

Guest Editorial

In my opinion, paediatric anaesthesia is one of the most interesting, rewarding and fulfilling specialities – but I'm aware this may not be an opinion shared by all! There can be nothing more frightening than to be faced with an acutely ill or injured child when you don't have any colleagues to help you or to discuss the case with, and there is no time to transfer to a specialist centre, or there is no specialist centre. I imagine this must be the case particularly for those who only anaesthetise children occasionally. This edition of Update in Anaesthesia includes a wealth of information on different areas of paediatric anaesthetic practice, and will be enormously useful to all those who care for children.

Core lifesaving skills relating to airway management and fluid resuscitation are fundamental our practice, no matter what the age of the patient, and maintaining these basic skills, and basic anaesthesia skills, should form the basis of our on-going professional development. For some, this may involve spending time with a colleague during an elective operating list, so that when you need to look after a child in an emergency you feel more confident. For others, it may mean updating local guidance, for instance relating to pain management and fluid management, and making sure that the appropriate equipment is available when you need it. Even the normal infant airway can be difficult for those who are inexperienced, and it helps to have thought about your plan in advance. Neonatal anaesthesia presents very particular challenges of its own.

Preparation of a child for surgery is vital to ensure smooth and safe anaesthesia, especially in the presence of comorbidities. Asthma is increasingly common. Environmental pollution particularly affects our younger patients, and makes them more prone to respiratory infections. Whether to proceed or to cancel the child with a common cold is often a difficult dilemma, even for the experienced paediatric anaesthetist. In any setting, even those with the best of resources, anaesthetists have had to learn to trust their instincts and their senses (their eyes, ears and touch).

Modern anaesthetic teaching often emphasises the latest developments, but we should not forget the importance of the vigilant anaesthetist and the use of equipment such as the pre-cordial stethoscope, now seldom used in high resource countries.

Effective pain management in children undergoing surgery should always be a high priority, and the authors of the excellent section on regional anaesthesia highlight the importance of local blocks in children. Much is possible with simple equipment using landmark techniques, and local blocks such as the caudal provide excellent analgesia for common surgical interventions. The newer ultrasound-guided techniques described help us to perform a wider range of blocks with great accuracy and safety, and using smaller doses of drug.

The sections on resuscitation and critical care highlight some important differences between adults and children. For example, in adults, cardiac arrest is usually due to a primary cardiac cause, whilst in children, cardiac disease is rare, and the most common cause of cardiac arrest is hypoxia or hypovolaemia, or in parts of the world where halothane is still used routinely, due to deep halothane anaesthesia. This is reflected in the resuscitation guidelines for children that emphasise identification and prevention of cardiac arrest as much as treatment itself. Early recognition of a seriously ill or injured child, whether due to a common or rare disease condition, is essential to achieve a good outcome.

Paediatric anaesthesia is an important sub-speciality of anaesthesia, but sadly the facilities to deliver safe anaesthesia care are not always available everywhere. The mission of the WFSA is to 'improve patient care and access to safe anaesthesia by uniting anaesthesiologists around the world'. I believe that this edition of Update in Anaesthesia, written by experts in paediatric anaesthesia from around the globe, offers an important contribution to this mission.



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