal conditions for your child during surgery and to make the entire surgical experience as pleasant and comfortable as possible. We know how children react to hospitals and surgery and how to respond to their special needs.



How will my child be given anesthesia?

When it is time for your child to be taken into surgery, you will be invited to accompany your child into the operating room and stay with him or her until your child is asleep. The presence of a calm, assured and confident parent can help most children through the stress of a procedure, usually without the need for sedation. Only one parent or caregiver is allowed in the operating room to avoid crowding and contamination of sterile equipment.

The anesthesiologist wants 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 asthma, whether there has been any family history of difficulties with anesthesia and what your child's experiences have been with previous anesthetics. You will be asked when your child last ate or drank. It is very important for your child's safety to follow closely instructions about food and liquid intake prior to surgery (see guidelines below). During this evaluation, the anesthesiologist will explain how the anesthesia will be given and invite you and your child to ask questions and express any concerns.

Sometimes minor illnesses such as sniffles and colds can cause problems during some types of surgery and anesthesia. For this reason, the anesthesiologist may feel it is best to postpone surgery for the sake of your child's safety.

A commonly used method of anesthetizing young children is to allow them to breathe anesthetic agents until losing consciousness. This is referred to as a mask or inhalational induction. With this approach, your child will be asked to breathe through a mask, and no needlesticks will be performed until after the child is sound asleep. Your child may become excited and appear to struggle as he or she begins to lose consciousness, but will soon drop completely off to sleep. In some children, anesthesia is started by an intravenous injection, as in adults. With this technique, the patient becomes unconscious very rapidly. The choice of which method to use will be made by the anesthesiologist based on many factors.

As soon as your child starts to lose consciousness, you will be shown to a nearby waiting area. You will be reunited with your child in the recovery room, where you may stay with your child while he or she fully wakes up. Your child will probably have very little memory of the period of separation from you. Some children may be fully alert upon arriving in the recovery room, while others may be groggy for hours after surgery.

Your child will probably have at least one intravenous line (IV) in place in the recovery room. This will most likely be in the hand or foot, placed while your child was unconscious. If a surgical procedure is very brief, such as ear tube placement, an intravenous line may not be needed.

Although anesthetics can provide complete pain relief and loss of consciousness during an operation, even our most modern agents do occasionally have side effects. They tend to decrease breathing, heart rate and blood pressure. Nausea and vomiting are also occasional side effects after surgery and anesthesia. Our anesthesiologists are specially trained to ensure that these anesthetic effects are minimized. Aided by highly sophisticated, state-of-the-art anesthesia equipment, they are constantly on guard for changes in breathing, heart rate, blood pressure or unexpected events which, although rare, may occur during surgery. If you have any concerns or questions about your child's recovery, you should ask your anesthesiologist.

Excerpted from *Anesthesia & You . . . When Your Child Needs Anesthesia*, copyright 1994 of the American Society of Anesthesiologists. A copy of the full text can be obtained from ASA, 520 N. Northwest Highway, Park Ridge, Illinois 60068-2573.

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