



Patient information

Your Spinal Anaesthetic

Anaesthesia

This leaflet explains:

- What a spinal anaesthetic is.
- How it works.
- Why you could benefit from having one for your operation.

What is a spinal anaesthetic?

A local anaesthetic drug is injected through a needle into the small of your back to numb the nerves from the waist down to the toes for two to three hours.

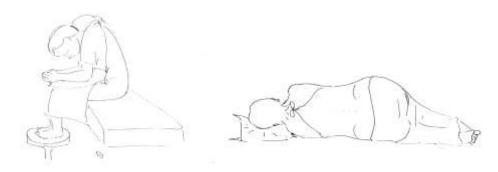
You can normally choose

- To remain fully conscious.
- To have some mild sedation during your operation. This makes you relaxed and drowsy and you may fall asleep.
- Occasionally a spinal anaesthetic may be combined with a general anaesthetic.

Almost any operation performed below the waistline is suitable for a spinal anaesthetic (usually known as a spinal) and there are benefits to both you and your surgeon when a spinal is used.

How is the spinal performed?

- Your anaesthetist will discuss the procedure with you beforehand on the ward.
- You will meet an anaesthetic assistant who will stay with you during your time in the theatre.
- You will either sit on the side of the bed or lie on your side.



- The anaesthetist will explain what is happening throughout the process so that you are aware of what is taking place "behind your back."
- As the spinal anaesthetic begins to take effect, your anaesthetist will measure its progress and test its effectiveness.
- Your anaesthetist will give you the spinal anaesthetic injection and stay with you throughout the procedure.

What will I feel?

A spinal anaesthetic should cause you no unpleasant feelings and should take only a few minutes to perform.

- As the injection is made, you may feel pins and needles or a sharp tingle in one of your legs— if you do, try to remain still, and tell your anaesthetist about it (see side effects and complications).
- During the operation, you may be given oxygen to breathe, through a lightweight, clear plastic mask to improve oxygen levels in your blood.
- Only when the anaesthetist is completely happy that the anaesthetic is taking effect, will you be prepared for the operation.

What are the benefits of having a spinal?

- Reduced blood loss during surgery / less need for blood transfusion.
- Less risk of blood clots forming in the leg veins (deep vein thrombosis, DVT).
- Less risk of chest infections after surgery.
- Less effect on the heart and lungs.
- Excellent pain relief immediately after surgery.
- Less need for strong pain relieving drugs.
- Less sickness and vomiting.
- Earlier return to drinking and eating after surgery.

Operations a spinal may be used for

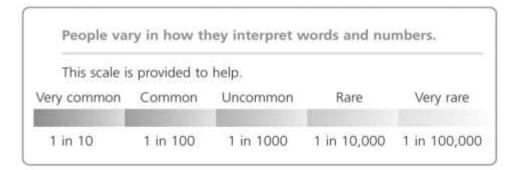
- Orthopaedic surgery any major operation on the leg bones or joints.
- **General surgery** hernia repair, varicose veins, piles (haemorrhoids).
- Vascular surgery repairs to the blood vessels of the leg.
- Gynaecology vaginal repair or operations on the bladder outlet.
- Urology prostate removal, bladder operations and genital surgery.

However, you may still need a general anaesthetic if:

- The spinal anaesthetic does not work satisfactorily.
- The surgery is more complicated than expected.

Side effects and complications

As with all anaesthetic techniques there is a possibility of unwanted side effects or complications.



Very common and common side effects

These may be unpleasant, but are easily treated and do not last long.

- **Headache** When the spinal anaesthetic wears off and you begin to move around there is a risk of developing a headache.
- Low blood pressure As the spinal anaesthetic takes effect, it can lower your blood
 pressure and make you feel faint or sick. This can be controlled with the fluids given by the
 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 spinal anaesthesia. It can be treated, as long as you tell the staff when it occurs.
- **Difficulty passing water (urinary retention)** You may find it difficult to empty your bladder normally for as long as the spinal anaesthetic lasts. You may require a catheter to be placed in your bladder temporarily.
- Pain during the injection As previously mentioned, you should immediately tell your anaesthetist if you feel any pain or pins and needles in your legs or bottom as this may indicate irritation or damage to a nerve and the needle will need to be repositioned.

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 even more rare and has about the same chance of occurring as major complications of general anaesthesia.

After your spinal

- Your nurses will make sure that the numb area is protected from pressure and injury until sensation returns.
- It takes between one and a half hours to four hours for feeling (sensation) 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.
- 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.

- As the spinal anaesthetic wears off, please ask for help when you first get out of bed.
- You can normally drink fluids within an hour of the operation and may be able to eat a light diet.

Frequently asked questions

Can I eat and drink before my spinal anaesthetic?

You will need to have an empty stomach before your operation and you must follow the same rules as if you were going to have a general anaesthetic.

Must I stay fully conscious?

Before the operation, you and your anaesthetist can decide together whether you remain fully awake during the operation or would prefer to be sedated so that you are not so aware or anxious.

Do I have a choice of anaesthetic?

Yes. Your anaesthetist will assess your overall preferences, needs for the surgery, and discuss them with you.

Can I refuse to have the spinal?

Yes. If, following discussion with your anaesthetist, you are still unhappy about having a spinal anaesthetic you can always say no.

Will I feel anything during the operation?

Your anaesthetist will not allow surgery to begin until the spinal anaesthetic is working properly. You should not feel any pain during the operation but you may well be aware of other sensations such as movement or pressure.

Should I tell the anaesthetist anything during the operation?

Yes, your anaesthetist will want to know about any sensations or other feelings you experience during the operation. They will make adjustments to your care throughout the operation and be able to explain things to you.

Is a spinal anaesthetic the same as an epidural?

No, although they both involve an injection of local anaesthetic between the bones of the spine in the small of your back, the injections work in a slightly different way and should not be confused.

Where can I learn more about spinal anaesthetic?

This leaflet is designed to give you a brief overview about your spinal anaesthetic. If you would like more detailed information, speak to your anaesthetist or contact the anaesthetic department or the following organisations.

Questions you may like to ask your anaesthetist

- Who will give my anaesthetic?
- Do I have to have this type of anaesthetic?
- Have you often used this type of anaesthetic?
- What are the risks of this type of anaesthetic?

- Do I have any special risks
- How will I feel afterwards?

Further Information

Department of Anaesthetics Tel: 0151 706 2000 ext. 3203

Text phone number: 18001 0151 706 2000 Ext 3203

Association of Anaesthetists of Great Britain and Ireland 21 Portland Place

London WC1B 1PY Phone: 020 7631 1650 Fax: 020 7631 4352 E-mail: info@aagb.org

Website: http://www.aagbi.org/news/information-public

This organisation works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain and Ireland.

Royal College of Anaesthetists – information for patients and carers.

Website: http://www.rcoa.ac.uk/patientinfo

This organisation is responsible for standards in anaesthesia, critical care and pain management throughout the UK

Author: The Royal College of Anaesthetists,

The Association of Anaesthetists of Great Britain and Ireland

Review date: December 2018

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