



Jackson Rees Department of Anaesthesia

The Emergency List

Information for parents and carers

Introduction

When a child needs an operation it is usually planned in advance and the child is placed on a list for their operation. Yet there are times when an operation is needed but cannot be planned in advance. When this happens the child is put on an "Emergency List".

Does this mean all children on the Emergency List need urgent operations?

Not always as some operations are more urgent than others. The degree of urgency is a matter of professional judgment involving the operator (surgeon or physician) and the anaesthetist.

How is the Emergency List organised?

Lots of different types of operation are performed on the Emergency List. Decisions about the timing of a particular operation by a surgeon will require discussion and planning.

However the situation can change at a moment's notice. For example an extremely ill child arriving at the Accident and Emergency Department and needing surgery could change the order of the Emergency List.

Can parents and carers be given an exact a time when the operation will take place?

Unfortunately not. The Emergency List is unpredictable and as such it is usually unhelpful to try and give a time. Even an estimated time is likely to be wrong because it is difficult to predict exactly how long a specific operation will take and other more urgent cases can present without warning. We do operate at all hours of the day and night; however, we only operate after midnight if the operation is thought to be lifesaving or if it would save an arm or a leg. Less urgent work would be postponed to the next day.

Can a child eat and drink when they are waiting for their operation?

The reasons for the surgery may dictate what food and drink can be given to a child. If a child needs to have a general anaesthetic for their operation they will need to be fasted (be without food or drink for a period of time). Fasting allows the stomach to empty as much as possible and this may make the anaesthetic safer.

There is a risk that when under general anaesthesia, food and stomach juices come back up the food-pipe (oesophagus or gullet) and then go down the wind-pipe (trachea) and onto the lungs. This is can be a very serious and even life-threatening complication

This risk is reduced by fasting: six hours of fasting for solid foods and milk and two hours for clear fluids such as water or cordial.

Are there any exceptions to fasting?

Yes, for some emergencies fasting is not possible or appropriate. The urgency of the problem means we may have to operate without fasting. Or the problem for which the surgery is needed means the stomach will not empty - no matter how long the child is fasted.

The anaesthetist may adjust the anaesthetic technique to accommodate those situations.



How will parents and carers know when their child can have food and drink?

The timing of when operations take place on the Emergency List is complex and unpredictable. As a result it may mean that a child is fasted of food for longer than six hours and longer than two hours for a drink of clear fluids.

Sometimes it is possible for a child to have their operation at the end of one of the planned lists. To take advantage of these opportunities a child may have to be kept fasted.

The theatre team appreciate that fasting can be a stressful time for the child and their family. Whenever possible they will advise ward staff when a child can have food and drink.



Can parents and carers go to theatre with their child?

One parent may be present as the child goes off to sleep in the anaesthetic room. This is a room next to the operating theatre. For many children having a parent in the anaesthetic room is comforting and reassuring. Once the child is asleep the parent will return to the ward with a member of the nursing staff.

For new born babies it is in their best interest to go off to sleep in the operating room and not the anaesthetic room. Parents will not be in the operating room when their baby goes to sleep.

A very unwell child may need to go straight to the operating room. In those circumstances a parent cannot be present when their child is going asleep.

Parents cannot stay with the child during their operation.

This fact sheet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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