



## FOREWORD

This booklet explains what to expect when your child comes into the Ulster Independent Clinic for an operation or investigation under general anaesthetic.

The contents have been adapted from the leaflet – ‘Your Child’s General Anaesthetic – Information for Parents and Guardians of Children’, produced by the Royal College of Anaesthetists, The Association of Anaesthetists of Great Britain and Ireland, and The Association of Paediatric Anaesthetists of Great Britain and Ireland, Fourth Edition 2014.

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# WELCOME

On behalf of the staff, I'd like to welcome you to the Ulster Independent Clinic.

We understand that the prospect of your child going into hospital can be worrying – for you as well as your child. Rest assured, we'll make every effort to lessen any anxieties by creating a calming atmosphere for your child and ensuring they're cared for at all times by skilled and professional staff.

This booklet sets out the basic things you should know about preparing your child for admission, about the treatment they will receive, and also about the Clinic itself and its facilities.

If you have any questions or if you would like further details, please don't hesitate to ask any member of our team. We'll be happy to help.

**Diane Graham**  
Matron / Chief Executive







## PREPARING YOUR CHILD FOR HOSPITAL

There are several things that you can do to prepare your child for coming into hospital. Unless your child is very young, you should try and explain:

- that they are going into hospital
- that they will be having an operation or investigation
- some basic information about what will happen to them when they are in hospital.



When you are explaining things, try to use simple language that they can understand.

- Explain that the operation or investigation will help your child get better.
- Encourage your child to talk about the operation and ask questions. Books, games, role-play and stories can help with this.
- Talk about timing – when your child will have the operation or investigation and how long they will stay in hospital.
- If your child is going to be staying in hospital overnight, let them know that you will be able to stay with them in the same room in a parent bed next to theirs.

Your child can help pack their own bag and decide which nightclothes and toys to bring.

Each room has a TV with access to children's channels.

If you like, we can make arrangements for you and your child to visit the ward and operating theatre before admission day itself. To make an appointment, please call 028 9068 7666 on Monday to Friday between 9am and 5pm.

Do let us know in advance of any special requirements your child has and we will do whatever we can to help.

### Important

**Please let us know as soon as possible before the day of the procedure if your child has been ill – developed a severe cough or cold, vomiting or diarrhoea, or had contact with any infectious diseases, for example chickenpox. In these circumstances it may be best to delay the operation until they are better.**



### When should I tell my child?

Use your child's age as a rule of thumb to judge when best to tell them about going into hospital. That is:

#### **Aged 2–3**

Children between two and three years of age should be told two to three days before and again on the day of admission.

#### **Aged 4–7**

Children between four and seven years of age should be told four to seven days before the day of admission – and reminded again the day before.

#### **Aged 7+**

Older children will usually be involved in making decisions about the operation or investigation, and discussion can take place a few weeks before the day of admission.

## FASTING

### Nothing to eat and drink: 'Nil by Mouth'

When we send you the letter about your child's admission, you'll find instructions about when to stop your child eating and drinking. Please note that this includes chewing gum as well. It is important for you and your child to follow these instructions. This is because, if there is food or liquid in your child's stomach during anaesthetic, it could come up into the back of the throat and damage his or her lungs.

These are the latest times at which you should give your child anything to eat or drink:

**6 hours before:** Your child can have a light meal, a glass of milk or a fizzy drink. Bottle-fed babies can have formula feed.

**4 hours before:** Babies can have breast milk.

**2 hours:** Children and babies can have a drink of water or diluted cordial – but not a fizzy drink or milk.



## ON THE DAY OF ADMISSION

### A pre-operative visit

The anaesthetist will visit you on the ward before the procedure to discuss your child's anaesthetic.

The anaesthetist needs to find out about your child's general health, previous experiences of anaesthesia, any medicines your child is taking and any allergies he or she might have.

This is a good point to ask any questions you may have about this hospital visit, for example:

- What type of anaesthetic do you recommend?
- What are the risks of this type of anaesthetic?
- Does my child have any special risks?
- How will my child feel afterwards?

### Delays in the procedure

Occasionally the anaesthetist may learn something about your child that means it would be safer not to do the procedure on that day. This could happen if your child has a bad cold, has a rash or has eaten food too recently. In this case, we will discuss rescheduling the procedure with you.

A pre-med may make your child drowsier afterwards. If you plan to take them home on the same day, this will influence the discharge time.

The drugs used can be:

- sedatives to ease your child's anxiety
- pain-relieving drugs such as paracetamol that can help at the end of the procedure
- medications to protect your child from side-effects of the anaesthetic, such as nausea
- an extra dose of treatment for illnesses like asthma.

### Premedication

Premedication (sometimes known as a pre-med) is the name for drugs sometimes given before an anaesthetic. Although they are used less often today, a pre-med may help your child to relax, or it may be recommended in relation to the kind of surgery your child will be having.

If your child does need a pre-med, this will usually be given as a liquid, some time before the anaesthetic.

About an hour before the operation is scheduled, a local anaesthetic "Magic Cream" can be put on the hand or arm so that injections do not hurt. This cream is held in place with a special clear plaster. It works well for 9 out of 10 children. This cream is called EMLA or Ametop.





## PARENTS' GUIDE TO ANAESTHESIA

### What is anaesthesia?

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The word anaesthesia means 'loss of sensation':

- a **general anaesthetic** ensures that your child is unconscious and free of pain during an operation or procedure
- **general anaesthesia** is a state of controlled unconsciousness and freedom from pain
- **anaesthetics** are the drugs that are used to start and maintain anaesthesia
- **anaesthetists** are specialist doctors who give the anaesthetic and look after the health of your child during surgery, and are also closely involved with your child's pain relief after surgery.

### Anaesthetics, choice & your child

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It's often possible for you and your child to choose how the anaesthetic and other medicines are given. Sometimes there are medical reasons why things have to be done a certain way. If so, this will be explained to you.

However, nothing will happen unless you understand and agree with what has been planned. Your wishes and those of your child are very important.



## CONSENT

Before going to theatre, the Consultant Surgeon will visit you both on the ward to discuss the surgery and answer any questions you or your child might have.

The Consultant will ask you to give written consent to the surgery (if your child is under the age of sixteen). Please ensure you have been given adequate information to enable you and your child to make an informed choice.

**Note: not all parents have parental responsibility.**

Adolescents are encouraged to be actively involved in the process of consent and, if deemed competent by their Consultant, may sign their own consent form if under 16. However, generally the parent or main carer of a child under 16 signs the form, or is present to give verbal consent.

It is recommended that children should be accompanied during all medical consultations.

Information regarding consent may be found online at [www.doh.uk/consent](http://www.doh.uk/consent)

### Who can provide consent?

1. the child's mother
2. the child's father:
  - where he has married the child's mother
  - where he is not married, but has obtained an authorisation from the court or through a parental responsibility agreement
  - where he is registered as the father on the child's birth certificate for children born on or after 15th April 2002
3. a person who has acquired parental responsibility through a court order, residence order or guardianship order for example, foster parents, step-parents or grandparents
4. the young person who is 16 years or over
5. a young person under 16 years where the Consultant believes they are capable of understanding the issues and consequences
6. the child's legally adoptive parents.

### Who cannot consent?

A partner who is not married to the child's mother/father and does not have a court authorisation confirming his/her parental rights cannot give consent.



# GOING TO THEATRE

## In the Anaesthetic Room

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The anaesthetic room is the room next to the operating theatre where anaesthetics are usually administered.

A nurse from the ward will accompany you both to the anaesthetic room. Your child may travel either in their bed, walk or be carried by a parent.

Your child will be able to take a toy or comforter with them, and they will be able to wear their own pyjamas to the operating theatre. (Or, if preferred, we will provide a colourful gown.) Your child will be able to keep underwear on.

You will normally be welcome to stay with your child until they are anaesthetised. It may be possible to give the anaesthetic while your child is sitting on your lap.

The anaesthetist will use either gas or an injection through a cannula to start the anaesthetic. This will have been agreed with you beforehand.

Most older children will have an injection through a cannula.

If both methods are safe for your child, you may be able to choose which is used.

If a cannula is used, your child will normally become unconscious very quickly indeed. The anaesthetist will then use a mask to continue the anaesthetic.

If the anaesthetic is started with gas, the anaesthetist generally uses a mask to give the gas, or may pass the gas through a cupped hand gently placed over your child's nose and mouth. Anaesthetic gases smell similar to felt-tip pens. It normally takes a little while (one or two minutes) for the anaesthetic to take effect. It is normal for the child to become restless during this time.



### What is a cannula?

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A cannula is a thin plastic tube that is placed into a vein under the skin, usually on the back of the hand. A needle is used to put the cannula in, but the needle is removed immediately, leaving only the soft cannula in place.

A cannula can be left in place for hours or days so that drugs and fluids can be given without need for further injections. Sometimes blood samples can also be taken the same way.

The cannula is removed before your child is discharged.

### What happens next?

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Your child will be taken into the operating theatre for the operation or investigation. You will not be able to accompany your child further at this stage.

The anaesthetist will stay with your child, monitoring their blood pressure, pulse and breathing throughout the procedure and ensuring that they are safe and remain fully sedated.



## AFTER SURGERY

### Recovery room

Most children spend a period of time in the recovery room. This is a place near the operating theatre where patients go immediately after surgery until the effects of the anaesthetic drugs wear off. The nursing staff in the recovery room will telephone you to let you know your child's surgery has finished.

Each child is cared for by a specialist nurse until they have regained consciousness and are comfortable enough to return to their room.

Many children, especially younger children, show signs of confusion or distress when they wake up in the recovery room. A few children become very agitated. This may last around 30 minutes.

It's naturally worrying for parents and carers if a child wakes in distress. However, the recovery room nurses are very experienced in this situation, and will advise you on how best to comfort and reassure your child.

If your child is distressed, it may also be possible for you to be with them in the recovery room during this time.

### The ward

When your child returns to the room, they may still be quite drowsy. This is normal, and nursing staff will maintain close observation. Your child may drink on return to the room and will be given an ice-lolly and/or food when more awake.

## PAIN RELIEF

Pain-relieving drugs (analgesics) are given during anaesthesia to ensure that your child is as comfortable as possible. The type of pain relief will depend on the procedure. The anaesthetist, Surgeon and nurses will talk to you about the best type of pain relief for your child.



### How pain relief is administered

- Syrups and tablets: just like at home.
- Suppositories: some pain-relieving medicines like paracetamol can be given rectally (into the bottom). These are often given while your child is anaesthetised and last for several hours. Suppositories are very helpful when children cannot take medicines by mouth or are feeling sick.
- Local anaesthetics: these are injected near the nerves around the operation site to numb the area. The injections are given while your child is anaesthetised and the pain relief lasts for several hours.
- Strong pain-relieving drugs such as morphine can be given in many different ways.

## GOING HOME



Many children have their investigations or operations carried out as 'day patients' and go home on the same day, while others may stay for one or two nights post-operatively.

After surgery, your child may experience some pain or discomfort. You will be given pain-relieving medications to take home with you, and we will explain how these should be taken. You will also be given an advice sheet and any dressings that may be required.

Occasionally children may feel sick after they have left hospital, or even vomit. This sometimes happens in the car on the way home, so two adults are required to accompany the child.

Your child may not sleep well after a stay in hospital. Their behaviour might be a little more clingy or difficult than before. This is a normal reaction, and they will usually return to normal within three to four weeks.

**If you have any concerns about your child when you get home, contact the Clinic on the number provided on the discharge information leaflet.**

## SIDE-EFFECTS AND COMPLICATIONS

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but today's equipment, training and drugs have made it a much safer procedure in recent years.

Most children recover quickly and are soon back to normal. Some may experience side-effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail at the pre-operative visit.

For a child in good health having minor surgery:

- 1 child in 5 becomes agitated on waking
- 1 child in 10 experiences a headache, sore throat, sickness or dizziness
- around 1 child in 10,000 develops a serious allergic reaction to anaesthetic.

To put this into context, throughout the whole of their life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.



## CHECKLIST

- Prepare your child as instructed in this booklet
- Make sure your child fasts from the time stated
- Bring pyjamas / t-shirts and pants, dressing gown, slippers
- Favourite toy or blanket, favourite mug / cup or bottle
- Any medications and inhalers
- Note of any drug or food allergies



## KEY INFORMATION: AT A GLANCE

- A child under the age of 12 coming into the Clinic must be accompanied by one parent at all times throughout their stay. This includes overnight.
- If you have medical insurance, the company will cover the cost of this, in most cases.
- If one parent of an adolescent wishes to stay with them overnight, arrangements can be made for this at an additional cost.
- The parent who remains with their child will receive a snack, light meal or full meal / meals depending on their length of stay.
- There are tea and coffee facilities on each ward for your use.
- If your child is staying overnight, a fold-away parent bed will be placed in their room for you.
- You will have full use of the facilities in the room – en-suite facilities with towels supplied, telephone and television.
- All other visiting children must be supervised at all times.
- Two adults are required to accompany the child home in the car.

## USEFUL ORGANISATIONS

### Royal College of Anaesthetists

The organisation is responsible for the standards in anaesthesia, critical care and pain management throughout the UK.

[www.rcoa.ac.uk](http://www.rcoa.ac.uk)

### Association of Anaesthetists of Great Britain & Ireland

This organisation works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain and Ireland.

[www.aagbi.org](http://www.aagbi.org)

### Action for Sick Children

This is a children's healthcare charity, specially formed to ensure that sick children always receive the highest standard of care. They have a series of information leaflets specifically to help parents cope with, and prepare for, different aspects of children's healthcare.

[www.actionforsickchildren.org](http://www.actionforsickchildren.org)

Further information, including additional information leaflets for children to download, can be found on the website

[www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)

# GETTING HERE

The Ulster Independent Clinic is situated in South Belfast at the corner of Stranmillis Road and Malone Road.

## By car from M1 Motorway

From M1 take exit at Junction 2 for A55 Outer Ring.

Continue through two sets of traffic lights, under railway bridge and through a third set of lights to Balmoral Avenue.

Continue along Balmoral Avenue to junction with Malone Road.

Take the slip road on the left on to Malone Road.

Prepare for turning right on to Stranmillis Road at the lights.

The Ulster Independent Clinic is clearly signposted on the left.

## By car from M2 Motorway

Follow signposts for the Westlink/M1 from the M2.

Take the exit at Junction 2 for A55 Outer Ring.

Continue through two sets of traffic lights, under railway bridge and through a third set of lights to Balmoral Avenue.

Continue along Balmoral Avenue to junction with Malone Road.

Take the slip road on the left on to Malone Road.

Prepare for turning right on to Stranmillis Road at the lights.

The Ulster Independent Clinic is clearly signposted on the left.

## By car from Belfast city centre

From Queen's University, keep in the left-hand lane.

Continue uphill to Stranmillis and past Ulster Museum.

Continue through Stranmillis Village.

At roundabout, take 3rd exit signposted for M1.

Continue along Stranmillis Road.

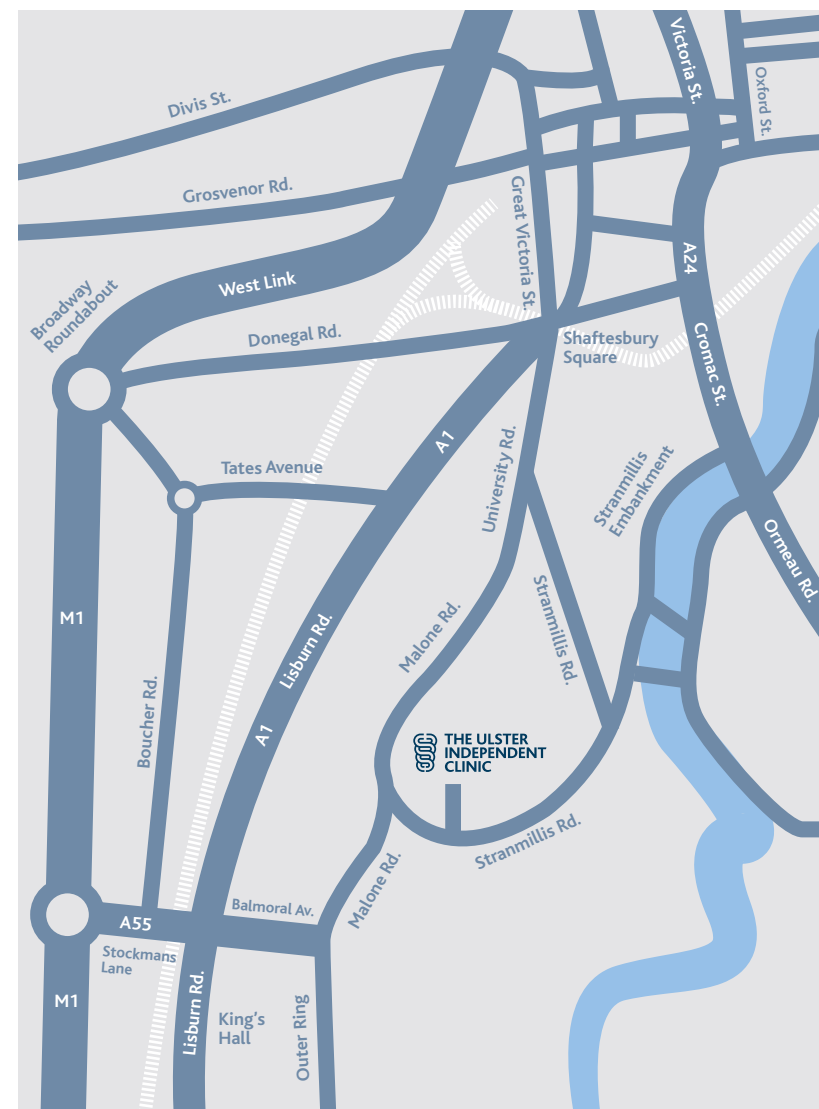
The Ulster Independent Clinic is the last entrance on the right, just before the traffic lights.

## By bus

The nearest bus stop is a 5–10 minute walk from the Clinic. From Donegall Square East in the city centre, take: Number 8A Stranmillis or Numbers 8B or 8C for Malone.

## By train

The nearest train station is Botanic Station. It is a 30-minute walk or 10-minute taxi journey to the Clinic.





## ADDITIONAL INFORMATION

For more information on the range of treatment and services we offer at the Ulster Independent Clinic, please visit:

[www.ulsterindependentclinic.com](http://www.ulsterindependentclinic.com)

The Ulster Independent Clinic

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Email: [uic@uic.org.uk](mailto:uic@uic.org.uk)



The Ulster Independent Clinic is accredited by CHKS. The primary objective of accreditation is to help healthcare organisations improve their management and operational systems, and demonstrate their ability to provide quality services. The clinic undergoes regular reviews and service improvements to maintain this accreditation.

The HDSU department of the Ulster Independent Clinic is accredited by ISO.



