

- You may be unsteady on your feet when the spinal first wears off. Please don't get up without help from your nurse.

What are the Risks of Spinal Anaesthetic?

Your anaesthetist will discuss the risks of spinal anaesthesia with you prior to surgery.

The risk of serious complication from spinal anaesthetic is very low.

Very common and common side effects may range from trivial to unpleasant, but can be treated and do not usually last long.

Low blood pressure - as the spinal takes effect, it can lower your blood pressure. This can make you feel faint or sick. This will be controlled by your anaesthetist with the fluids given through your drip and by giving you drugs to raise your blood pressure.

Itching - this can occur as a side effect of using morphine-like drugs in combination with local anaesthetic drugs in the spinal anaesthetic. If you experience itching, it can be treated. Please let the staff know if you are itchy.

Difficulty passing water (urinary retention) - you may find it difficult to empty your bladder normally for as long as the spinal lasts. Your bladder function returns to normal after the spinal wears off. You may require a catheter to be placed in your bladder temporarily, while the spinal wears off and for a short time afterwards. Bowel function is not affected by the spinal.

Pain during the injection - if you feel pain in places other than where the needle is - you should immediately tell your anaesthetist. This might be in your legs or bottom, and might be due to the needle touching a nerve. The needle will be repositioned.

Headache - there are many causes of headache after an operation, including the anaesthetic, being dehydrated, not eating and anxiety. Most headaches get better within a few hours and can be treated with pain-relieving medicines.

Rare complications

Nerve damage - this is a rare complication of spinal anaesthesia. Temporary loss of sensation, pins and needles and sometimes muscle weakness may last for a few days or even weeks but almost all of these make a full recovery in time.

Permanent nerve damage is rare (approximately 1 in 50,000 spinals). It has about the same chance of occurring as major complications of having a general anaesthetic.

Consumer Reviewed and approved March 2017

healthcareTM



Spinal Anaesthesia Factsheet

Maitland Private Hospital

What is a spinal Anaesthetic?

A spinal anaesthetic is where your anaesthetist passes a spinal needle through the lower part of your back and into the spinal fluid. He/she then injects some local anaesthetic. This will numb the nerves from your waist down to your toes.

When is a spinal Anaesthetic used?

Spinal anaesthetic can be used for surgery to the legs or lower abdomen. Spinal anaesthesia is often used along with some medicine that will make you sleepy during the procedure. You will still be awake enough to respond to someone talking to you.

How is the spinal performed?

Your anaesthetist will discuss the procedure with you beforehand.

1. In the anaesthetic room, you will meet an anaesthetic assistant, who will stay with you during your time in the theatre.
2. The spinal, may be done in the anaesthetic room or in the operating theatre.
3. Your anaesthetist will use a needle to insert a thin plastic tube (a 'cannula') into a vein in your hand or arm.
4. You will be helped into the correct position for the spinal. You will either sit on the side of the bed with your feet on a low stool or you will lie on your side, curled up with your knees tucked up towards your chest.
5. The anaesthetic team will explain what is happening, so that you are aware of what is taking place 'behind your back'.
6. The anaesthetist will give you the spinal injection. Local anaesthetic is used in the skin to make the spinal injection more comfortable. A nurse or healthcare assistant will support and reassure you during the injection.

As the spinal begins to take effect, your anaesthetist will test its effectiveness.

Testing the block

- Your anaesthetist may use a range of simple tests to see if the block is working properly.
- He/she may spray a very cold liquid on your skin and ask you to distinguish between cold and wet sensations from the spray. Please try to simply describe what you can feel and where. If the feeling of cold is lost at this early stage, this is a good sign that the spinal will work well for the surgery.

- is a good sign that the spinal will work well for the surgery.
- He/she may also ask you to try to move your legs. If you cannot move them, then the spinal is working very well. If you still have some movement, the anaesthetist will decide if this is significant.

Only when the anaesthetist is satisfied that the anaesthetic has taken effect will he/she allow the surgery to begin.

During the operation

- In the operating theatre, a full team of staff will look after you. If you are awake, they will introduce themselves and try to put you at ease.
- You will be positioned for the operation. Please tell your anaesthetist if there is something simple that will make you more comfortable, such as an extra pillow or armrest.
- You may be given oxygen to breathe via a lightweight, clear plastic mask, to improve oxygen levels in your blood.
- You will be aware of the 'hustle and bustle' of the operating theatre when you come in. Once surgery starts, noise levels drop. You will be able to relax, with your anaesthetist looking after you.
- You can listen to music if you wish during the operation. Feel free to bring your own music, with headphones.
- You can communicate with the anaesthetist during the operation. If an operating camera is used, and there is an extra screen, you may be able to watch the operation on the screen, if you want to.
- You may be receiving sedation during the operation. You will be relaxed and sleepy but not unconscious.

After the spinal

It takes one to four hours for sensation (feeling) to return to the area of your body that is numb. You should tell the ward staff about any concerns or worries you may have. You may have a tube in your bladder (a catheter) to drain your urine until sensation returns.

- As sensation returns, you may experience some tingling in the skin as the spinal wears off. At this point, you may become aware of some pain from the operation site and you should ask for more pain relief before the pain becomes too obvious. You can normally drink fluids within an hour of the operation and

