

information



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Information on pediatric anesthesia

Course of events on the day of surgery

Depending on the procedure, children may be admitted to one of the pediatric wards in advance or sent to the Same-Day Surgery Center (SDSZ). You will receive detailed information regarding this matter.

Fasting

In very rare cases stomach contents can flow back into the throat and enter the lungs during the induction phase of anesthesia. This is called aspiration and can lead to pneumonia. An empty stomach is important to prevent this. The following rules regarding fluid and food intake apply before the procedure:

- Solid food is allowed until **six hours** before the start of anesthesia.
- Up to **four hours** before the start of anesthesia, non-clear liquids such as ready-made milk, cow's milk, or chocolate milk (200 ml) are permitted. Alternatively a small cup of yogurt (150g) or a glass of porridge can be consumed up to this time.
- Breast milk is permitted until **three hours** before the start of anesthesia.
- Children are explicitly encouraged to drink clear fluids (water, tea, clear fruit juices or juice blends without pulp,) up to **one hour** before the start of anesthesia to prevent dehydration and restlessness. Prolonged fasting periods do not result in better protection against aspiration.

In fact, a prolonged fasting period has a negative effect on the child's well-being and the lack of fluids can cause problems during the anesthesia.

Local anesthetic patches

To make the placement of venous access less uncomfortable, one or two skin-numbing “magic patches” will be applied where the intravenous line will be placed, for example, on the hands or feet. The cream they contain needs to be left on for about 45-60 minutes to numb the skin at the planned puncture site.

If you are scheduled to arrive at the hospital on the day of the surgery, please ensure that you take these patches home with you. You will receive detailed instructions on how to apply them during the preoperative consultation.

Sedatives

From the age of six months, children are usually given a liquid sedative shortly before anesthesia, which relaxes them and makes them a little tired. The children feel less anxiety and stress and forget any unpleasant memories.

For brief diagnostic procedures (for example, MRIs, gastrointestinal endoscopies), we administer these medications directly into the vein on-site.



Accompaniment

Separation is the most challenging moment for your child and for you as parents. At this point, it is especially important to avoid anxiety and stress for the children.

To help your child feel more comfortable in an unfamiliar environment, we kindly ask you to bring a small toy or stuffed animal into the operating room. Older children can also distract themselves with music (via headphones) or games on their tablet.

We will either sedate your child in your presence at the entrance to the operating room (OR) or offer you the opportunity to accompany them until they fall asleep in the OR, if circumstances permit.

Newborns and small infants are exempt from this procedure as they do not yet perceive us as strangers and do not find separation from parents frightening.



Induction of anesthesia

There are various options for initiating anesthesia. If venous access is already available or can be established immediately and without stress for the child, we directly administer the necessary medications intravenously. In exceptional cases, healthy children without existing venous access can inhale anesthesia gas through a mask until they fall asleep within a few breaths, at which point we proceed to establish intravenous access while they are asleep.

After the surgery

When the surgery is over, we will take your child to our recovery room. At this point, we will inform you so that one parent can be reunited with your child immediately. In the recovery room, we continue to monitor the functions of breathing and circulation. Additionally, we ensure that your child's pain is well controlled.

In a few cases, children may experience agitation and anxiety immediately after anesthesia, a condition known as "emergence delirium." This is not an intolerance to anesthesia. The symptoms typically resolve on their own after some time without any lasting effects. However, the situation can be distressing for all involved. Therefore, we support your child during this phase with calming medications, effective pain management, and a peaceful environment in the recovery room.

Flavoured water ice (freezie) is available for all children in our recovery room as a reward and refreshment!

When your child is fully awake and has adequate pain control, you will be transferred back to the pediatric ward or, in the case of outpatient procedures, discharged home.

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