Safe provision of paediatric surgery and anaesthesia

For use in: Trust Wide
For use by: All staff
For use for: All staff groups involved in surgery, anaesthesia and recovery of paediatric patients
Original Document owner: Sue Deakin, Ayush Sinha
Status: Approved

Purpose of document

To ensure that clear policies are in place to ensure the safest possible care (surgical and anaesthetic) for children presenting to West Suffolk NHS Foundation Trust.

Contents

1. General requirements 2
2. Elective surgery 2
   2.1 Anaesthesia 2
   2.2 Surgery 3
3. Emergency surgery 4
   3.1 Considerations for all emergency surgery 4
   3.2 Care of emergency surgical patients 4
4. Post op recovery 5
5. Governance and monitoring 5
6. Review 5
7. References 5
8. Document Configuration 6
1. General requirements

Those performing surgery and anaesthesia on children under 16 years old should:

- Complete Level 2 child protection certification annually
- Complete annual paediatric basic life support updates
- Ensure that they maintain evidence of achievement of appropriate paediatric continuing professional development
- Aim to attend in a supernumerary capacity, relevant supernumerary theatre lists
- Attend at least annually joint paediatrics, surgery and anaesthesia governance meetings. If unable to attend, to assimilate information
- Aim to participate in regular team moulages or scenario practice. This should be included as part of Governance programme
- Paediatric anaesthetists should have up to date EPLS or APLS

The Trust has identified “approved” surgical and anaesthetic staff with appropriate proven competencies. These are listed on a named clinician basis as safe to undertake the care of children of specified ages and for specific types of operation.

The principle should be followed that children are operated on a paediatric list whenever possible.

2. Elective surgery

Elective surgery can be planned and hence appropriate services, staff and facilities can be organised in advance. As a result it is feasible to provide surgery for younger children than is the case for emergency operations when it cannot be guaranteed that appropriately skilled staff will always be on duty.

The absolute minimum age for surgery is 4 weeks old or not less than 44 weeks post conceptual age – for superficial procedures only. Ex-preterm babies or those who have required ventilation should be 60 weeks post conceptual age, when possible. Children under 3 years of age will be anaesthetised by one of the nominated anaesthetic consultants only, and for planning purposes the anaesthetic department must be notified in advance of all such children. Children <1 year of age should be admitted to F1 rather than DSU.

All children undergoing surgery go through a pre-assessment process which is mainly nurse led. Children with complex medical issues will be referred to a Paediatric anaesthetist for pre-assessment on Monday afternoon in the pre-assessment unit. Please refer to Clinical guideline *Paediatric Pre-operative assessment CG 10364-1* on the Pink Book

2.1 Anaesthesia

All consultants who anaesthetize children i.e. patients aged less than 16 years will have had a minimum of six months of training in paediatric anaesthesia and should undertake level 2 training in safeguarding/child protection. All anaesthetist should maintain paediatric resuscitation skills. At least one consultant will undertake and maintain core level 3 competencies in child protection/safeguarding.

The department will aim that the consultants who anaesthetise young children (less than 3 years of age) will have regular paediatric lists, while those anaesthetise older children will aim to anaesthetise sufficient numbers to maintain competence in accordance with the East of England Standards for children’s surgery and anaesthesia.

The competence could be maintained through:
1. Multidisciplinary scenario based training
2. By attending paediatric lists with paediatric anaesthetists here or elsewhere.

The following are the named paediatric anaesthetists:

### 2.1.1

<table>
<thead>
<tr>
<th>Children less than 1</th>
<th>Children 1-3 years old (as left plus)</th>
<th>Children 3-12 years (as left plus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr J Sidana (Lead Paediatric Anaesthetist)</td>
<td>Dr E Bright</td>
<td>Dr K Bhowmick</td>
</tr>
<tr>
<td>Dr A Sinha</td>
<td>Dr V Johnston</td>
<td>Dr C Duke</td>
</tr>
<tr>
<td>Dr J Mauger</td>
<td>Dr C Swanevelder</td>
<td>Dr I Frost</td>
</tr>
</tbody>
</table>

### 2.2 Surgery

Any child with suspected malignancy should not be operated on in this trust. This includes any biopsy for suspected malignancy.

If malignancy is suspected Dr Katherine Piccinelli or the Consultant Paediatrician on call for the week should be informed. Children with suspected malignancy are seen urgently at Addenbrooke’s and staging and diagnosis are established there. They are discussed in a paediatric MDT rather than a site specific MDT. The only exception is bone tumours when a patient may be referred to Birmingham for specialist paediatric orthopaedic expertise, but the Paediatric oncologists at Addenbrooke’s are informed simultaneously.

Only the following surgeons shall provide elective surgical services to children (under 13).

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Consultant</th>
<th>Procedure</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgery</td>
<td>Mr N Keeling</td>
<td>General paediatric surgery</td>
<td>Lower limit of 2 months</td>
</tr>
<tr>
<td>Specialty</td>
<td>Consultant</td>
<td>Procedure</td>
<td>Age</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Urology</td>
<td>Mr Sengupta Mr J McLoughlin Miss Georgina Wilson</td>
<td>Circumcision, undescended testes (bilateral if palpable) Children with bilateral impalpable undescended testes, hypospadas, ambiguous genitalia, renal abnormalities should be referred to a paediatric urologist</td>
<td>Children under 3 put on paediatric anaesthetic list</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Miss S Deakin Miss H Chase All Orthopaedic Consultants</td>
<td>Elective orthopaedic surgery For trauma and removal of metalwork</td>
<td>Lower limit of 6 weeks Children under 3 put on paediatric anaesthetic list</td>
</tr>
<tr>
<td>ENT</td>
<td>Mr Fahmy Mr McKiernan Mr Skibsted Mr Martinez Del Pero</td>
<td>Children with significant co-morbidities should be operated on in Addenbrookes.</td>
<td>No absolute lower age</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Mr Vivian</td>
<td>Congenital cataracts and congenital glaucoma not treated locally</td>
<td>11</td>
</tr>
</tbody>
</table>

Community dental will govern activity through their agreed policy and procedures.

3. Emergency surgery

3.1 Considerations for all emergency surgery

- Any surgeon or anaesthetist who does not feel competent to treat a child must transfer the care to a paediatric surgical centre.

- Children below 3 years should be stabilised and transferred to the paediatric surgical centres at N&NUH or Addenbrooke’s, unless the condition is immediately life or limb threatening. Transfer should be to Addenbrooke’s if paediatric intensive care facilities or sub-speciality support is required.

- An exception may be made in rare cases where the surgery can be postponed to be performed on a scheduled list An example might include a minor superficial abscess that needs draining.

- Major surgery that affects normal physiology shall not be performed on children. For example laparotomies in children (excluding suspected appendicitis).

- Torsion in children under the age of 3 years is rare and we would arrange urgent transfer for treatment by a paediatric surgeon in Addenbrooke’s.

3.2 Care of emergency surgical patients

All children admitted as an emergency under the care of a consultant surgeon should receive joint care with the on call paediatric team.

Children admitted with abdominal pain are assessed by the paediatric team and referred to the general surgical team as appropriate via the on call surgical registrar.
Children admitted with head injuries are assessed by the paediatric team and referral as appropriate.

4. Post-operative recovery

All children should be recovered in a dedicated paediatric area out of view and physically separated from adult patients by the use of screens and bed curtains. All recovery staff should have the required paediatric experience, completed PILS and/or EPLS and level 2 safeguarding.

5. Governance and monitoring

There should be at least annual joint governance and educational meeting for surgical teams caring for children held with the paediatric team.

Compliance with the policy will be audited on an annual basis as part of the policy review process.

6. Review

This policy will be reviewed every three years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in national or local guidance.

7. References

2. “The Acutely or Critically Sick or Injured Child in the District General Hospital” The Department of Health – October 2006
3. “Paediatric Surgery: Standards of Care” – British Association of Paediatric Surgeons, May 2002
8. East of England Standards for Children’s Surgery and Anaesthesia

8. Document configuration

<p>| Original Author(s): | Melanie Clements, Paediatric Consultant |
| Other contributors: | Dermot O’Riordan, Dr Ayush Sinha, Miss Sue Deakin, Dr Peter Powell as part of the Paediatric Surgical MDT Committee at West Suffolk Hospital Dr Binu Anand Consultant Paediatrician, Dr Jeremy Mauger Consultant |
| Approvals and endorsements: | Clinical Standards Committee Operational Steering Group |
| Consultation: | Surgeons, Anaesthetists, Paediatricians and West Suffolk Hospital Paediatric Surgical MDT Group |</p>
<table>
<thead>
<tr>
<th><strong>Issue no:</strong></th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>File name:</strong></td>
<td>PP(19)251 – Safe provision of paeds surgery and anaesthesia – Sept 19</td>
</tr>
<tr>
<td><strong>Supersedes:</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Equality Assessed</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring: (give brief details how this will be done)</strong></td>
<td>See section 4</td>
</tr>
<tr>
<td><strong>Other relevant policies, documents &amp; references:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reviewed by:</strong></td>
<td>Dr Asha Naik, Consultant Anaesthetist</td>
</tr>
</tbody>
</table>