

What is a pediatric anesthesiologist?

A pediatric anesthesiologist is a doctor who specializes in taking care of children during surgery and other procedures. Most anesthesiologists will go to college for four years, medical school for four years, and then do an internship and residency for four years. Pediatric anesthesiologists have a special interest in the care of children and may have also done a pediatrics residency and/or additional pediatric anesthesiology fellowship training. All of the pediatric anesthesiologists at Hasbro Children's Hospital have some additional training or experience taking care of children.

What do anesthesiologists do?

The main focus of a pediatric anesthesiologist is to provide safe, optimal conditions during surgery. Any surgical procedure performed on your child is considered to be important and your child is fully monitored for changes in breathing, heart action and all unexpected, but potential reaction, to the surgery and administered medications. In addition, physicians and anesthesiologist work closely with other doctors such as pediatricians, pediatric surgeons and other specialists to improve the quality of your child's entire hospital stay.

Do pediatric anesthesiologists only work in the operating room?

No. Many different procedures might require anesthesia due to possible discomfort and/or the need to lie completely still. A pediatric anesthesiologist can combine the right types of medicine to make sure that your child is comfortable during the procedure. Our group has provided anesthesia for many children in many different locations, including MRI, CT Scan,

ultrasound, interventional radiology, Gamma Knife and radiation therapy. A procedure room adjacent to the five Hasbro operating rooms is utilized for gastrointestinal endoscopy and a variety of painful procedures, including lumbar puncture and bone marrow aspiration, which are often needed repeatedly by children with cancer.

Will I meet my anesthesiologist before the day of surgery?

Maybe. Your surgeon should provide you with a scheduled date for POP (preoperative program), which takes place Monday, Tuesday and Thursday afternoons, beginning at 2 p.m. After the program is over, you will have an opportunity to meet with an anesthesiologist, who will ask you specific questions about your child's medical history and answer any questions about anesthetic options and specific risk. It is possible, but not definite, that you will meet the same anesthesiologist the day of surgery, but important information will be communicated.

What are the risks of anesthesia?

A natural concern of any parent or guardian whose child is having an operation is whether the anesthesia will cause any harm. All operations and all anesthesia have some risks that are dependent on many factors, including the type of surgery, whether it is an emergency and the medical condition of the patient. Fortunately, anesthesia is safer today than it has ever been, and your anesthesiologist will take every precaution to prevent an accident from occurring..

The risks of anesthesia may be considered side effects or adverse effects. A side effect is a secondary and usually

unwanted effect of a drug or treatment. Examples would be nausea, vomiting, drowsiness, shivering, dizziness, discomfort during injection of a medication and agitation upon awakening. These can be somewhat distressing, but are rarely dangerous, and our staff will do their best to anticipate these side effects, prepare you for their possible occurrence and prevent those that are avoidable.

An adverse effect is neither intended nor expected, but might occur despite reasonable care and attention to detail. These may include dental injury, croup (swelling of the windpipe), wheezing or other breathing issues (including pneumonia), allergic reactions, injuries to arteries, veins or nerves, and untoward effects on the heart, including irregular heart rhythm and cardiac arrest. Death and brain damage are the most feared of all anesthetic risks, and these are extremely rare. In the United States, the chance of a healthy child dying or sustaining serious injury as a result of anesthesia is significantly less than the risk of traveling in a car.

[More questions](#)

How can I help reduce risk?

Be prepared to answer any questions about your child's health, including allergies, medications (including herbal medications) and prior reactions to anesthesia. The preoperative questionnaire may be filled out ahead of time or on the day of surgery. If there has been a serious complication related to anesthesia in family members (such as malignant hyperthermia), have specific information available. Follow appropriate fasting guidelines and do not interrupt medications (including breathing inhalers) unless your anesthesiologist or surgeon recommends it. Ensure

through primary care physicians that chronic illnesses are being optimally treated.

What about eating and drinking before my anesthesia?

A specific risk of anesthesia is aspiration, which can occur when stomach contents get into lungs. These may cause severe pneumonia, or even death. Fortunately, it is a rare occurrence today, in part due to fasting guidelines, which help keep the stomach empty. Recently, we learned that **clear** fluids (water, apple juice, ginger ale are examples) empty very quickly from the stomach and do not increase risk. This has **not** been shown to be the case for milk products, orange juice and other liquids than you cannot see through, which are treated as a “light meal” in terms of fasting.

What are the fasting guidelines before surgery?

- Milk, solid foods (avoid fried or very fatty foods): Stop consumption six hours before surgery
 - Breast milk: Stop consumption four hours before surgery
 - Clear liquids: Stop consumption two hours before surgery
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What if the surgery is an emergency?

Emergency surgery cannot be planned ahead of time, and generally the patient’s stomach is not considered to be empty. Although the risk of complications is increased a little bit, the anesthesiologist can take special precautions to reduce risk that are effective in virtually all patients.

How will my child be given anesthesia?

Anesthesia can be started in several ways. This is called anesthesia induction. Most adults have an intravenous injection to start anesthesia and this method can also be employed with children. It has the advantage of being very rapid and adults are usually very tolerant of needle-sticks. Most children, however, are fearful of needles. In addition, their smaller veins make the intravenous anesthesia a bit more uncomfortable during injection. For that reason, the majority of our small patients fall asleep by breathing anesthesia through a pleasantly flavored mask. Your anesthesiologist will help you and your child decide which type of induction is best based on individual factors.

Can I accompany my child into the operating room?

In virtually all instances, the answer is yes. Our surgical suite is a family oriented environment and aims to alleviate stress and separation anxiety through parental presence in the operating room. In many children, the presence of a parent is very comforting. We do ask that only **one parent** enter the operating room, so it might be beneficial to decide ahead of time which parent might be more comfortable in this environment. If you can maintain a positive attitude, it will help your child to be more confident. Some children become acutely anxious at the last moment; try to be firm and reassuring. In some cases, preoperative sedation (usually a drink) may be utilized to help relax your child during induction. If you believe this is appropriate for your child, please discuss this option with your anesthesiologist .

It is important to remind parents that the onset of general anesthesia involves complete loss of consciousness, limp appearance, unfocused eyes and the potential for disturbances in vital functions, especially breathing. A period

of excitement and restlessness may occur. **In order to ensure maximum safety for your child, it is important to immediately respond to any directive from anesthesia or nursing staffs while in the operating suite.**

Are there situations in which a parent is not permitted into the operating room?

Yes, in situations where the risk (to either parent or child) outweighs the benefit. Generally, we do not recommend that parents of young infants go in, as infants usually separate quite easily from parents. In emergency procedures, we often exclude parents from the operating room, due to the presence of a full stomach. We usually exclude pregnant women from the operating room (due to unknown risk from inhaled anesthetics), especially early in pregnancy.

How else can I help prepare my child?

Be honest. Surgery is an emotional and physical stress on your child, and he or she will do better if well-prepared. We all have natural fears of the unknown. Within the pediatric population, specific worries may depend on age and maturity; concerns of a school-age child are naturally different from those of a teen-ager. Anything you can do to relieve these anxieties, such as attending [POP](#), will greatly improve your child's experience.

Your composure as a parent is essential. Nothing calms a child more than a confident parent. Help your child understand why the procedure is necessary and that everything will be done to make them comfortable and explain things ahead of time. The child-life specialists who work in the surgical area and throughout the hospital

provide invaluable assistance through a variety of age-appropriate interventions.

How is pain controlled after surgery?

Reassure your child that preventing discomfort is an important goal of our care team. A variety of methods might be used for pain management, depending on the type of surgery and individual patient characteristics. In many cases, local anesthesia or nerve blocks are given prior to awakening from anesthesia. These range from moderately effective to very effective depending on the surgical procedure. In addition, medications used in the control of pain will be administered ahead of time, and possibly again in the postoperative unit. These include opioids (like morphine) and non-opioids (like acetaminophen or ketorolac). Feel free to speak with your surgeon and anesthesiologist about pain relief following surgery.

What do I need to know for the day of surgery?

Follow the written instructions that you should have received in the mail and/or from your surgeon's office or the POP program. You should receive a time for arrival the afternoon prior to the surgical date (Friday for a Monday surgical date). Please call 444-6030 for any other questions pertaining to the day of surgery.

What if my child has a cold?

A simple cold (runny nose without fever or a productive cough) may not require cancellation of surgery, any more than rain or a light snowfall would require you to cancel a car trip. It does depend somewhat on other factors, such as age and the planned procedure. We would be more likely to

postpone surgeries in younger patients and for surgeries that are longer and likely to require a breathing tube. We are also more likely to advise caution if there are associated patient risk factors like asthma, breathing problems related to prematurity, heart and neuromuscular problems. These are all factors associated with a higher complication rate. If in doubt, please call us prior to surgery at 444-6030 and ask to speak to an anesthesiologist.

Will I be able to go into recovery room right away?

Yes. Modern anesthetics begin to wear off quickly enough that children may begin to cry and squirm on the bed prior to your arrival. The immediate post-operative period may be associated with agitation that is not related to pain, and we do appreciate that reuniting a child with parents as soon as possible is of clear benefit to their recovery.

How long is the recovery room stay?

It depends primarily on the procedure itself and associated risk factors. For example, children who have placement of myringotomy tubes have a 30 minute stay in recovery, while children who undergo tonsillectomy stay for a minimum of 3 hours. A small infant might stay for 2 hours after hernia repair, while an older child might be discharged after 1 hour. Your surgeon and anesthesiologist can help you anticipate how long the recovery room stay is likely to be, with the understanding that no child is discharged until our rigorous discharge criteria are met.

Will I get postoperative instructions?

Yes, you should get both verbal and written instructions. This is an essential component of our discharge criteria. It

should also be clear what phone number to call for specific issues that occur after discharge.