

Spinal anaesthesia for pain relief after surgery



Anaesthetics Department

This leaflet explains how and what to expect from a spinal anaesthetic when you have an operation. It aims to help you understand what, how and why a spinal anaesthetic could be of benefit to you for your operation.

What is a spinal anaesthetic?

It is a form of anaesthetic that numbs the sensation from your waist to your toes and means you cannot feel pain during the operation.

The Anaesthetist places an injection of anaesthetic in your lower back. Your legs will feel numb and heavy for approximately 2-4 hours. Other pain relieving drugs can also be injected to help lengthen your pain relief.

How is a Spinal Anaesthetic done?

Your anaesthetist will discuss the best way for your spinal anaesthetic to be done. You can either be:

- Completely awake
- Sedated: relaxed and a bit drowsy by drugs given to you
- During a general anaesthetic so you are asleep (unconscious)

Your anaesthetist will also explain what to expect:

1. A needle will be used to insert a small plastic tube known as a 'cannula' or 'drip' into one of your veins in your hand or arm
2. If you are awake you will then be helped to sit or lie in a position to curve your back and asked to stay still (Figure 1 shows a demonstration photo of the correct position)
3. The team will explain what they are doing throughout and an assistant will help hold you
4. Your back is cleaned by some cold spray and a sterile drape is then stuck to it

5. The area of skin on your lower back where the needle for the spinal injection will be placed is numbed by a small amount of local anaesthetic which can sting
6. You will then have the spinal anaesthetic. **It is important to stay still during this**
7. The needle is then taken out so nothing is left in your back and you are asked to lie flat



Figure 1: Demonstration of correct position for spinal anaesthetic

What can I expect to feel during the procedure?

- The spray to clean your back can feel very cold
- The local anaesthetic to numb the skin can sting briefly
- Normal sensations you may feel are a warmth and numbness in your legs which will start to get heavy and then difficult to move
- Occasionally you can feel tingling sensations or 'electric' type shocks in your back or legs – tell your anaesthetist while staying still. These are abnormal and will improve once you have told your anaesthetist.

How will you know if the spinal anaesthetic is working?

Your anaesthetist may test whether you are numb by a variety of different ways:

- They may spray you with very cold spray – a good sign the spinal is working is that you are unable to feel the cold temperature
- They may ask you to try to move your legs – a good sign is if they are heavy

The operation will NOT begin until your anaesthetist is sure the spinal anaesthetic is working properly

How will I be looked after during the operation?

- **If you are awake** then you will meet the team and be positioned for the operation
- If you are uncomfortable at any point please let your anaesthetist know – they will be with you throughout the operation
- You will have some routine monitoring throughout to monitor your blood pressure, heart rate and oxygen levels
- You may be given an oxygen mask
- You are welcome to bring in your own music to listen to
- **If you are sedated** you will be sleepy and relaxed throughout
- **If you are having a general anaesthetic** as well you will go to sleep and wake up after the operation

What happens after the operation?

- You will go to the recovery ward once the operation is finished
- It can take a few hours for the numbness to wear off so it is common for you not to be able to feel or move your legs immediately after the operation – don't worry the nursing staff will reassure you

- You may get tingling sensations in your legs when the spinal is wearing off
- Be careful when you first try to walk once you are able to – you can feel unsteady

Which operations at the Royal Surrey are spinal anaesthetics used for?

Your anaesthetist will be able to advise you whether the specific operation you are having would benefit from a spinal anaesthetic. It will also depend on your other health problems. Operations at the Royal Surrey that may benefit from a spinal include:

- Orthopaedic surgery below the waist
- Gynaecological surgery
- Urology surgery
- Surgery on the groin or abdomen

What are the benefits of a spinal anaesthetic?

- Good pain relief during and after surgery
- Avoidance of a general anaesthetic
- There can be less chance of a chest infection or worsening breathing after the operation
- Fewer pain relief drugs are needed which can have side effects of sickness, constipation or drowsiness
- With less of the above side effects eating and drinking can happen earlier
- If you are older you may find less chance of being confused

What are the possible risks of a spinal anaesthetic?

This table shows the side effects and complications that can occur with a spinal and how common they are.

- **Very common:** 1 person in 10 people, which is a similar chance to getting 3 UK National lottery numbers
- **Common:** 1 person in 100 people, similar to dying of any cause in the next year
- **Rare:** 1 person in 10 000 people, similar to an accidental death at home
- **Very rare:** 1 person in 100 000 people, risk is similar to death from hang gliding

Side effect or complication	How commonly can they happen?	How are they treated?
Low blood pressure	Very common	As the spinal is working you may feel faint. You will be closely monitored for this and given medication to help
Itching	Very common	This occurs when other drugs are given to lengthen your pain relief. Anti-itching medication can be given to you
Difficulty passing urine after	Very common	Whilst you are numb you cannot feel if your bladder is full and can have a problem with emptying it. It will all get better once your numbness wears off. You may need a urinary catheter temporarily.

Side effect or complication	How commonly can they happen?	How are they treated?
Headache	1 in 200-300 people	This is more common in younger people (particularly women in labour) and much less likely in older people. The headache is worse sitting up or standing and gets better lying down. Tell your nurse or GP if this has happened and they will arrange for an anaesthetist to see you
Temporary nerve damage	Rare 1 in 10,000 people	You may experience numbness or weakness that will improve after a few weeks
Permanent nerve damage	Rarer 1 in 25,000 – 1 in 50,000 people	This is a rare complication and is similar to risks of a general anaesthetic

Commonly asked questions you may like to ask your anaesthetist to further explain

■ **Do I have to have a spinal anaesthetic?**

Your anaesthetist will be able to give you the benefits and risks of why a spinal may benefit you but it is your decision

■ **Is there any alternative to a Spinal Anaesthetic?**

Your anaesthetist will be able to discuss with you alternatives to a spinal anaesthetic which will depend on your specific operation and medical conditions – these may include a general anaesthetic or other form of anaesthetic that numbs you

■ **When would I not be able to have a spinal anaesthetic?**

It is not advisable in some medical conditions such as: certain heart (aortic stenosis) or brain conditions, some previous back surgeries, if you are taking blood thinning drugs close to the time of surgery or if you have an infection. Your anaesthetist will explain why you may not be able to have one

■ **Do I have to be awake for it?**

No you can be sedated or be asleep with a general anaesthetic. Your anaesthetist will help you decide what the best way is

■ **Is there anything else I can have?**

Yes you can have a general anaesthetic and pain medications either through your drip or orally. These can sometimes make you feel drowsy and sick.

■ **What will I feel during the operation?**

Your anaesthetist will not let the operation start until they are happy it is working. You may feel the sensation of pressure on the area where you are numb but it will not be painful. It is a bit like going to the dentist.

■ **Is a spinal anaesthetic the same as an epidural anaesthetic?**

No they are different techniques of anaesthetic designed to help improve your pain relief. Your anaesthetist will be able to explain which one is most appropriate for you.

For more information

For more information please visit other Royal Surrey County Hospital leaflets in this series:

- You and your anaesthetic
- Epidurals for pain relief after surgery

Or you can find more information at **www.rcoa.ac.uk/patientinfo**

Reference sources

- Your Spinal Anaesthetic. The Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain and Ireland. 4th edition, 2014 www.rcoa.ac.uk/patientinfo
- 3rd National Audit Project (NAP 3), National Audit of Major Complications of Central Neuraxial Block in the United Kingdom. January 2009
- Oxford Handbook of Anaesthesia, Keith G Allman and Iain H Wilson. 3rd edition pg 22-25
- Permission kindly given by participants for demonstration photo. No patients were used.

Contact details

If you have any problems please call:

Anaesthetic Medical Secretaries

Telephone: 01483 571122 **Ext:** 6328 / 4743

Royal Surrey County Hospital (RSCH) NHS Foundation Trust fully subscribes to the National Patient Safety Agency (NPSA) *Being Open* best practice framework, November 2010.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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