Anaesthesia for children undergoing radiotherapy
Radiotherapy Department
Paediatric information series
If you need a large print, audio or translated copy of the document, please contact us on:

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We will try our best to meet your needs.
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Introduction
This information booklet has been written to help prepare you for your child’s radiotherapy treatment under a general anaesthetic. Before your child begins his/her radiotherapy treatment, you will meet an anaesthetist who will assess his/her general health and answer any questions you may have. The radiotherapy treatment is carried out daily and our aim is to reduce any upset to you and your child as much as possible.

What is a general anaesthetic?
General anaesthesia, means that drugs are used to induce a deep sleep. This is different to sedation, where drugs are used to produce a calming effect. Children, in fact, take longer to wake up from sedation than general anaesthesia. As your child requires a general anaesthetic he/she will need pre-operative fasting.

What is pre-operative fasting?
Pre-operative fasting is the restriction of food and fluid. It has been a traditional practice for many years to ensure patient safety. Pre-operative fasting reduces the risk of aspiration while your child is under general anaesthesia, and reduces the incidence of post-operative nausea and vomiting.

Pre-operative fasting for children over one year old:
• No food or milk for six hours pre-operatively.
• No chewing gum for four hours pre-operatively
• No water or clear fluids for two hours pre-operatively—if your child does not like water, other clear fluids are allowed such as black tea, diluted juice squash, and other non-fizzy clear drinks (newsprint should be visible through a glass of the liquid). The recommended maximum water intake from six to two hours pre-operatively is 500ml for children
• Formula milk/weaning foods: there should be no intake for six hours pre-operatively

• Breast milk: there should be no intake for four hours pre-operatively

All children having a general anaesthetic are treated in the morning. Some children will be treated as out-patients if the distances to travel are reasonable. However, your child must come to the paediatric oncology ward, T11North (T11N), first to be seen by the medical team. Other children may be in-patients on T11N ward, and go home only for the weekends.

The general anaesthesia will be given by a consultant anaesthetist. He/she will be assisted by an anaesthetic assistant. Your child will be made sleepy and recovered in the radiotherapy anaesthetic room, in the radiotherapy department.

Before and after the treatment, you and your child will be looked after on T11N ward. After your child is asleep and during the treatment, parents return to the ward and are called for as he/she is waking up. You and your child will meet several anaesthetists during the course of treatment, but each week there will be some familiar faces.

The anaesthetic drugs will usually be given intravenously either using a peripheral cannula (drip) or an in dwelling Hickman line or portacath, if your child already has one. Sometimes, the drugs will be given by asking your child to breathe from a face mask. If he/she has a cannula, it will be put in on Monday and removed on Friday for the weekend.
What are the risks of general anaesthesia?

General anaesthesia is a very safe procedure. However, as with all drugs and techniques there are some risks. These include:

**Nausea and vomiting**
Occasionally, anaesthesia can make children feel sick. If this is a particular problem for your child, extra drugs can be given.

**Distress and anxiety**
Generally, with a full explanation of what is going to happen, children accept anaesthesia without too much upset. The involvement of parents, ward staff and play specialists, helps children accept their treatment.

**Other more serious risks**
General anaesthesia can very rarely lead to more serious consequences, including brain damage or death. These very rare events obviously come to the attention of the media and so cause parents huge anxiety.

All anaesthetists work to reduce these risks for your child. An anaesthetist will monitor your child constantly throughout his/her treatment. Any anxieties you have, should be discussed with an anaesthetist before the start of your child’s treatment.

The majority of the children and their parents settle into the routine of their daily treatment extremely well. Please ask at any time if you have any particular concerns or worries.

The general routine for children having an anaesthetic for their radiotherapy is as follows:

- The anaesthetic nurse will ring T11N ward in the morning when the anaesthetic team are ready.
- You and your child will come down to the radiotherapy anaesthetic room with your child’s nurse and notes. Your child can walk down or come in a pushchair or wheelchair. You may need a trolley.
• One parent will go into the anaesthetic room with the child. The nurse assigned to your child will go in with you. With the anaesthetist, you and your child will decide the best way for your child to have the anaesthetic.

• Once your child is asleep, before the radiotherapy treatment begins, you will go back up to T11N ward with your child’s nurse.

• Once treatment is over and your child has been recovered, the anaesthetic nurse will call T11N ward for you and your child’s nurse to come and collect your child. Your child will be returned to T11N ward by the radiotherapy porter on a trolley.

**Your child may go home in two to four hours post anaesthetic. This is to ensure that he/she is fully recovered and is fit to go home. However, depending on your home circumstances this time scale may vary. Please ask the nurses on the ward for advice.**
Any further questions?
If you have any further questions or worries about your child’s treatment, please contact

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Space for notes and questions