



Pre Operative General Anesthesia Information: Children and Adults

Arriving to the Office

Be at the office ON-TIME if not a little early. Other anesthesia cases will be scheduled that same day as well, and a late start affects the entire schedule.

Children: Having two adults accompany the child patient to the office can be helpful for the drive home. Do not bring other young brothers and sisters to the appointment. Your (parent or legal guardian) attention needs to be directed toward the child patient.

Adults: The adult accompanying the patient should be physically capable of handling the patient after the surgery for the drive home or else a **second adult** needs to be present in order to put a patient asleep for the surgery. The doctor will make the final decision in this matter.

Clothing

Children: Dress the child in loose comfortable clothes. Some children can get overheated if dressed to warmly. Some children vomit or urinate after surgery. **A change of clothing is wise to have along in small children.**

Adults: Before going to sleep, an electrocardiograph, blood pressure cuff, and other monitors are placed. Therefore wear loose clothing so these items can be placed. White shirts or blouses are probably not a good idea because blood may get on the clothing after surgery.

History and Physical and Medications

Children: Children are required to have a History & Physical (H & P) done by their pediatrician or nurse practitioner. ***FAX OR BRING THE COMPLETED H & P TO THE OFFICE AT LEAST 48 HOURS PRIOR TO SURGERY DATE.*** In some cases our doctors may need to contact your physician before surgery regarding readiness for surgery under general anesthesia.

Adults: A comprehensive history will be taken before scheduling dental or oral surgery under general anesthesia. On the day of surgery (or before) the anesthesiologist will discuss the anesthesia plan and whether consultation with another health care practitioner i.e. your physician is necessary. You should take all prescribed medications in regular fashion. If these medications are normally taken in the morning, you should do so with a small amount of water, unless told not to by anesthesia care provider. Some medications may be stopped before the surgery if it is determined that they might interfere with the safety of the anesthesia care.

Eating and Drinking

Children: No food should be eaten on the morning of surgery. If food is inhaled into the lungs during or upon awakening from general anesthesia, a large percentage of patients will get pneumonia of the lungs. There is an 8% chance of death if this happens. Clear liquids can be taken up to **2 hours** before scheduled surgery. Clear liquids include water or apple juice, **not milk or any juices with pulp.**

Adults: No food should be eaten after midnight the night before surgery. If food is inhaled into the lungs during or upon awakening from anesthesia, a large percentage of patients will get pneumonia of the lungs. There is an 8% chance of death if this happens. Clear liquids can be taken up to **3 hours** before scheduled surgery. Clear liquids include water, apple juice, tea, or black coffee without milk or cream. A couple of glasses or cups are okay. For medications, see the above instructions.

What to Expect in the Operating Suite the Morning of Surgery

Children: Only one of the parents will be able to come into the room for induction of anesthesia. If the child will allow, monitors will be placed. These include electrocardiograph, an oxygen sensor on the finger, and a blood pressure cuff on the arm or leg. If the patient is not likely to cooperate for this, it will be done after the patient is asleep. The purpose of having a parent present during induction is to help comfort and control the child while he/she is breathing the anesthesia gas through a clear plastic mask. When the child is very sleepy and not aware of his/her surroundings, the parent must leave the room. We have “busy work” to do including starting intravenous fluids and giving drugs to facilitate placing the breathing tube. No needles will be placed until the child is sound asleep. These are all the same procedures that are done during hospital anesthesia.

After the child is awake the parent will be brought into the recovery room with the child. Everyone wakes up from anesthesia differently. Some are calm and some patients are very agitated and inconsolable. The intravenous fluids will be removed when the anesthesia care provider is confident the child will not need any other medications before going home.

Adults: Anesthesia monitors are placed before the intravenous needle and fluids are started. Drugs are given for anesthesia but it takes about 5 minutes to go to sleep. Some patients wake up with a sore throat. This is normal. The patient is usually recovered in the same room as the surgery. The intravenous needle will be removed just prior to being discharged from the office. This is to be sure that enough fluids are given and the patient does not need any “emergency drugs”. The intravenous is the “lifeline” for the patient.



Discharge from the Office

Children: Small children are usually carried to the car. This requires a parent capable of doing so. It is best that no other children accompany the parents so it is easier to manage the patient. Carrying the child decreases the chances of motion sickness. An emesis cup will be given to you just in case. All children should be strapped into the age-appropriate car seat after discharge.

Adults: All patients must be discharged in a wheel chair for their own safety. Patients can have fainting spells when they stand up. This can also occur when leaving the car to go into the house. Biting on a gauze pack after surgery helps to decrease the chances of swallowing blood. Blood in the stomach is the most common cause of nausea and vomiting.

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