

Pediatric Anesthesia Overview

Pre-operative

- ✓ Complete the medical history and consent form prior to your appointment. This allows our doctors to review the medical history before your appointment and further investigate your child's health history if necessary.
- ✓ Follow pre-op guidelines regarding food and drink. An empty stomach minimizes the chances of food particles being aspirated into the lungs, which results in a life threatening pulmonary infection.
- ✓ Recent cough or fever. Please call the office and consider rescheduling your appointment.

Induction of Anesthesia

Induction of general anesthesia is the start of anesthesia. There are several methods of starting general anesthesia. The type of induction depends on several patient factors: medical history, level of cooperation, and surgical complexity. Your anesthesiologist will suggest the most appropriate method of induction. The parent(s) will be asked to go to the lobby immediately after the induction period.

1. **Awake intravenous catheter placement and intravenous induction:** This method is most appropriate for moderately cooperative patients who can sit still and not thrash around. Your anesthesiologist may also suggest this method if there is concern with the patient's airway; an IV catheter allows for immediate administration of reversal agents and emergency medications.
2. **Mask Induction with inhalational anesthesia:** Anesthesia gas will be delivered to the patient through an anesthesia mask for approximately 1 minute. Parent's will be asked to hold their child's hands just in case he/she gets nervous and tries to pull the mask off. Changes in breathing pattern and snoring will be observed. Unintentional movements of the body may also be observed. An IV line will be placed when your child is asleep to deliver IV fluids and medications.
3. **Intramuscular induction with sedative medications:** We will ask you to hold your child securely in your lap and hold their hands while the doctor injects the anesthetics into his/her upper arm or thigh. This is done very quickly to minimize anxiety and fear. Your cooperation is critical to allow for a smooth and safe induction. The sedative will be effective in 5 minutes. The doctor will carry your child to the operatory to deliver oxygen, place vital signs monitors, and an IV line.

Your anesthesiologist and dentist will stay with your child the entire time to ensure their comfort and safety. Vital signs monitored during this period includes oxygen levels, heart rate and rhythm, blood pressure, and ventilation.

Recovery

The typical recovery period is 30 to 60 minutes. We will ask you to stay with your child during this period so that when your child wakes up a familiar face is present. Pink markings will be present on your child's body from tape used to protect his/her eyes, stabilize the head, secure the breathing tube, heart monitors, and IV line. These pink markings are temporary. Bruising may also be observed from the IV placement. Orofacial swelling may also be present secondary to the dental procedure.

Confusion, weakness, tiredness, and grumpiness are all normal behaviors displayed after waking up from anesthesia. Blurry vision, dizziness, and mouth numbness may also be experienced. These side effects will resolve with time. Once you get home it is normal for your child to nap for 2-3 hours. Do not let your child nap alone. Cancel all activities for the day; keep him/her cool and indoors for the rest of the day.

Initiate clear liquids at home. Progress to popsicles, applesauce, and Jell-o an hour later. Advance your child's diet to soft light foods such as soup, crackers, and pasta for the remainder the day. Dairy products should be avoided for the first 2 hours due to its difficulty to digest. Nausea and vomiting may occur during the car ride home or the first few hours after arriving home. It should subside after the first few hours. Call your anesthesiologist if vomiting is persistent.

Take pain medications as directed by your dentist and anesthesiologist.