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Spinal Anaesthetic

Anaesthetic Department



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.

Further information

This information has been taken with permission from the RCOA and AAGBI websites.

(www.rcoa.ac.uk/document-store/your-spinal-anaesthetic)

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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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

- Low blood pressure - As the spinal takes effect, your blood pressure may be lowered. 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 combination with local anaesthetic drugs in spinal anaesthesia. If you experience itching it can be treated. It lasts about 24 hours.
- 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, either while the spinal wears off or as part of the surgical procedure.

Uncommon side effects

- Headache - When the spinal wears off and you begin to move around there is a risk of developing a headache.
- Pain during the injection - If you feel any pain or pins and needles in your legs or bottom, tell your anaesthetists as this may indicate irritation of a nerve and the needle may need to be repositioned.

Spinal Anaesthetic

Introduction

Depending on the type of operation and your own medical condition, a spinal anaesthetic may sometimes be safer for you or suit you better than a full general anaesthetic.

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

You can normally choose:

- to remain fully conscious or
- have some mild sedation during your operation or
- have a light general anaesthetic with the spinal

What is a spinal anaesthetic (a spinal)?

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 2 to 3 hours. A morphine like drug is often injected with the local anaesthetic to reduce the amount of pain you feel once the spinal has worn off.

How is the spinal performed?

Your anaesthetist will discuss the procedure with you beforehand on the ward. You will also meet an anaesthetist who will stay with you during your time in the theatre.

- 1) A needle will be used to insert a thin plastic tube (a "cannula") into a vein in your hand or arm and then the staff looking after you will help you into the correct position for the spinal.
- 2) You will either sit on the side of the bed with your feet on a low stool or lie on your side, curled up with your knees tucked up towards your chest. In either case, the staff will support and reassure you during the injection.
- 3) The anaesthetist will explain what is happening throughout the process so that you are aware of what is taking place "behind your back".
- 4) As the spinal begins to take effect, your anaesthetist will measure its progress and test its effectiveness.
- 5) Your anaesthetist will give you the spinal injection and stay with you throughout the procedure.

What are the advantages of 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, often called a DVT).
- Less risk of chest infections after surgery.

- Less effect on the heart and lungs.
- No pain immediately after surgery.
- Less need for strong pain relieving drugs.
- Less sickness and vomiting.
- Earlier return to drinking and eating after surgery.
- Less confusion after the operation in older people.

However you may still need a general anaesthetic if:

- your anaesthetist cannot perform the spinal satisfactorily.
- the spinal does not work satisfactorily.
- the surgery is more complicated than expected.

After your spinal

- It takes 1½ - 4 hours for feeling (sensation) to return to the area of your body that is numb.
- 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 also be able to eat a light diet.