

GENERAL ANAESTHESIA FOR CHILDREN HAVING DENTAL TREATMENT INFORMATION SHEET

If your child needs a general anaesthetic it will be done in a hospital where it can be safely performed because the appropriate staffing, expertise, equipment and procedures are in place. While under an anaesthetic your child will not have any perception of the procedure being performed - they will be asleep in a state of controlled unconsciousness. I will be in attendance at all times carefully monitoring and adjusting the anaesthetic until your child is safely waking in the recovery room.

Before coming to hospital. It is usually best to be honest with your child about what will happen on the day of the procedure. You can start talking to them a week or so beforehand. Try to use language that they understand. Older children may want to be a lot more involved than you think. There are resources available on the Internet to help you inform your child. Our website www.asag.com.au has some basic information for patients about anaesthesia. There are also links to websites such as allaboutanaesthesia.com.au and youranaesthetic.info, which have information relevant to children including downloadable stories about visits to hospital.

Fasting. Your child will need to fast before having an anaesthetic. The reason for this is to reduce the risk of stomach content coming up the back of the throat and getting in to the lungs during the anaesthetic (aspiration). There should be no eating or drinking for 6 hours before the anaesthetic. If your child is thirsty they can have a small glass of water or dilute cordial (not a fizzy drink and not milk) up to 2 hours before the anaesthetic.

On admission to hospital I will come to the waiting area or ward to meet you and your child. I will assess your child's general medical condition and will be interested in recent illness, medications, allergies, and previous anaesthetic experiences. I will explain the anaesthetic technique and procedure and answer any questions you may have. If your child has recently been unwell or has a specific medical condition or issue or if you have any concerns that you don't feel can wait until the day of the procedure then it would be best to contact me via my rooms beforehand.

What happens next? A premedication may be prescribed. This will usually be panadol and will sometimes include a sedative. I will always discuss what kind of premed is given and the likely effects. If an intravenous induction is planned then anaesthetic cream (Emla) is often applied over a vein to lessen the sensation of the injection. When we are ready in theatre I will come back with my anaesthetic nurse to walk you and your child in to theatre.

Anaesthesia can be induced in two ways. Either breathing vapour via a facemask or by having drugs injected through an intravenous cannula. More commonly I will induce sleep via a facemask, as most children prefer this. Sometimes a particular child may prefer an intravenous induction or there may be medical reasons for the use of this technique.

When we walk in to the operating theatre everything will be ready to go and things will happen relatively quickly. Usually only one parent is asked to come in to the theatre to support their child and assist with the induction of the anaesthesia. You will be asked to leave the theatre as soon as your child is unconscious so that I can proceed with airway management, intravenous access and establishing the appropriate monitoring to make the anaesthetic as safe as possible.

How long will it take? This depends largely on the duration of the dental procedure. In general your child will be starting to wake 15 minutes after the end of the procedure. I will then transfer your child to the recovery area, which is located right next to theatre. Recovery room is staffed by specially trained nurses who help look after patients waking from general anaesthesia. I will not leave your child until it is safe to do so.

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Waking up. Usually children will wake well from a general anaesthetic but may be groggy for half an hour or so. Sometimes children can be quite confused or disorientated when waking and may be quite distressed and agitated (post operative delirium). This will usually settle within half an hour. Other causes of disgruntlement may be numbness, some bleeding from the mouth or pain. Occasionally extra painkillers are given in the recovery room. Postoperative nausea and vomiting can be an issue. Usually antiemetic medicines are given routinely to help prevent this. When we are happy that your child is safely awake you may be able to come in to the recovery area and soon after you will go with your child to the general ward. You will usually be able to go home about 2 hours after this.

Pain. Sometimes your child may have some pain for 1 to 2 days postoperatively. The dentist will let you know if this is likely. You may be able to help in this situation by giving the prescribed painkillers regularly for a day or so rather than waiting for your child to complain of pain. If there is excessive pain, or drowsiness you should seek advice.

Complications. Modern anaesthesia with trained staff, appropriate equipment and facilities is quite safe. The risk of a serious complication is small. Common after effects include sore throat, feeling sick, dizziness, headache, and bruising around the intravenous cannula site. A mild drug allergy is also possible. The chance of a serious drug allergy is quite small. Other serious but rare complications can occur. If you are concerned about anything in particular please ask me. To put risks in to perspective it is a commonly quoted fact that your child has a much greater chance of being seriously injured in a car accident than they do of having a serious anaesthetic complication.

I compiled this sheet to provide some general information to help parents prepare for their child's upcoming anaesthesia. It is not possible to cover all possible scenarios or for the information to be all-inclusive. Please ask me if you are concerned or unsure about something. I hope that this sheet helps you and that consequently your child is better prepared and has a more pleasant (or less unpleasant) experience. Please feel free to provide some feedback or suggestions.