

**Preoperative assessment clinic (UEP), CHVR**

Internet : <http://www.hopitalvs.ch/uep>



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Dear parents,

Anaesthesia incorporates a variety of techniques, which allow us to perform a surgical or medical intervention (radiology, endoscopy, biopsy...), by eliminating or attenuating any painful sensation. Two main types of anaesthesia exist, and they are not mutually exclusive: general anaesthesia and locoregional anaesthesia.

Every medical intervention, even if it is performed with competence and the utmost respect of all scientific knowledge and evidence, is associated with a risk. The current anaesthetic monitoring conditions allow the timely detection and appropriate treatment of all unusual occurrences.

General anaesthesia is a state of conscience similar to sleep, and it is produced either by the injection of drugs into a vein, or by breathing in anaesthetic gases via a face mask. As these drugs potentially decrease or suppress breathing, the child's spontaneous breathing often needs assistance by a machine (ventilator).

Locoregional anaesthesia will numb only the part of your child's body which is concerned by surgery, by blocking the nerves in that region. This is done with an injection of local anaesthetic which is placed next to the nerves. Two special modalities of locoregional anaesthesia are the spinal and the epidural anaesthesia. With these techniques, the anaesthetic drug is injected next to the spinal cord, and thus next to the nerves leaving the spinal cord. Caudal anaesthesia is a form of epidural which is very often used in young children for interventions below the navel. In children, most (but not all) locoregional anaesthesia is carried out when they are asleep. A second puncture may become necessary in case of difficulties. At this age, general anaesthesia will help to perform such anaesthetic acts, in a painless way and in a child which remains completely immobile. This technique will also avoid that the child has fear of the events which are taking place.

### **What are the drawbacks and risks of a general anaesthesia?**

Nausea and vomiting are much less frequent with modern techniques and new drugs. Accidents related to the passage of any content of the stomach into the lungs are very rare if fasting instructions are followed.

The placement of an endotracheal tube into the trachea or into the throat to facilitate breathing during anaesthesia can cause a sore throat or a temporary hoarseness. Dental injuries are possible. It is important that you report to us any loose tooth, any dental brace or any other tooth problems your child may have.

During the hours after the anaesthesia, memory troubles, concentration problems and behavioral problems can occur. All these are transient. A potential muscle weakness will need special attention when

the child gets up, in order to avoid falls. A painful redness, sometimes followed by a hematoma, may be observed and is due to the drip that was placed into one of your child's veins which was used to inject anaesthetic drugs; these will heal over several days.

Unforeseen complications that could threaten the life of your child like a very serious allergy, a malignant hyperthermia, a suffocation or a cardiac arrest, are extremely rare.

### **What are the drawbacks and risks of a locoregional anaesthesia?**

After a spinal or an epidural anaesthesia, headaches can occur. Those may sometimes need several days' rest and/or a specific treatment. A transient paralysis of the urinary bladder may necessitate the temporary placement of a urinary catheter. A transitory weakness of the legs, such as it occurs with spinal anaesthesia, can cause agitation in your child, because he/she does not understand what is going on. Painful sensation at the point of injection can also occur. In addition, transient itching may occur whenever morphine or morphine derivatives are prescribed. If locoregional anaesthesia is combined with general anaesthesia, transient memory and concentration problems may be observed during the first hours after the anaesthesia.

More serious complications, such as convulsions, cardiac arrest, a longer lasting or even permanent paralysis, as well as a longer term or even a permanent modification or loss of sensation are extremely rare. Several cases have been described, while hundreds of thousands of these types of anaesthesia are carried out every year.

### **Preanaesthetic assessment**

Every general or locoregional anaesthesia that is performed in a non-emergency setting will be preceded by a preanaesthetic assessment. The date for this assessment will be fixed according to the date of hospitalisation. The visit will allow the anaesthetist to choose the type of anaesthetic that is best suitable for your child, amongst others by considering the information that you will give and by conducting a physical examination of your child. You and your child will also be informed about the practical proceedings related to the anaesthesia, as well as about the treatment of postoperative pain.

However, the final choice of anaesthetic technique as well as the final responsibility lies with the anaesthetist who will deliver the anaesthesia.

Additional tests (blood tests, X-rays, consultations with other specialists) can be prescribed during the preanaesthetic visit, according to the health state of your child, his/her previous medical history and his/her current medication. Such test are neither mandatory nor systematic.

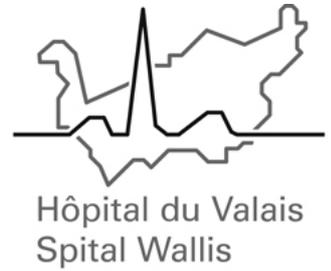
### **How will your child be monitored during anaesthesia and recovery ?**

Whichever type of anaesthetic is chosen, it will take place in adapted surroundings and with material that is appropriate for the age and the condition of your child. All material is checked before each and every use. All material in contact with the body of your child is either single use, or it will be disinfected or sterilized. After the end of the intervention your child will be conducted to the postanaesthetic care unit, where he/she will be monitored continuously before being able to return to his/her room. During the anaesthesia and in the postanaesthetic care unit (« recovery »), your child will be supervised by qualified nursing staff, under the responsibility of an anaesthetist.

### **How will pain be treated ?**

After the intervention, regardless of your child's age, drugs for the treatment his/her pain will be prescribed.

# CHVR - Preoperative assessment clinic anaesthesia information and informed consent for children Anglais



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Morphine or morphine derivatives are prescribed for all acute and intense pain states, if necessary they can be administered continuously. Some side effects may occur: nausea, itching, fatigue, voiding problems, constipation. Complications such as respiratory depressions are exceptional. In any case, an appropriate treatment will immediately be prescribed.

Another very efficient method for treating your child's pain involves the injection of drugs into a small tube (catheter) which has been put in place before, when locoregional anaesthesia was performed, next to the spinal cord or next to a nerve. In this case, the same drawbacks as described for epidural anaesthesia may be observed. In any case, appropriate treatment standards are in place and will be followed without delay.

### What about blood transfusion?

If there is a small probability that your child may need a blood transfusion during or after the intervention, you will receive specific information about the techniques and the risk related to such transfusions.

### Any other general information

This hospital (Hôpital du Valais) is a public hospital. One of its missions is the graduating of professional of health. Therefore, it is possible that the anaesthesia of your child will be a teaching session. A staff specialist in this area will supervise closely this session.

The anaesthetist will also inform you of the possibility of a second medical opinion and the modalities to do that.

Lastly, attached to this information leaflet, you will find a questionnaire that will help you not to forget anything that may be important for the preoperative anaesthetic assessment.

### Your questions:

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### Additional notes by the anaesthetist concerning the patient interview and information (for example, according to the severity of the intervention).

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Date : .....

Signature of parent(s)/child :

Signature of anaesthetist :

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