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## One in six young children experience sleep problems after operations, says new study

Nearly eight out of 10 young children experiencing sleep disturbances such as nightmares and bed-wetting after operations are preschool aged children between four and five years old, according to a new study by an Australian doctor.

Dr Vivian Liang, a trainee paediatric anaesthetist at Melbourne's Royal Children's Hospital, found that nearly one in four (23.2 per cent) of young children experienced postoperative behavioural changes, of which postoperative sleep disturbance is one indicator.

She found that one in six young children (16.1 per cent) who undergo a medical procedure or operation under a general anaesthetic could be expected to experience nightmares, disrupted sleep or bed-wetting in the days or weeks after their procedure. Of these, 77.7 per cent were preschoolers and 77.8 per cent were girls.

Typical operations or procedures for preschoolers include tonsillectomies, and operations for broken bones or animal bites.

Dr Liang surveyed the parents or carers of 56 children aged between two and six years at Melbourne's Austin Hospital in 2021.

Her study findings are being presented at the Australian and New Zealand College of Anaesthetists (ANZCA) annual scientific meeting which is being held from 29 April to 3 May. More than 1200 Australian, New Zealand and international anaesthetists and specialist pain medicine physicians have registered for the virtual meeting.

Dr Liang says while parents are well informed that their child may experience "emergence delirium" in the recovery room straight after their operation, they are often unaware that sleep disturbances such as nightmares or bed-wetting could develop when they return home.

Doctors and other medical staff could better prepare parents and care givers about the possibility of sleep disturbances in children before their operation.

"Sleep disturbance is a recognised problem in children and this can cause distress to both patients and their families and significantly impact postoperative recovery," Dr Liang explains.

"Often we tell parents there is a risk of agitation or delirium straight after the operation and that sets an expectation for them so they are prepared for it if it does happen. However, it's often not until they get home that sleep disturbances develop. Parents aren't sure what is going on and may start to worry.

"Sleep is such an important thing for families so this study highlights the importance of medical staff discussing the possibility that sleep disturbances can develop later on."

No sleep disturbance was reported for procedures of less than 30 minutes duration. There was a significant association between children having emergence delirium in recovery and those who were reported to have sleep disturbance.

Dr Liang's survey of parents focused on the most common sleep disturbances such as trouble getting to sleep, waking through the night if they had previously slept through the night, night terrors or nightmares and bed-wetting.

Dr Liang says the "suggestion that emergence delirium maybe associated with the occurrence of postoperative sleep disturbance has significant implications which warrants further research as it would be important to identify any modifiable risk factors to prevent or minimise the negative behavioural disturbances in children having general anaesthesia."

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