

PEDIATRIC ANESTHESIA OVERVIEW

Preoperative

- 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 could result in a life-threatening pulmonary infection.
- Recent cough or fever. Please contact the office

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. Parents are to remain in the waiting area during induction.

1. Mask Induction with inhalational anesthesia: This is the most commonly utilized and preferred method for children. Anesthesia gas will be delivered to the patient through an anesthesia mask. During this period, we allow the patient to watch cartoons or play video games as desired to ensure a relaxing experience. An IV line will be placed when your child is asleep to deliver IV fluids and medications.
2. 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.
3. Intramuscular injection: This method is reserved for patients that are incapable of cooperating for the mask induction or awake intravenous catheter placement. These are patients that refuse to sit in the dental chair due to severe anxiety or may have challenges separating from parents/caregivers. A fast-acting sedative medication is delivered via an injection into the arm. After 1-3 minutes, the patient will be transported into the operatory for dental surgery.

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

Recovery

The typical recovery period is 15 to 45 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. 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. 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 of the day. Dairy products should be avoided for the first 2 hours due to its difficulty to digest. Upset stomach may occur during the car ride home or the first few hours after arriving home. If it occurs, it should subside after the first few hours. Take pain medications as directed by your dentist and anesthesiologist.