Pediatric Anesthesia

Pediatric anesthesia for ambulatory and same-day procedures

Having a surgical procedure can be an anxious time for a child and stressful for parents. ParkHill Pediatric Surgery Center wants to alleviate your concerns by helping you better understand the anesthesia process from start to finish and what is required of you before, during and after your child’s visit.

Frequently Asked Questions:

Q: Why must my child fast before surgery?
A: Fasting prior to surgery is required to reduce the risk of your child breathing in any food or liquid while under anesthesia. While rare, this is very serious complication and parents need to strictly follow our recommendations. The very specific policies regarding children’s ages and time periods for fasting are based on widely recognized safety standards. We will recommend a fasting time that is as short as possible.

The following guidelines for fasting times prior to surgery apply to healthy patients who are having elective surgery. A history of diabetes or reflux may require longer fasting times:

- Clear liquids – two hours
- Breast milk – four hours
- Infant formula – six hours
- Nonhuman milk – six hours
- Light meal – six hours
- Heavy meal with fats – eight hours

Q: What if my child becomes ill prior to surgery?
A: Upper respiratory tract infections (colds) are common in children. On average children have approximately 8 colds per year, however, a cold does not increase the risk of anesthesia. Seasonal allergies are another common problem in children particularly in the North Texas Region. Allergic rhinitis also does not increase the risk of anesthesia. If your child has a fever over 102°F the day prior to surgery, please contact your surgeon and the ParkHill Pediatric Surgery Center.

Children often develop a cough associated with colds and nasal drainage. A cough secondary to a post-nasal drip from a cold or allergies does not increase the risk of anesthesia. If your child has asthma and develops a new onset cough further evaluation will be needed.

Please let your doctor know before the scheduled day of surgery if your child is coming down with an illness or has any nausea, vomiting or diarrhea. These seemingly minor illnesses, may cause problems during surgery in small children, and your child’s doctor and/or anesthesiologist may recommend postponing surgery. If there are any of these symptoms of illness prior to your child’s surgery, please let you surgeon and ParkHill Pediatric Surgery Center know.

Q: How can I help alleviate my child’s fears?
A: Talk with your child and make a plan for what to do if he or she feels nervous. Some things that might help are reading a book, telling a story, taking deep breaths or talking about something fun you like to do together. Stay calm as your child will take cues from you. Comfort and encourage your child, stay close, hold hands, respect his or her feelings and let your child know he or she is doing a good job.

Q: Who will provide anesthesia?
A: A fellowship-trained Pediatric Anesthesiologist will provide anesthesia for your child. Your child’s anesthesiologist will attempt to call you prior to your child’s surgery. The anesthesiologist will meet with you the day of surgery and examine your child prior to going back for surgery.

Q: Will my child receive any sedatives before surgery?
A: Many children need less sedation when their parents can help them through the stress of a procedure. Some children may require a medication, called midazolam or Versed, to help calm them before the procedure. This medication given by mouth to children older than 3 years and as a nasal spray in younger children. The anesthesiologist and preoperative nurse will determine if premedication is required and the timing as to when it should be given.
Q: May I enter the operating room with my child?
A: For the safety of your child, parents or other family members are not permitted to accompany children to the operating room or be present during their procedure. There are special circumstances where a parent may be permitted to be in the operating room but would only be allowed to stay during the induction of anesthesia. Please feel free to discuss the policy with your child’s anesthesiologist.

Q: How will my child receive anesthesia?
A: Most children under the age of thirteen initially receive anesthesia by breathing a combination of anesthetic medications and oxygen through a mask. After they are asleep, they may require an intravenous line (IV) for fluid and additional anesthetic medications. Older children, like adults, receive anesthesia through an IV and typically will have an IV catheter placed in the preoperative area. Your anesthesiologist will discuss these options with you and your child.

Q: What will happen as my child falls asleep?
A: If you are present for induction of anesthesia you will notice your child’s breathing may become heavier or louder and his body more relaxed with deeper sleep. Sometimes there is an “excitement phase” when you may notice subtle or active movement, but your child will be unaware of this and it will pass quickly. Your child’s eyes may be only partially closed. All of this is completely normal and your anesthesiologist will let you know when your child is asleep and it is time for you to leave.

Q: How Long Will It Take for My Child to Go to Sleep?
A: It takes approximately 30 to 60 seconds to go to sleep when breathing through a mask; when a child receives anesthesia through an IV, it takes less than 10 seconds.

If you are present for anesthesia induction, once your child is asleep a nurse will escort you from the OR to the waiting area so that the staff can focus on taking care of your child. We recommend that you eat something while your child is in surgery as you will need energy to help your child during recovery.

Q: When will I see my child after surgery?
A: Anesthesiologists frequently allow parents to be with their child in the Post Anesthesia Care Unit (PACU) but sometimes this may not be possible. We will make every effort to reunite you with your child as soon as possible.

Q: What Can Parents Expect in the (PACU)?
A: Each child wakes up differently, some children more quickly than others. How quickly children wake up is affected by the length of surgery and the types of medications used. It is very common for children less than two years of age that have ear tube placement to be very upset after surgery. Sometimes this can be overwhelming to a parent, but it is important to keep in mind your child generally will have no recollection of being upset.

Frequently children emerge from anesthesia disoriented, crying and restless with their eyes open even though they may not be fully awake. This is very common and does not always mean your child is experiencing pain. Most children do not remember this transition period.

As the anesthesia continues to wear off after several minutes, your child should begin to relax. Sometimes children receive pain or sedative medications to help calm them even when they are not experiencing pain. The staff will carefully monitor your child to assess pain and will let you know what is happening.

Q: How long will my child remain in the Phase I PACU?
A: This depends on the type of surgery your child has, how much anesthesia was required, how quickly he or she wakes up, and what medications are given in the PACU. The average recovery time is in Phase I of recovery is 30 minutes. With shorter surgeries, such as ear tube insertion, the stay is usually between 15-30 minutes.

Q: How long will my child remain in Phase II Recovery
A: Depending on the type of surgery your child had, Phase II recovery may be no more than 15 minutes or up to 2 hours. You will you will be with your child during this phase of recovery. Fluids will be provided for drinking and additional pain medicines will also be provided. During this period your child will be observed by the nursing staff to determine when he is ready for discharge. Discharge instructions will be provided to you before you leave the center. Once it is safe for your child to leave you will be discharged and accompanied by a staff member to your car.