

Patient information

Spinal Anaesthesia

Martin Corke Day Surgery Unit

What is it?

A spinal anaesthetic consists of a single injection of local anaesthetic into the fluid around the nerves in your spine.

In the majority of patients, a spinal anaesthetic is suitable for most operations below the waistline.

How does it work?

The local anaesthetic is an injection in the small of your back. It numbs the nerves to the lower body and legs and makes them feel very warm and tingling at first and then very heavy. You will not feel pain from the surgery, but you may be aware of light touch.

Before the surgery your anaesthetist will test that the spinal anaesthetic is working as expected. You can choose to then be sedated or to stay awake for the operation.

The effect of the spinal anaesthetic drugs may last up to 6 hours but often will use drugs that wear off much sooner.

Following a spinal anaesthetic, it is important you do not get out of bed until you have been assessed by your nurse. Please wait for assistance.

Advantages

- You will need a minimal amount of medication to have your operation and therefore recover quicker than after a general anaesthetic.
- The anaesthetic does not affect your lungs.
- The immediate pain relief is very good and the overall need for strong pain killers is less than after a general anaesthetic.
- Queasiness or sickness is reduced after a spinal anaesthetic and you will be able to start eating and drinking more quickly.

Side effects

- The spinal anaesthetic may occasionally not work properly. A general anaesthetic will then be given.
- Low blood pressure: this is treated with medication and fluid given in a drip.
- You might experience itchy skin for a few hours due to the addition of the strong pain killer to the local anaesthetic injection.
- Passing urine, the first time after the spinal anaesthetic can occasionally be a problem especially if you are a man with prostate problems. A urinary catheter might be required initially.

Complications

- Headache: There are many causes of headache after surgery, including dehydration and anxiety. However around 1 in 200 people who have a spinal anaesthetic develop what is known as a post-dural puncture headache (PDPH) usually 1-3 days after the anaesthetic. This headache is usually worse if you sit or stand and is better if you lie flat. It may be accompanied by some changes to/or loss of hearing. A PDHP has specific treatments and if necessary, treatment will be arranged through the day surgery unit or the on-call anaesthetist.
- Temporary nerve damage: There is a small risk of temporary pins and needles or muscle weakness lasting days or weeks in part of the area where the spinal anaesthetic has worked. Most of these will fully resolve with time.
- Permanent nerve damage: this occurs in less than 1 in 50,000 people.

Discharge advice

Most patients experience no problems after their spinal anaesthetic. However please contact the Day Surgery Unit for advice if you experience any of the following:

- A headache in the first couple of days after you have gone home.
- If the tingling in your legs is persistent after 48 hours or getting worse
- If you develop sudden onset leg weakness or loss of bowel and bladder control, you should **immediately** seek medical advice.
- If you have new onset lower back ache or high temperature in the first couple of days after the anaesthetic seek urgent medical advice.

Monday to Friday 7.45am to 8.00 pm Call the Day Surgery Unit on 01284 713050
Out of hours contact the hospital switchboard on 01284 713000 and ask for the on call obstetric anaesthetic registrar.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (formerly DisabledGo)
<https://www.accessable.co.uk>

