

About your Child's MRI Scan under General Anaesthetic (Morning Appointments)

What is an MRI Scan?

It is a way to look inside the body without using x-rays. MRI can produce two or three dimensional images of what is going on inside the patient's body. For good quality pictures the person must lie absolutely still, so young children usually need to be 'put to sleep' with a general anaesthetic

It uses:

- A large magnet (large enough to surround the patient)
- Radio waves
- A computer

Reasons for having an MRI scan

The doctor who requests your child's MRI scan will discuss with you the reasons for the scan. They will explain the information they hope to find, and how this will influence your child's subsequent management. In addition they will explain why the MRI needs to be done now, rather than waiting until your child is old enough to undergo an MRI without a general anaesthetic. They will also discuss why alternative investigations, which would not require a general anaesthetic, would not be appropriate.

Additional investigations under the same general anaesthetic

If anything else, such as a blood test, needs to be done, the doctor will discuss this with you.

Information about the diagnosis

This will be discussed with you by your child's paediatrician.

What does the procedure involve?

The procedure will involve your child keeping completely still inside the scanner (this is why a general anaesthetic is given) while pictures are taken. An injection may be given into a vein to make some parts of the body show up better. The general anaesthetic is described in more detail in the leaflet entitled 'Your Child's General Anaesthetic', which is available from Bramble ward.

What happens before the scan?

Your child should not eat after midnight on the night before the MRI scan. Please encourage your child to drink clear, non-fizzy drinks (e.g. water or squash, **but NOT milk**) until they arrive at the hospital on the day of the scan. If your child is less than 1 year old he/she can have a breast feed or formula feed which must be finished by 5am. He/she will be admitted to Bramble Ward Day Case Unit on the day of the scan, and encouraged to drink water or squash on the ward. If your child is taking any medicines or inhalers, he/she should take these as usual on the day of the scan.

We expect your child to make a rapid recovery after his/her MRI scan under general anaesthetic and to experience no serious problems. However, it is important that you should know about minor problems, which are common after this procedure, and also about more serious problems that can occasionally occur. The next section '*The risks of a general anaesthetic*' describe these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your child's MRI.

What is a general anaesthetic?

A general anaesthetic ensures that your child is unconscious and free of pain during an investigation or operation.

Anaesthetists are specialist doctors who are responsible for the wellbeing of your child throughout the procedure

The risks of a general anaesthetic

General anaesthetics are usually very safe. However, there are some risks, which may be increased if your child has a chronic medical condition. The risks are outlined in the infographic overleaf.

You can watch a video of what it's like to go to hospital and have an anaesthetic at

www.apagbi.org.uk/children-and-young-people/videos-children

There are more leaflets and videos at:

roca.ac.uk/childrensinfo

How long does a scan take?

Total scanning time is approximately 1 hour.

What happens after the scan?

Your child should recover quickly, and should not experience any pain or discomfort.

Most children will go to the recovery room. Each child is cared for by a specialist nurse until he or she is awake, and is ready to go back to the ward. Usually a ward nurse will bring you to the recovery room, as soon as your child wakes up.

Some children are very distressed when they wake from the anaesthetic. This is common in children under 3 years and sometimes in children who are upset before they are anaesthetised. It is not related to pain. Your child may take a little while to calm down, but usually will settle after returning to the ward, having food and drink, and playing with their toys or watching TV.

RCoA
Royal College of Anaesthetists
Association of Paediatric Anaesthetists of Great Britain and Ireland

Common events and risks for children and young people having a general anaesthetic

This summary card shows some of the common events and risks that healthy children and young people of normal weight face when having a general anaesthetic (GA) for routine surgery (specialist operations may carry different risks).

Modern anaesthetics are very safe. There are some common side effects which are usually not serious or long lasting. Risk will vary between individuals, and will depend on the procedure and the anaesthetic technique used. Your anaesthetist will discuss with you the risks they believe to be most significant. You should also discuss with them anything you feel is important to you.

Very common
More than 1 in 10
Equivalent to one person in your family

- Sore throat
- Agitation on waking from GA (Mainly ages 1-6 years)
- Sickness
- Temporary changes in behaviour (eg. anxiety, sleep problems, bedwetting)

Common
Between 1 in 10 and 1 in 100
Equivalent to one person in a street

- Minor lip or tongue injury
- Discomfort at injection site

Uncommon
Between 1 in 100 and 1 in 1,000
Equivalent to one person in a village

- Breathing problems (Needing treatment)
- Skin damage (Mainly longer procedures)

Rare
Between 1 in 1,000 and 1 in 10,000
Equivalent to one person in a small town

- Need for Intensive Care (unplanned) (Risk is higher for children under 1 year)
- Injury to eye (eg. scratch on eye)
- Damage to teeth

Very Rare
1 in 10,000 to 1 in 100,000 or more
Equivalent to one person in a large town

- Anaphylaxis (Severe allergic reaction to a drug) (1 in 40,000)
- Awareness during an anaesthetic (1 in 60,000)
- Death as a direct result of anaesthesia (1 in 100,000 to 1 in a million)
- Long-term disability (Less than 1 in 100,000)

More information
Our website has more on these risks as well as short videos to help children prepare for surgery.

Scan to find out more:
roca.ac.uk/childrensinfo

Things we all do in normal life, such as road travel, involve higher risks than the **Very Rare** risks above.

Leave your feedback on this resource at: surveyMonkey.co.uk/r/testrisk or by scanning this QR code:

Churchill House, 35 Red Lion Square, London WC1R 4SG | patientinformation@roca.ac.uk | March 2022

Discharge from hospital?

You can take your child home a few hours after the MRI scan, on the same day, as long as he/she can drink and is not being sick.

What should you do if a problem develops?

If you have any concerns before you take your child home, please talk to the nurse looking after him/her.

Do you need to return to hospital for a check and what will happen to the results?

No you do not need to return to the hospital for a check but you will be seen in the Outpatient Department to discuss the results of the scan.

Who should you contact in an emergency?

Bramble Blue Ward on Exeter **(01392) 402681**.

How to get to the Royal Devon & Exeter Hospital at Wonford

Please refer to the enclosed "Welcome to the Medical Imaging Department" leaflet or use the Trusts website for the latest information:
www.rdehospital.nhs.uk/patients/where

For more information on the Medical Imaging Department, please visit our website:
www.rdehospital.nhs.uk/patients/service/medical-imaging

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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Designed by Graphics (Print & Design), RD&E (Heavitree)