



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

**Children attending for day case
procedure
ABUHB**

Addressograph

NAME:
Hosp Number:.....
Address:.....
.....
.....
DOB:

Details

Procedure:.....
Assessment nurse:.....



Procedure date:



Please arrive at:



Patient can eat until:

Patient can drink **clear fluid** until :



Special considerations

COVID advice:



Patient needs to adhere to social distancing for 2 weeks pre-op

Lateral Flow test on admission

Only one parent/guardian can accompany your child during their stay

Appointment Clerk: 01633 238686 RGH Day surgery: 01633 234196
Pre-op Nurses: 01633 238812
GUH Paediatric Ward (C1): 01633 493609



What should I do if there have been any changes since my child's assessment?

It is important you speak with a nurse if your child:

- Has been in hospital or their health has changed
- Has now been prescribed tablets, medications or inhalers by the GP
- No longer has social backup at home/difficulties
-

Please do this as soon as these changes occur and before you come into hospital for surgery, see phone numbers above.



What will I do if my child is unwell and I am unsure whether to keep my child's appointment?

If your child becomes ill, has a cold or if you are unsure if they are well enough for surgery please contact the nurses for advice.

If you cannot keep your appointment for any reason, it is important that you contact the appointment clerk as soon as possible. We can then give your child's appointment to someone else and we can make another appointment for your child.

What do I need to do before coming into hospital?



Please follow the guidance given regarding starvation times, please ask if further clarification is needed. If your child is not adequately starved prior to their anaesthetic their procedure is likely to be cancelled.

If your child's appointment is for 7.30am

The night before, they may eat and drink as normal. **After midnight, they must have nothing to eat or drink** (with the exception of clear fluid* **only** until 7.00am).



If your child's appointment is for 12.30pm

You are advised they can have a light breakfast before 7am that morning, such as a drink and cereal or toast. **After 7am, they must have nothing to eat or drink** (with the exception of clear fluid **only** until 12.00am).

PLEASE NOTE:

*Clear fluid means a dilute or colourless drink and includes water, clear squash/cordial, ready diluted drinks and **non-fizzy** sports drinks. They cannot be thickened or carbonated, and it does not include milk.

Chewing gum, sucking sweets / mints etc are classed as eating even if they are not swallowed.

Your child needs to come in prepared for surgery

- bath or shower the night before or morning of their operation
- any jewellery, children's makeup/nail polish needs to be removed
- Your child should take any prescribed tablets/ medications and / or inhalers as usual (see special considerations for further comments/exceptions)
- Bring your child's dressing gown and slipper along with you. If it is a morning appointment your child can be brought into the unit in their nightclothes. Please also bring cotton pyjamas or a top and shorts
- Favourite toys, games, books etc can be brought with you. It is better not to bring expensive toys as they may be lost or stolen

What will happen when I arrive on the ward?

When you arrive on the ward you will be allocated a bed area. The nurses will admit your child and help prepare them for surgery and will answer any questions you have.

The Surgeon or paediatrician will see you and your child and will ask you to sign a consent form for your operation if you have not already done so. If you have any questions or worries about the procedure please ask the surgeon.



The Anaesthetist will see you and your child and confirm your child's past medical history. They will then explain the next steps and what to expect when having an anaesthetic. If you have any questions or worries about your child's anaesthetic please ask.



You may have to wait a while as many things determine the list order however we will try and let you know roughly how long you have to wait.

A member of the theatre staff will come to escort you and your child when it is their turn. In the majority of cases you will be able to accompany your child into the anaesthetic room and stay with them until they go off to sleep. You will be asked to return to the ward area and the theatre team will continue to look after your child throughout the procedure and initial recovery.

What happens after my child's procedure?

We will keep your child in the recovery area for a short time. The nurses will ensure they are comfortable and pain free. You will be brought to the recovery room when your child is waking up and escorted back to the ward area, with your child, when they are ready.

You will be encouraged to take an active role in your child's aftercare, under the supervision of the nurses. This should help you feel more confident when you take them home

Your child will be given sips of water initially, followed by refreshments when they are ready. If necessary, your child's wound may be checked regularly to ensure there are no problems.

The nurse will advise you when your child can get up and dress and when you can go home.

What time can I expect to take my child home?

This will depend on the type of procedure your child has had and how well they recover. For most, this can be a few hours after the anaesthetic. However, this is only a guide.

What other information will you give me before I take my child home?

Before you go home, the nurse will give you any information about your child's procedure and aftercare as instructed by the clinical team. This will include any advice about wound care, removal of stitches if needed (in the majority of cases they tend to be dissolvable).

Your child must:

- Be taken straight home and remain indoors for at least 24 hours, with a responsible adult in attendance at all times.

Your child must not:

- Be given any fizzy drinks, sweets etc. for the remainder of the day/overnight. A lighter diet is advisable for this period
- Be allowed to do anything requiring skill or judgment for 24-48 hours ie. Ride a bike, roller blades etc. This could be longer if advised by your child's surgeon

When can my child go back to school/nursery?

Your child must not return to school/nursery for at least 48 hours after their procedure. In many cases this could be up to a week or more to prevent injury from the rough and tumble of play.

Will my child have to come back to hospital after their procedure?

In the majority of cases there will be no routine follow up at the hospital. If your child's surgeon/pediatrician requires a follow up appointment, this is usually arranged before you go home.

Will I have someone to contact if my child has any problems at home?

We will give you contact number advise before you go home. If your child has any problems or you are worried about their condition after returning home and overnight do not hesitate to ring this number.

If you do ring your contact number you must tell them your child attended C1 ward. They can advise you as to what you should do. If they ask you to come back to hospital take this leaflet with you. Be sure to know which department / ward you should go to.

We will also give you a letter for your child's GP or this will be electronically sent directly, which will explain their visit to the unit, as their care will go back to the GP the next day.





Common events and risks for children and young people having a general anaesthetic

This summary card shows some of the common events and risks that healthy children and young people of normal weight face when having a general anaesthetic (GA) for routine surgery (specialist operations may carry different risks).

Modern anaesthetics are very safe. There are some common side effects which are usually not serious or long lasting. Risk will vary between individuals, and will depend on the procedure and the anaesthetic technique used. Your anaesthetist will discuss with you the risks they believe to be most significant. You should also discuss with them anything you feel is important to you.

Very common

More than 1 in 10
Equivalent to one
person in your family



Sore throat



Agitation on waking from GA
Mainly ages
1–6 years



Sickness



Temporary changes in behaviour
eg. anxiety, sleep
problems, bedwetting

Common

Between 1 in 10
and 1 in 100
Equivalent to one
person in a street



**Minor lip or
tongue injury**



**Discomfort
at injection site**

Uncommon

Between 1 in 100
and 1 in 1,000
Equivalent to one
person in a village



**Breathing
problems**
Needing treatment



Skin damage
Mainly longer
procedures

Rare

Between 1 in 1,000
and 1 in 10,000
Equivalent to one
person in a small town



**Need for Intensive
Care (unplanned)**
1 in 2,400
Risk is higher for
children under 1 year



Injury to eye
eg. scratch on eye



**Damage to
teeth**

Very Rare

1 in 10,000 to 1
in 100,000 or more
Equivalent to one
person in a large town



Anaphylaxis
1 in 40,000
Severe allergic reaction
to a drug



**Awareness during
an anaesthetic**
1 in 60,000



**Death as a direct
result of anaesthesia**
1 in 100,000 to
1 in a million



**Long-term
disability**
Less than
1 in 100,000

More information

Our website has more on these risks as well as short videos to help children prepare for surgery.



Scan to find
out more:



[rcoa.ac.uk/
childrensinfo](http://rcoa.ac.uk/childrensinfo)

Things we all do in normal life, such as road travel, involve higher risks than the **Very Rare** risks above.



Leave your feedback on this resource at: surveyMonkey.co.uk/r/testrisk or by scanning this QR code: