Preparing Your Child and Family for Anesthesia

Everyone at SickKids is dedicated to ensuring that your child’s care is as family-centered and as safe as possible. We understand that being at the hospital can be an anxious time for you and your child. When children come for surgery, we try to ease their anxiety in a number of ways. Preoperative preparation will have begun long before the day of the procedure, with interaction with the pre-anesthesia clinic and surgeon’s office. The following information will give you more understanding of the things we do on the day of surgery to help make it easier for your child to separate from you at the time of surgery and accept the induction (start) of anesthesia.

The operating area is a very busy place. Just before your child’s surgery, in addition to your surgeon or dentist, you will need to speak with the anesthesiologist who is the doctor looking after your child during surgery. There are also a number of specialized nurses who will be involved in your child’s care during the entire time. A Child Life Specialist may provide support to your child and family.

All children and families react differently to the idea of coming to the operating room. Some children separate from their parents and come with the induction nurse happily. Other children are afraid and simply refuse to leave their parents. Many children react somewhere in between. Some children have special medical conditions or needs which impact separation. Because of these individual needs, we use different techniques for different children.

Your anesthesiologist and induction nurse, with your input, will make a plan tailored individually for your child.

Many techniques are used to help prepare your child. Age appropriate language is used for all children. Distraction techniques to help get their mind off of the situation are always used. We often bring favorite toys or electronic devices with them to give them comfort.

Premedication with sedative medicine will calm your child and help make them forget leaving you. The medicine can be given by mouth, into the nose or through an intravenous line if already in place. An intramuscular injection might be used if your child refuses medication by mouth or is at risk of hurting themselves or others.

One parent may accompany your child to the operating room and be there for the onset of anesthesia. The best way to help your child is to remain outwardly calm and not overemotional. Sometimes it is helpful if you have a plan in place like telling a story or singing a song as you would when your child goes to sleep at home. When your child is asleep you will be accompanied from the operating room and returned to the parent waiting area.
**Frequently Asked Questions about Anesthesia Induction**

**Who are the team members that will be involved with my child’s care?**

There are many people on the team looking after your child. These are the key team members:

- **Anesthesiologist** – the medical doctor who puts your child to sleep and keeps your child safe during surgery.
- **Child Life Specialist** - a non-medical team member focusing on your child’s psychosocial needs.
- **Induction Nurse** - the nurse who will be with your child during onset of anesthesia and throughout the operation.
- **PACU Nurse** – the nurse in the post anesthetic care room that will care for your child after surgery.

**Who decides which technique is best for my child?**

After learning about your child’s medical history and seeking your input as to how you think they will react leaving you, your anesthesiologist and induction nurse will make a plan. Each case is different and may change depending on your child’s response.

**What if I absolutely want to come into the operating room with my child?**

If appropriate you likely will be able to accompany your child. However the anesthesiologist makes the final decision based on what they feel is best for your child. Sometimes it may not be appropriate for you to come into the operating room (OR), such as if your child is having emergency surgery, your child is very sick and unstable, your child is too young to show separation anxiety, or if you are distraught or upset.

**How does my child go to sleep?**

For younger children, they typically will go to sleep breathing anesthesia gas through a soft plastic mask. The mask may be flavored if the child wants. When watching a mask induction, you may see that as your child falls deeper asleep their eyes may look unusual, they may make unusual movements or have snoring and noisy rapid breathing. These are all normal events and should not alarm you. When the anesthesiologist is assured that your child will not remember you leaving, you will be accompanied back to the parent waiting room.
Some children will come to the OR with an intravenous (IV) in place and medication will be placed through the intravenous in the operating room. Adolescents and teenagers often will have an intravenous placed before anesthesia. The discomfort of the IV insertion can be lessened by applying local anesthetic cream or by applying a freezing spray. The onset of sleep will be very quick once the medication is given into the IV. Sometimes laughing gas is given by mask as well.

**How can I prepare my child and family for the hospital and surgical experience?**

Many children requiring surgery will have a pre-anesthetic screening appointment before coming for surgery. This is an opportunity to review your child’s health and provide information to help you prepare for coming to surgery.

In addition, there is Pre-Operative Preparation Program that you can attend with the Child Life Specialist. This one hour program includes information and interactive play for you and your child. Your child will have the opportunity to look at pictures and play with medical equipment. You will have an opportunity to ask questions to help prepare for the surgery or procedure.

**Can I be with my child when they wake up?**

When the operation is finished, your child will be taken to the Post Anesthetic Care Unit (PACU). Your child will have a nurse looking only after them as they awaken. You will be called to be with them when they are medically stable and awake.

**Who can I call for more information?**

- Pre-anesthesia Assessment Clinic contact information  
  **416 - 813-8465**

- Pre-op Preparation Program booking information  
  **416 - 813-6216**

- You may also access the SickKids external website:  