

EPIDURAL AND SPINAL ANAESTHESIA

This patient advisory is intended to provide you with general information. It is not a substitute for advice from your anaesthetist. You are encouraged to discuss the benefits and risks of anaesthesia with your anaesthetist. This is an abridged version of the ASA patient education pamphlet: Epidural and Spinal Anaesthesia – a guide for patients. The complete pamphlet is available from your anaesthetist.

Epidural and spinal anaesthesia are used during many surgical procedures. These forms of “regional anaesthesia” temporarily numb nerves to parts of the body. The techniques, in some cases, may have advantages over general anaesthesia.

Epidural and spinal anaesthesia can be:

- used alone (the patient is awake)
- combined with a sedative to help the patient relax or sleep lightly
- combined with a general anaesthetic.

Epidural and spinal anaesthesia may reduce the stress of surgery and can help with pain relief after surgery.

Anaesthesia for certain surgery is commonly provided by either an epidural or spinal anaesthetic, or a combination of both. These surgeries may include lower limb surgery, caesarean section, urological and abdominal surgeries.

Epidural anaesthesia

The anaesthetist first injects a small amount of local anaesthetic under the skin of the back to numb the area.

Using a special needle, a thin plastic tube (catheter) is inserted between two vertebrae and through the spinal ligaments into the epidural space. The needle is removed, and the catheter is taped in place. This allows injection of local anaesthetic through the catheter. This anaesthetic takes effect within 20 minutes. The first dose can last for one to four hours. Further doses can be given with an infusion, or local anaesthetic can run continuously through the catheter.

Spinal anaesthesia

After a small area in the lower back is numbed with a local anaesthetic, the spinal needle is inserted between two vertebrae. The needle is advanced into a space below where the spinal cord ends, but where cerebrospinal fluid is found. Anaesthetic is injected into the cerebrospinal fluid. A smaller amount of anaesthetic is used in a spinal anaesthetic compared to an epidural, and it takes effect more quickly.

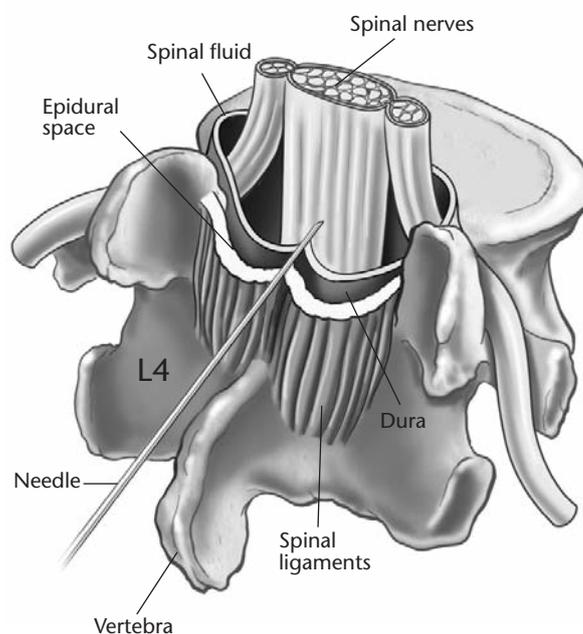
A spinal anaesthetic is injected closer to the spinal cord than the epidural.

Benefits of epidural and spinal anaesthesia

Benefits include, among others:

- drowsiness is rare

SPINAL ANAESTHESIA



- pain relief is immediate after surgery
- nausea and vomiting are lessened or prevented
- with minimal or no sedation, patients are able to communicate with the surgeon and anaesthetist during the operation.

Before the anaesthetic

Your anaesthetist needs to know your medical history, including all medications you may be taking and any reaction to any anaesthetic or other medicine you’ve had.

During the surgery

Once the anaesthetic is working, numbness is felt, but not pain. Usually the legs cannot move.

The operation begins only when the anaesthetist is certain that the anaesthetic is working.

Recovery after surgery

You are moved into a recovery area where a nurse monitors the return of feeling and movement, and your ability to pass urine. You may experience some tingling in the skin as feeling returns. This may take up to four hours.

Possible risks and complications

Modern anaesthesia is safe but does have risks of side effects and complications.

If you are concerned about risks, please discuss this with your anaesthetist.

Although uncommon, complications are possible. These are more fully outlined in the complete ASA patient education pamphlet on epidural and spinal anaesthesia, and should be discussed with your anaesthetist. ©