**Information for parents being with their child before and after a general anaesthetic**

This leaflet describes what you as parents might expect to happen when your child receives a general anaesthetic, both falling asleep at the start and waking up at the end.

Further information is available about all other aspects of your visit to hospital for your child's operation, be sure to ask staff if anything is unclear.

**'GOING OFF TO SLEEP' (induction of general anaesthesia)**

Usually, you will be with your child in the anaesthetic room (sometimes 2 parents depending on the hospital)

Rarely, for example if your child is very young (<6 months), or for some emergency operations, the anaesthetist and theatre team may recommend you do not attend. Equally if you do not wish to attend there is no pressure to do so. You and your child can discuss this and perhaps another relative or nurse may go with your child, or they may wish to be alone if older.

Your child will receive their anaesthetic either with an injection into a vein or by breathing through a mask. Your child’s anaesthetist will discuss these choices and agree with you the best way for your child to go to sleep.

Please tell staff, if you or your child have any worries, no matter how small these may seem. And please also tell us how we can best help you and your child. As parents you know your own child best.

There are some important points about your child having an anaesthetic .

Your child will 'go off to sleep' very quickly. It takes between 10 and 60 seconds. They may become very floppy. Sometimes children wriggle and move and this is a 'normal' phase of going to sleep. They may roll their eyes, cough or even breathe a little noisily.

Staff will observe your child very closely at this stage. If the monitors (oxygen, heart and blood pressure monitors) are not attached before your child goes to sleep, (tricky in young children) we will put them on as soon as is possible and will use them throughout the operation or procedure. The most important 'monitors' are the people present: the anaesthetist and the nursing staff who are trained to care for your child safely.

The anaesthetist and the nurses will explain what is happening while your child is going off to sleep. It is understandable and quite 'normal' to feel anxious yourself. Some parents may feel upset and tearful. We very much understand this and will support you. You have an invaluable role in reassuring and calming your child as they go off to sleep. You can help them feel safe.

If your child falls asleep by an injection, the anaesthetist will place a mask gently on their face to give them oxygen and an anaesthetic medicine to breathe. If they fall asleep breathing anaesthetic through a mask, they will continue breathing anaesthetic via a mask. You will usually be able to give them a quick kiss and then leave the anaesthetic room to go back to the ward or waiting area, until your child's procedure is finished and you rejoin them. A member of the ward or theatre staff will show you where to wait and will provide support for you if you need this.

**‘WAKING UP’ (recovery)**

We will reunite you with your child as soon as it's safely possible to do so.

During the first stage of recovery your child's anaesthetic will wear off, they will start to wake up and will need close attention. We will make sure that they are breathing safely on their own and that all their other observations are stable. At this stage, your child will still be in the operating theatre or in the 1st stage recovery room. This lasts for between 5 and 30 minutes, depending on a number of factors (your child’s age, length of procedure etc).

Depending on the hospital, and its physical layout, your child will then be speedily transferred to a recovery room or nearby ward. This is the second stage of recovery. You will be able to be with your child at this point.

Children tend to 'wake up' in one of 3 ways:

1. They may not appear awake, but may be sleeping comfortably.
2. They may appear to be awake, though perhaps a little dazed or drowsy but calm.
3. They may awaken and be upset and crying.

All of these responses are 'normal', though we cannot predict each time how your child will react.

You will be able to be with your child all the time and reassure and calm them, if they are upset.

We will offer your child a drink (a bottle or a breast feed, if they are quite young). They will be given painkillers if needed. Most children who are upset on waking up will settle quite quickly in your presence and after receiving a drink and / or simple pain medicine. Very occasionally your child may remain upset for a longer period. Nurses and medical staff will provide reassurance and help during this phase.

Being sore after surgery: please tell staff if you think your child is in pain. We will also treat other side effects like being or feeling sick.

Please don't hesitate to ask advice or help from staff with caring for your child after their procedure, or indeed at any point during your hospital visit. Always share your views on your child’s needs with staff. After all you know your child’s needs better than anyone else.

Please call the number below, if you have any questions or concern about your child’s anaesthetic and how to support them:

Name of department

Name of nurse or anaesthetist