Anaesthesia for cardiac surgery

Please read the accompanying fact sheet ‘Anaesthesia for your child’. It contains some other information which may be helpful.

You will usually meet your anaesthetist on the day of surgery. Occasionally the anaesthetist will meet you in the days prior, depending on your and their availability and your child’s needs.

The anaesthetist will confirm your child’s history with you and may examine your child. They will check your child’s blood results and may order a sedative for your child if required to be given before the operation.

Please ask if there is anything you want to know or do not understand.

What will the anaesthetist discuss with us?

This may include:

- **Fasting** – you must follow the fasting instructions given to you by the anaesthetist or nurses. Your child’s surgery may be delayed or cancelled if these instructions are not followed.

- A sedative is sometimes given to your child to relax them before coming to the operating theatre. It is usually a syrup or tablet.

- Previous anaesthetics.

- **The anaesthetic:**
  
  - One parent/carer may be allowed to be with your child as they go to sleep. The anaesthetist will discuss this option with you.

  - Your child may go to sleep by breathing gas through a face mask or by an injection through a plastic tube or cannula in a vein.

  - After your child is asleep you will leave the anaesthetic room and then the anaesthetist will usually:

    - Place a breathing tube in your child’s mouth or nose which goes in to the wind pipe to ventilate the lungs. A breathing machine (ventilator) will be used to breathe for your child during the surgery.

    - Place a cannula into an artery (arterial line), usually in the wrist, the front of the elbow or groin to measure blood pressure and allow easy sampling of blood for tests.

    - Put in a large intravenous drip or central line. This is usually put in one of the big veins in the neck or groin. We use this for monitoring and for giving medication, including drugs to help the heart after bypass.

    - Place a tube into your child’s bladder to drain urine (urinary catheter).
• Use a trans-oesophageal echo probe (‘TOE’) which is a tube passed into your child’s oesophagus and into the stomach. This allows the cardiologists to do an ultrasound of the heart while your child is asleep.

• Your child will probably require transfusion of blood products as part of their anaesthetic, bypass and surgery.
  
  o An anaesthetist will remain with your child during the surgery and will carefully monitor their condition and support them as needed.
  
  o At the end of surgery your child will be transferred to the Paediatric Intensive Care Unit (PICU) where they will be looked after by the intensive care doctors and nurses. Your child may remain asleep with sedatives and strong painkillers for a period of time on the ventilator, depending on their condition. You will be called to join your child as soon as they are settled in PICU.
  
  o The surgical team will speak to you after the surgery.

The risk of anaesthesia in most cases is very small, particularly when compared to the risks of surgery. **However, complications can occur and in addition to the complications listed in the brochure “Anaesthesia for Your Child”, there can be the following risks:**

• Damage to the blood vessels, the lungs, or nerves due to the insertion of the lines or tubes listed above which can very rarely lead to permanent damage.

• Insertion and use of the ‘TOE’ probe can very rarely cause serious damage to the oesophagus such as a tear which may need further treatment.

• The risks of blood transfusion which very rarely includes allergic or inflammatory reactions and infection.

Your anaesthetist will discuss these with you. You will be given the opportunity to ask questions and you may be asked to sign an anaesthetic consent form on behalf of your child.

All information contained in this sheet has been supplied by qualified professionals as a guideline for care only. Seek medical advice, as appropriate, for concerns regarding your child’s health.