Core Topics in Paediatric Anaesthesia
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Edited by

Ian James
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust;
Honorary Senior Lecturer, Institute of Child Health, London, UK

Isabeau Walker
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust;
Honorary Senior Lecturer, Institute of Child Health, London, UK
Core topics in paediatric anaesthesia / edited by Ian James, consultant anaesthetist, Great Ormond Street Hospital for Children NHS Trust, honorary senior lecturer, Institute of Child Health, London, UK, Isabeau Walker, consultant anaesthetist, Great Ormond Street Hospital for Children NHS Trust, honorary senior lecturer, Institute of Child Health, London, UK.

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Preface

Children comprise almost a quarter of the population, and many will require general anaesthesia for surgery or an investigative procedure. It is important that the facilities and environment for such procedures are appropriate for a child, and it is crucial that those administering anaesthesia are knowledgeable, competent and safe. It is an oft-repeated adage that the child is not a miniature adult, and nowhere is this more true than in paediatric anaesthesia where there are significant differences, for instance in pharmacology, psychology, common clinical conditions and legal issues such as consent. Our intention with this book has been to provide the core knowledge, both theoretical and practical, necessary to assist all those regularly involved in anaesthetising children to do so safely and competently. We hope that this text will be particularly useful to trainees aspiring to become specialist paediatric anaesthetists.

We have tried to go further than just covering the core curriculum for training in paediatric anaesthesia. For the clinical chapters we asked our authors, who are all recognised experts in their specialist areas, to share their experience by outlining in a succinct manner how they manage their patients. It seems to us particularly helpful to read how those who are regularly anaesthetising patients with specific disorders have fine-tuned their practice to minimise problems and achieve good outcomes. We have included key references and additional reading for all chapters. Although we have discussed some of the more common syndromes affecting children, we have not provided a comprehensive list of all the congenital disorders that may be encountered. Many of these are rare, and their salient features can quickly and easily be obtained on the Internet.

We hope that our book will also be useful for those anaesthetists who work in the general hospital, especially those who only see children presenting as emergencies. Over the past 20 years or so a plethora of reports have espoused the benefits of centralisation of paediatric surgery. Subsequent organisational changes have resulted in the transfer of much of this work to specialised centres, particularly for children in the 0–4 year age range. For many anaesthetists working outside these specialist centres, this has resulted in reduced opportunity to maintain competence and, perhaps of equal importance, confidence in anaesthetising small children, even though over half of all procedures in children still take place in the District General Hospital. This book is no substitute for regular hands-on experience, but we hope that it will be helpful in providing core knowledge and tips from established experts that can be used to supplement refresher courses and clinical attachments to maintain skills.

We would like to thank those who have helped in developing this book, particularly family and friends who have been neglected during its long gestation. We are also grateful to Cambridge University Press for their patience as the book’s post-conceptual age increased. Finally, we would like to thank Sally and Ash Suxena for allowing Joseph to grace our front cover.

Ian James
Isabeau Walker
Contributors

Lola Adewale  
Consultant Anaesthetist, Birmingham Children’s Hospital NHS Foundation Trust, Birmingham, UK

Nargis Ahmad  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

James Bennett  
Consultant Anaesthetist, Birmingham Children’s Hospital NHS Foundation Trust, Birmingham, UK

Stephanie Bew  
Consultant Anaesthetist, Leeds General Infirmary, Leeds, UK

Michael Broadhead  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Peter Bromley  
Consultant Anaesthetist, Birmingham Children’s Hospital NHS Foundation Trust, Birmingham, UK

Alison S. Carr  
Consultant Paediatric Anaesthetist, Plymouth Hospitals NHS Trust, Plymouth, UK

David Chisholm  
Consultant Anaesthetist, The Royal Marsden Hospital NHS Foundation Trust, London, UK

David de Beer  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Bruce Emerson  
Consultant Anaesthetist, St Andrew’s Centre for Plastic Surgery and Burns, Broomfield Hospital, Chelmsford, Essex, UK

Philippa Evans  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Lisa Flewin  
Consultant Anaesthetist, Southampton University Hospital, Southampton, UK

Michael W. Frost  
Consultant Anaesthetist, St Andrew’s Centre for Plastic Surgery and Burns, Broomfield Hospital, Chelmsford, Essex, UK

Simon R. Haynes  
Consultant Anaesthetist, Freeman Hospital, Newcastle-Upon-Tyne, UK

Jane Herod  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Alet Jacobs  
Department of Anaesthesia, Birmingham Children’s Hospital NHS Foundation Trust, Birmingham, UK

Ian James  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust; Honorary Senior Lecturer, Institute of Child Health, London, UK

Ian A. Jenkins  
Consultant in Paediatric Intensive Care & Anaesthesia, The Bristol Royal Hospital for Children, Bristol, UK

Adrian R. Lloyd-Thomas  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK
List of contributors

Daniel Lutman  
Consultant Paediatric Anaesthetist, Children’s Acute Transport Service, London, UK

Angus McEwan  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Su Mallory  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Vaithianadan Mani  
Department of Anaesthesia, Royal Hospital for Sick Children, Glasgow, UK

George H. Meakin  
Consultant Anaesthetist, Royal Manchester Children’s Hospital, Manchester, UK

Anthony Moriarty  
Consultant Anaesthetist, Birmingham Children’s Hospital NHS Foundation Trust, Birmingham, UK

Neil Morton  
Consultant in Paediatric Anaesthesia and Pain Management, Royal Hospital for Sick Children, Glasgow, UK

Reema Nandi  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Naveen Raj  
Consultant Anaesthetist, Jackson Rees Department of Anaesthesia, Alder Hey Children’s Hospital NHS Foundation Trust, Liverpool, UK

Steve Roberts  
Consultant Anaesthetist, Jackson Rees Department of Anaesthesia, Alder Hey Children’s Hospital NHS Foundation Trust, Liverpool, UK

Steven Scuplak  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Judith A. Short  
Consultant Paediatric Anaesthetist, Sheffield Children’s NHS Foundation Trust, Sheffield, UK

Jonathan Smith  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Ben Stanhope  
Consultant in Paediatric Emergency Medicine, Birmingham Children’s Hospital NHS Foundation Trust, Birmingham, UK

Peter A. Stoddart  
Consultant Anaesthetist, The Bristol Royal Hospital for Children, Bristol, UK

Mike R. J. Sury  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust; Portex Department of Anaesthesia, Institute of Child Health, University College London, UK

Dan Taylor  
Consultant Paediatric Anaesthetist, Evelina Children’s Hospital, St. Thomas’ Hospital, London, UK

Karl C. Thies  
Consultant Anaesthetist, Birmingham Children’s Hospital NHS Foundation Trust, Birmingham, UK

Mark Thomas  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Isabeau Walker  
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust; Honorary Senior Lecturer, Institute of Child Health, London, UK

Agnes Watson  
Consultant Anaesthetist, St Andrew’s Centre for Plastic Surgery and Burns, Broomfield Hospital, Chelmsford, Essex, UK
List of contributors

**Kathy A. Wilkinson**
Consultant Paediatric Anaesthetist, Norfolk and Norwich University Hospitals NHS Foundation Trust, Norwich, UK

**Glyn Williams**
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

**Sally Wilmshurst**
Consultant Anaesthetist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK