

Dr Jane Lockie

Paediatric Anaesthesia Services in the UK



Where are we Now ?

Specialist Children's Hospitals ~

10 in UK

(156 in Ukraine?)

Population ~ UK 60 million

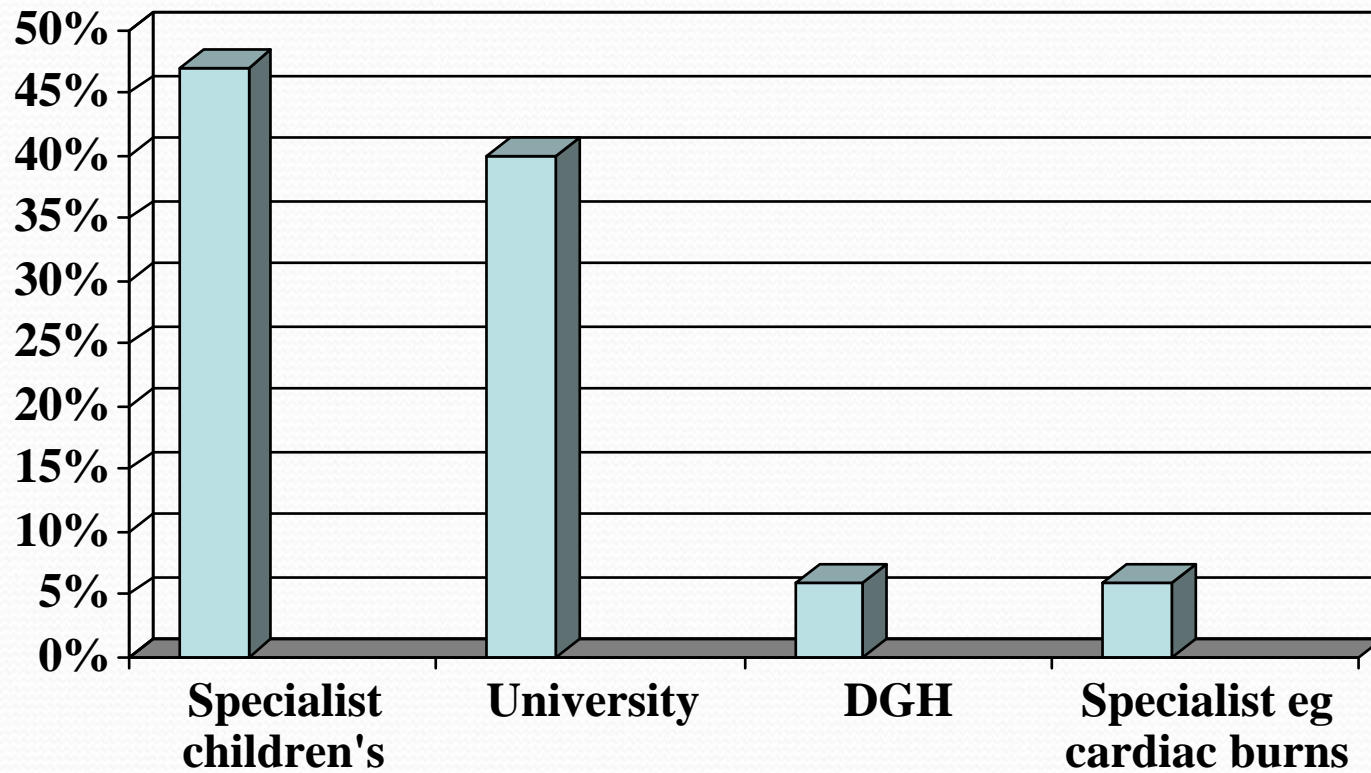
Ukraine 48 million

Estimate 500,000 surgical procedures in UK annually

- Plus other procedures requiring anaesthesia eg scans, radio therapy
- Dentistry and ENT most commonly performed surgery
- Hernias, urology procedures



Paediatric cases



What sort of cases would be done where?

- Age limits typically 6 months or 3 years for straight forward surface surgery in university or DGH eg no pyloromyotomy in DGH
- Physical fitness of child
- Need for ITU or post op HDU?
- In or out of hours?

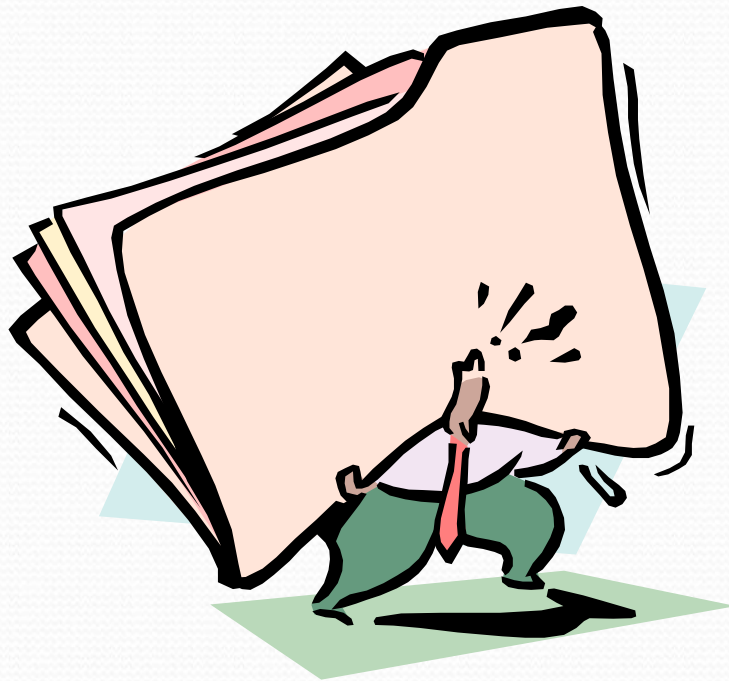
How did we get here?

- NCEPOD 1989 national confidential enquiry peri-operative deaths UK
- End of occasional paediatric practice
?showed worse results (actually said care in UK was excellent)
- 300 deaths per year peri-op in children
75% cardio-thoracic and congenital diseases
- Prior to this more children treated locally
ad hoc on adult lists etc

Audit of pyloromyotomy

Demonstrated more experienced had better outcomes

Advisory documents



- British association of paediatric surgery
- Welfare of children in hospitals
- Health service commission
- Royal College of Anaesthetists

Lead Paediatric anaesthetists

- At least one children's list per week
- Pain service
- Arrangements for transfer
- Networks

Unintended consequences

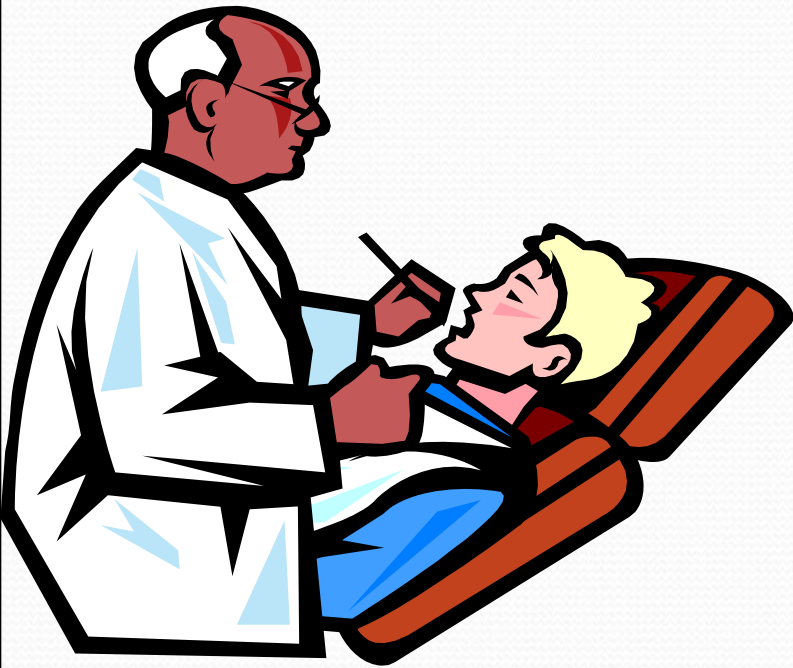
- Terrified some good practitioners into being afraid of giving anesthesia for children thus
- Stopped some anaesthetists and hospitals giving anaesthesia before any increase in capacity elsewhere
- Deskilled hospitals therefore more difficult to deal with sick children presenting as emergency at these hospitals

Childrens Acute Transport Service

- Web based and telephone advice
- They tape the conversations to check with pt notes afterwards that we followed their advice!



Anaesthesia for dentistry



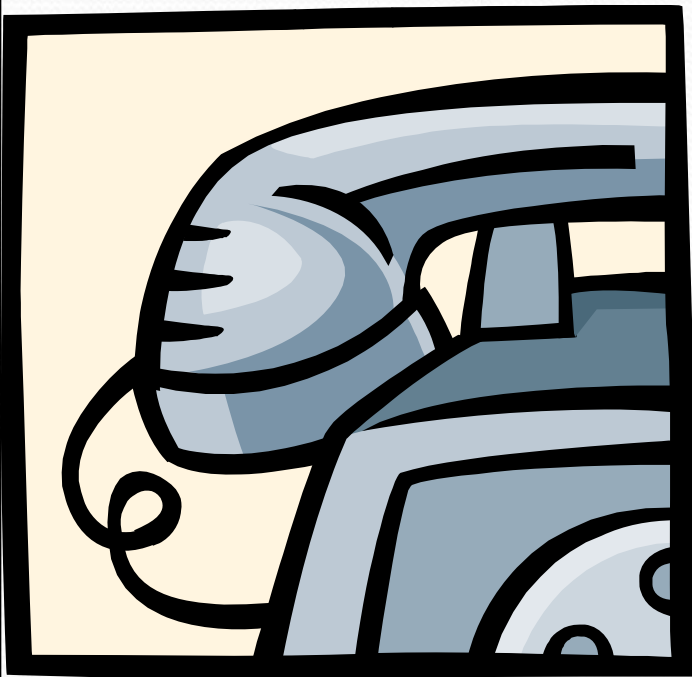
- Since 2000 no general anaesthesia outside hospital setting
- No immediate increase in hospital provision
- Different ways of paying clinicians

(fee per item service in community led to desperate attempts to have fast, deep sedation and led to deaths)

Day cases

- Estimate about 75% of procedures on children can be performed as day cases

Pre assessment



- Assess need for pre-op investigations
- Give parents and children information sheets or web link
- Starvation instructions
- Saturday visits (a good reminder to check the anaesthetic machine)

Questions you may like to ask the anaesthetist

- Q Who will give my child's anaesthetic?
- Q What type of anaesthetic do you recommend?
- Q Have you often used this type of anaesthetic?
- Q What are the risks of this type of anaesthetic?
- Q Does my child have any special risks?
- Q How will my child feel afterwards?

Tell us what you think

We welcome any suggestions to improve this booklet.

You should send these to:

The Patient Information Unit
Churchill House
35 Red Lion Square
London WC1R 4SG

email: admin@youranaesthetic.info

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This leaflet will be reviewed within five years of the date of publication



The Royal College of
Anaesthetists



The Association of
Anaesthetists of Great
Britain and Ireland

Your child's general anaesthetic

Information for
parents and
guardians of
children



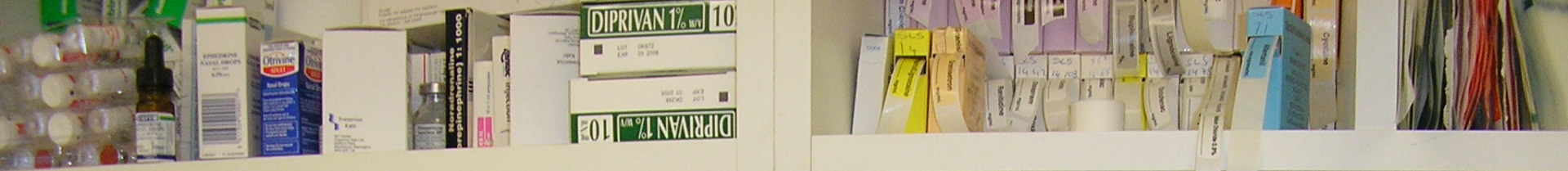






Bed Lifts
Staff Only
No Public Access







Training

- Aim for all UK anaesthetists to be able to participate in resuscitation of acutely ill infants and children and provide anaesthesia for a fit child aged above 5 years for minor surgery.
- Currently at least 6 months in their 7 year training exclusively children

Mandatory training

Child protection

Life support

Communication skills

Pain relief

Child friendly environment

Advice

- Balance between local services and concentrating services into larger unit
- Set standards for care WHILST providing advice and increased capacity in bigger units
- Set up some networks for training, HDU, etc
- Set up a transport service



- “It is the purpose of paediatric surgery to set standards not to create a monopoly”

Sir Dennis Browne

