

General Anesthesia and Your Child

Michael Rothschild, MD
Director, Pediatric Otolaryngology
Mount Sinai Medical Center

1175 Park Avenue, NY, NY 10128
(212) 996-2995
www.KidsENT.com

For most parents, the thought of their child undergoing general anesthesia is by far the most frightening part of any planned surgery. This is understandable, since anesthesia is unfamiliar to most families. Furthermore, the media occasionally reports on a terrifying story of a life threatening problem associated with a surgical anesthetic. In reality, though, modern anesthesia is extremely safe. It is only because it is so safe - with millions of uncomplicated anesthetics administered every year - that such problems are considered news at all. Here are answers to some commonly asked questions.

Why can't you do the procedure under local anesthesia?

For most young children, it is simply not possible to safely perform a surgical procedure without complete (general) anesthesia. Although this may be possible for dental procedures in older patients, it would be far from appropriate for the common operations in my practice.

The administration of local anesthesia itself is often painful and terrifying to a child, as would be the need for restraint. For example, during the placement of ear tubes, the smallest degree of motion could result in permanent ear injury. It simply isn't worth the risk.

Can you just use the smallest amount of anesthesia possible, or just some sedation?

This can actually be more dangerous than general anesthesia. Again, for some clinical situations (such as painless but frightening procedures like a CAT scan), it can be useful. But in a young child with a small airway, the chance of breathing problems is greater if the airway isn't under the anesthesiologist's continual control.

In fact, the period requiring the greatest amount of attention is when the patient is "light", or only slightly anesthetized, during the start or finish of the procedure.

The best analogy is that of flying in an airplane. Most accidents occur during takeoff and landing, when the plane is close to the ground. Similarly, the start and end of anesthesia (induction and emergence) are the most difficult parts of the anesthetic, when the level of anesthesia is lightest. Asking an anesthesiologist to use a small amount of anesthesia (a very common request) would be like asking a pilot to keep the altitude to a minimum by flying just above the treetops!

Who will give my child anesthesia? Can I meet that doctor ahead of time?

Your child's anesthetic will be given by a fully trained and experienced attending anesthesiologist, who may have one or more assistants. In almost every case, this doctor will be a specialist in pediatric anesthesiology. In rare situations a general anesthesiologist will be working with me, but in no case will this change the safety of the anesthetic. I would never work with anyone that I did not trust completely.

You will meet this doctor in the hospital just before the surgery, but if you would like to speak to one of the pediatric anesthesiologists ahead of time, you can call (212) 241-7475 for patients having surgery at Mt. Sinai, or (212) 231-7778 for the surgery center on 54th street.

I heard about a case where someone died under anesthesia. Is that possible?

While this is possible, and has happened, it is extremely rare, especially for healthy children. The overwhelming majority of deaths during surgery involve elderly and/or extremely sick patients undergoing major operations. Millions of people have general anesthesia every year without any difficulty. The actual risk of a fatal event under anesthesia (for an otherwise healthy child) is about 1 in 300,000. To put that number into perspective, the risk of death from an unexpected reaction to penicillin is about 1 in 80,000. The risk of a fatal automobile accident while riding in a car (in the United States, over a one year period) is about 1 in 6500! Remember, these are extremely rare events, so that when something like that does happen, it makes the news.

**What if my child is allergic to anesthesia?
Can you test for that?**

There really is no anesthesia allergy, but there is a very rare condition in which people have a bad reaction to certain anesthetic agents. This is a congenital muscle disease (malignant hyperthermia), which causes a patient to be unstable under anesthesia. Every anesthesiologist knows about this and how to react if this scenario occurs. The test itself actually involves a small operation - a muscle biopsy. However, there is no reason to test for this ahead of time in the absence of anything else that might suggest that the disease is present.

Can I be there when my child goes to sleep?

My main concern is, of course, the safety of your child. However, I also understand that the stress of surgery (both on the patient and the parent) can be reduced by your presence in the operating room. In general, one parent is allowed into the operating room while the child goes to sleep.

However, there are some limitations to this general policy. Parents are not allowed in the operating room for patients who are under 8 months of age. Beyond that hospital rule, there are other specific medical considerations to this decision, and the anesthesiologist is the one who makes the ultimate determination about who is allowed in the operating room. Speak to the anesthesiologist about your own child's individual case.

Finally, if you yourself feel unsure about how you will react, it may be better if you are not there. Seeing a parent having a strong emotional reaction is not reassuring to a child, and may actually be worse than having to go through the administration of anesthesia alone. And it goes without saying that seeing a parent faint would not only be frightening for them, but also would result in the need to direct medical attention away from your child!

Can I stay during the procedure?

The only reason for a parent to be in the operating room is to help their child feel better as they go off to sleep. This is not for the parent's benefit. Parents are not allowed in the operating room during the surgery itself, even if they are physicians. This is potentially

disruptive. Once again, your child's safety is my primary concern.

Can I be there when my child wakes up?

This is another very common request. While I do all that I can to make sure that you are separated from your child for the shortest amount of time possible, allowances have to be made for safety. Emergence from anesthesia often requires a good deal of work on the part of the anesthesiologist, and your child need to regain a certain level of consciousness before it is safe to leave the monitors and equipment in the operating room.

While most children are to some degree awake by the time you are reunited with them, they are slowly emerging from a very deep sleep, and usually don't remember much until later on in the recovery period. I know that it is hard to be separated from them when they are going through a stressful experience. I always do my best to keep that time as short as possible.

Why is my child crying in the recovery room?

Unlike adults, most children do cry in the recovery room, especially if they are very young or have had a painful procedure (such as a tonsillectomy). This is not because children feel more pain than adults, or get less pain medication. It is because there are many things in this environment that cause stress, and children tend to cry in stressful situations.

In addition to the pain of surgery (which will be treated with a variety of medications), children are often disoriented, frightened, cold, nauseated, and hungry after surgery. All of these things can add to stress. However, children usually feel better within 30 minutes or so, once they have woken up more fully and have had something to eat or drink.