Elective surgical procedures and minimum paediatric patient requirements at SIVUH

The Department of Anaesthesiology's aim is to provide and deliver safe, effective paediatric anaesthesia and analgesia for children undergoing elective and emergent surgery at the South Infirmary –Victoria University Hospital.
Since 2007 we have had procedure specific guidelines in place for children (0-15 years).
This policy has ensured that we have been able to provide safe anaesthesia to over 10,000 children in that period, 20% of whom were 2 years and younger.
Importantly we have been able to demonstrate that our model of paediatric care is in line with international best practice, resulting in the commencement of paediatric orthopaedic surgery here.
Our model of care is also serving as a template on how paediatric anaesthesia and surgery can be delivered in non-tertiary paediatric hospitals under plans of the newly formed Irish Paediatric Anaesthesia Network.
This policy has undergone a full review (2012) by our Department. A committee including Senior Management, Nursing and Risk Management was involved in reviewing paediatric services at the Hospital. They are reviewed on a yearly basis.

IMPORTANT:
These are guidelines and are to assist in the routine booking of children for admission.
Children outside these guidelines may still be anaesthetized at SIVUH however they can only be booked for surgery if there has been prior discussion and agreement between the child's Consultant Surgeon and respective Consultant Anaesthetist. Otherwise anaesthesia and hence surgery cannot proceed. This communciation can be via letter, email (consultants.anaesthesia@sivuh.ie) , in person or by telephone.

The following children must also be discussed with the relevant Consultant Anaesthetist before scheduling for surgery, regardless of present health-status.

- Children 11 months or less (i.e. under 1 year)
- Children with complex medical history (eg. syndromes, cardiac condition)
- Children with poorly controlled common medical conditions requiring regular intervention(eg. asthma, epilepsy)

The guidelines for the specific surgical speciality follow however the children outlined below will not be anaesthetized at SIVUH:

- No child less than 3 month of age will be anaesthetized
- No day surgery for the following children because of the risk of apnoea:
- Pre-term infants (<37 weeks gestational age) who are <56 weeks Post Conceptual Age

- Term infants who are < 44 weeks Post Conceptual Age

Plastic surgery

Superficial procedures

- Child must be 1 year or older

Blood loss >10% expected (7mls/kg)

- Child must be 2 years or older and 10 kg (minimum)

ENT Surgery

Superficial procedures e.g. tongue tie, grommets

- Child must be 1 year old

Adenoidectomy without tonsillectomy

- Child must be 2 years old and 10 kg (minimum)

Blood loss >10% expected (7mls/kg) except tonsillectomy

- Child must be 2 years or older and 10 kg (minimum)

Tonsillectomy or AdenoTonsillectomy

- Child must be 3 years old and 15 kg (minimum)

General Surgery

Circumcision

- Child must be 2 years old and 10 kg (minimum)

Blood loss >10% expected (7mls/kg)

- Child must be 2 years or older and 10 kg (minimum)

Superficial procedures

- Child must be 1 year or older

Ophthalmology surgery

All procedures:

- Child must be 3 months or older

Orthopaedic surgery

Procedures:
DDH (Development Dysplasia of Hip) – Manipulation, Cast or tendon/tissue release, Club Foot (Congenital Talipes) – Manipulation, Cast or tendon release
Delayed DDH - Closed/Open (minimal) Hip Reduction

- Child can be under 1 year

Procedures:
Late DDH – Closed/Open Hip Reduction or Femoral Osteotomy or Pelvic Osteotomy

- Child must be 1 year or older (usually 1-3 yrs)

Procedures:
Club Foot requiring tendon transfer

- Child must be 1 year or older (usually 3-4yrs)

Procedures:
Perthe's Disease – Femoral or Pelvic Osteotomy
Knock knees (Genu Valgum) & Bow legs (Genu Varum) - Osteotomy or partial growth plate arrest (hemi-epiphysiodesis)

- Child must be 1 year or older (usually 4-10 yrs)

Procedures:
Slipped Upper Femoral Epiphysis (SUFE) – Screw or Open reduction or Femoral Osteotomy

- Child must be 1 year or older (usually 10-15 yrs)

Emergencies will be managed as they present regardless of age/weight as the risk/benefit analysis may preclude transfer to another paediatric unit.

References:

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4. Selected risk factors in pediatric adenotonsillectomy. Arch Otolaryngol Head Neck Surg. 1996 Aug;122(8):811-4.
5. Anaesthetic strategies to reduce perioperative blood loss in paediatric surgery Eur J Anaesthesiol 2003;20:175-181.
6. Transfusion guidelines for neonates and older children Br J Haem 2004 124, 433–453.
7. American Academy of Pediatrics Task Force on Circumcision. Circumcision Policy Statement. *Pediatrics1999;103 (3): 686–693.*
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9. http://www.asahq.org/clinical/PediatricAnesthesia.pdf
10. http://www.euroespa.org
This document has been agreed by all Consultant members of the Department of Anaesthesiology, South Infirmary-Victoria University Hospital.
Department of Anaesthesiology – Statement on Provision of Paediatric Anaesthesia Services (October 2007 reviewed 2012)