



Patient name: _____

Birth number: _____

Dear Parents, this document will provide you with information about the benefits and risks of general anesthesia (GA) as well as postoperative analgesia options. Please read carefully, sign the informed consent and complete the questionnaire on the second page.

All surgeries in children are performed under general anesthesia (GA). GA involves the administration of a drug combination to induce deep sleep and eliminate the perception of pain during surgery. Anesthesia is performed by a doctor specialized in anesthesiology and resuscitation, assisted by a specially trained nurse. GA is maintained by specialized medical equipment designed to administer anesthesia and secure the patient during anesthesia, which is cared for by an anesthesiologist. The patient's vital signs are continuously monitored at all times.

Why is GA needed? In order to safely perform surgery in your child, he or she must be in a state where he or she is not moving and has relaxed muscles. A safe way to achieve this is to administer general anesthesia.

How is GA administered? We induce GA in the child by injecting the drug into the vein, which takes effect within 30 seconds. The administration of this medicine is occasionally accompanied by a little pain, which, however, quickly disappears. The second option is to inhale a mixture of inhaled anesthetics through a facemask, which takes effect within 30 – 60 seconds. It is the most commonly chosen method to induce GA in preschool children, and cannulation of the vein is performed only after the child is put to sleep. Further, the child will be kept in deep sleep either by injecting an anesthetic into a vein or by inhaling a mixture of inhaled anesthetics for the duration of the surgery (examination). He or she will be carefully monitored by an anesthesiologist and the level of anesthetics will be monitored by instruments the whole time. After the surgery, the anesthetics supply is stopped and the child is monitored until waking up in the recovery room.

Why does a child need to fast? One of the risks of GA is vomiting and aspiration of gastric contents during induction of the anesthesia. To keep the stomach empty, the child must not eat or drink for 6 hours before the surgery. A small amount of pure water or tea is allowed 2 hours before surgery.

Are there other alternatives to GA? Depending on the type of procedure and the age of the child, the anesthesiologist may consider other forms of anesthesia. However, due to the requirement not to stress the child, we perform regional blockades in a subdued manner and only in cooperative patients. In other children, we use these techniques to adequately relieve postoperative pain. See below.

Is GA safe? For most patients, yes. The risk increases in case of associated diseases (respiratory infection, diseases of the heart, lung, immune and nervous system, kidney, liver...) and in case of urgent emergency procedures. The anesthesiologist will do everything to make sure that your child's anesthesia is as safe as possible. Nevertheless, certain complications of varying severity can occur. Some of them can be very serious or even fatal (risk 1:200,000), linked to certain, less frequent procedures (insertion of a central venous catheter, administration of antibiotics, blood transfusion, etc.), which are subject to strict indication criteria on the part of the physician.

How do we provide postoperative pain relief for your child? Surgery causes pain, but the right pain management strategy can minimize it. Apart from common analgesics (Paracetamol, Ibuprofen...), the most effective method to prevent postoperative pain is regional anesthesia (RA). In children, it is given after they have been put to sleep so that they do not experience any stress in the operating theatre and wake up without pain. The anesthesiologist will decide on the most appropriate type of RA based on the extent of the surgery, its location, and the age of the child. The most commonly used types of RA are peripheral nerve blocks and central nerve blocks. Peripheral nerve blocks are provided by simply injecting a local anesthetic (after the patient has been put to sleep) into the subcutaneous tissue near the nerve that conducts pain from the operated area. This type of block poses a minimal risk of complications (small bruise at the injection site, administration of local anesthetic to the muscle – block ineffective) (1:10). Central nerve blocks – the most commonly used are epidural and caudal blocks. In both cases, it is the administration of a local anesthetic into the space around the spinal cord in which the spinal nerves run. The local anesthetic is administered under sterile conditions using a disposable needle or a thin tube inserted over a longer period of time.

Which medicines can a child take before surgery? If your child has been taking medication for a long time, ask the anesthesiologist if he or she should take it before the surgery. Ensure that they are taken with only a minimum amount of water.

Other warnings: Before surgery, removable dental appliances, dentures, eye lenses, jewelry, make-up and nail polish must be removed.

Please notify us of: Any allergies, if the child has already been operated, how he or she tolerated the anesthesia, what problems occurred in connection with the anesthesia.

Statement of consent to the provision of health care (under § 6 of Act No. 576/2004 Coll.)

I declare that I have fully understood the information about anesthesia, have truthfully completed the questionnaire and have no further questions after the discussion with the anesthesiologist. I agree with the planned anesthetic procedure (general, regional and local anesthesia) for my child, any necessary ancillary interventions (infusion, transfusion, insertion of a central venous catheter, necessary post-operative care, etc.) and have been informed of the possible risks of these procedures. I am aware of additional treatment measures resulting from unexpected situations.

In Bratislava: _____

Legal representative signature: _____

The instruction performed by: _____

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Questionnaire for parents

Patient name:

Weight:

Age:

My child

- a. was born at term/was carried to term..... Y N
- b. is taking long-term medication – what kind?..... Y N
- c. was already under anesthesia Y N
- d. had problems during anesthesia Y N
- e. is monitored in a specialist outpatient clinic – which one?..... Y N
- f. was already hospitalized – why?..... Y N
- g. received a transfusion Y N
- h. had problems in connection with a transfusion..... Y N
- i. has been vaccinated in the last 3 weeks..... Y N
- j. has been ill in the last 3 weeks..... Y N
- k. has bad teeth (repaired, loose, dental appliance)..... Y N
- l. has an allergy to fruit or food..... Y N
- m. has an allergy to medicines, pollen, dust, fur Y N
- n. is prone to bleeding or bruising..... Y N
- o. had (or has) fever cramps Y N
- p. is often ill (flu, cough, cold)..... Y N

My child overcame these childhood diseases:

- measles rubella inflammation, chickenpox infectious mononucleosis
of the parotid gland

My child had (has) a disease of:

- a. the heart..... Y N
- b. the circulation – high blood pressure, tendency to collapse..... Y N
- c. the blood or blood vessels..... Y N
- d. the lung Y N
- e. the liver – jaundice (hepatitis)..... Y N
- f. the kidneys and urinary tract..... Y N
- g. the metabolism Y N
- h. the muscles and bones (cerebral palsy, malignant hyperthermia, etc.)..... Y N
- i. the nervous system..... Y N
- j. psychiatric illness..... Y N
- k. tumor and leukemia..... Y N
- l. congenital developmental defects..... Y N
- m. other (indicate what)..... Y N

The closest relatives have or had:

- a. a tumor disease..... Y N
- b. an allergic disease Y N
- c. a heart and blood vessel disease..... Y N
- d. complications when being put to sleep..... Y N

Thank you for your cooperation.

Explanatory notes: Y – yes, N – no

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