

# Spinal Anaesthesia and Analgesia

Patient information Leaflet

February 2018

## Introduction

For many operations, patients receive a general anaesthetic and remain asleep during the operation. A spinal anaesthetic or 'spinal' may be used instead for some operations. Depending upon the type of operation and your medical condition, a spinal anaesthetic may sometimes be safer for you and suit you better than a general anaesthetic.

## What Is A Spinal?

A local anaesthetic drug is injected through a needle into the small of your back to numb the nerves that supply the lower half of your body for a few hours.

If you are having a spinal you can normally choose:

- to remain fully awake
- to have some sedation during your operation which will make you relaxed and sleepy although you remain awake
- occasionally a spinal will be given with a general anaesthetic

## How Is A Spinal Performed?

1. Your anaesthetist will ideally discuss the procedure with you and obtain your consent, before your surgery.

You will meet an anaesthetic nurse who will stay with you throughout your time in theatre. They will assist you when getting into the correct position for the spinal. You will be asked to either sit upright with your feet on a stool or lie on your side, curled up with your knees tucked up towards your chest. In both cases the nurse will support you and reassure you during the spinal.

2. The anaesthetist will explain what is happening throughout the procedure so that you are aware.
3. As the spinal begins to take effect, your anaesthetist will measure your progress and test how well the spinal is working.

However, you may still need to have a general anaesthetic if:

- Your anaesthetist cannot perform the spinal
- The spinal does not work well
- The surgery is more complicated than expected.

## What Will I Feel?

Usually a spinal should cause no unpleasant feelings and should take only a few minutes to perform. However as the medicine is given into your back 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.**

When the injection has been completed you will be lay flat as the spinal works quickly usually within 5 – 10 minutes. To begin with the skin usually feels numb to the touch

and the leg muscles feel weak. When the spinal is working fully you will be unable to move your legs or feel any pain or sensation below your waist. Oxygen is usually given during this procedure to improve and maintain the level of oxygen in your blood stream.

## What Are The Benefits Of Having A Spinal?

Spinals may offer the following advantages:

- Reduced blood loss during surgery and less need for a blood transfusion
- Less risk of blood clots forming in the leg veins
- Less risk of chest infections after surgery
- Less effect on the heart and lungs
- Good pain relief 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

## Nursing Observations

Following your spinal the nurses will regularly assess how effective the spinal is in controlling your pain. They will also monitor your other observations such as blood pressure, pulse and pain score. This enables them to monitor the effectiveness of your spinal and identify when it is beginning to wear off.

## After Your Spinal

It takes approximately 1½ – 4 hours or maybe longer for the feeling to return to the area of your body that has been numbed. If you have any worries about this please speak to the staff. As the sensation/feeling returns you may experience tingling in the skin as the spinal wears off. At this point you may start to feel discomfort at the site of your operation, and it is important that you let the nurses know so that they can give you some more pain relief to prevent the pain from becoming too severe.

As the spinal wears off you will also need to ask the staff for help when first getting out of bed, to ensure that you do not fall.

## What Are The Alternatives To Spinals?

**Oral Tablets and medicines:** These are used for all types of pain and take at least 20-30 minutes to have some effect. However they may not be as effective as a spinal in treating severe pain and are usually given with a spinal to promote comfort.

**Injections:** These are used to treat moderate to severe pain. They can be given directly into your vein for an immediate effect, or into your leg or buttock muscle. If given into a muscle it takes approximately 20 minutes to start working.

**Suppositories:** are inserted into your back passage, where they dissolve and eventually enter your bloodstream, they will not make you open your bowels. Suppositories may be given if you are 'nil by mouth' or unable to tolerate fluids.

**Patient Controlled Analgesia:** This system relies on a special pump, which contains strong pain relieving medication. The pump is connected to a hand held button, which when pressed by yourself gives a small amount of the medicine straight into a vein usually in your arm or hand.

**Epidural Analgesia:** This is a method by which a small tube is placed close to the spinal cord. The tube is then connected to a machine, which gives drugs, to numb the nerves at and around the site of the operation.

**Peripheral Nerve Block:** Local anaesthetic is injected around tissues and nerves in and around the site of your operation, to numb them. These drugs continue to work for a number of hours post-surgery.

## **What Are The Side Effects Of Spinals?**

### **Very common and common side effects – Affects 1 in 10 people**

#### **Headache**

When the spinal wears off and you begin to move around there is a risk of a headache occurring, but it is easily treated with fluids and pain relieving tablets.

#### **Low blood pressure**

As the spinal starts to work, it can lower your blood pressure and make you feel faint or sick. This can be controlled with fluids given by a drip and by occasionally giving you medicines to increase your blood pressure.

#### **Itching**

This may occur as a side effect of the Morphine like drugs used in the spinal. If you experience itching, please let staff know so that they can give you something to ease it.

#### **Difficulty passing water (urinary retention)**

You may find it difficult to empty your bladder normally for as long as the spinal lasts. Once the spinal has worn off, you should be able to pass water normally. Occasionally a tube (catheter) may be placed into your bladder temporarily, either until the spinal wears off or as part of your operation.

#### **Pain during the injection**

As previously mentioned, you should tell your anaesthetist immediately 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 – affects 1 in 10,000 people**

#### **Nerve Damage**

This is a rare complication of spinal anaesthetics. Temporary loss of sensation, pins and needles and sometimes muscle weakness may last for a few days or even weeks but almost all patients who have these symptoms make a full recovery in time. Permanent nerve damage is even rarer.

## If There Is A Problem

In the unlikely event that you experience persistent tingling, heaviness or weakness in your legs after the spinal has worn off or you have an increasing pain in your back, whilst in hospital inform the ward nurse immediately so they can contact a doctor or the acute pain team to review you as soon as possible. If you experience any of these symptoms and have been **discharged** it is important that you **contact the on call anaesthetist** at the hospital **immediately via switchboard on 0161 922 6000**. After speaking to the on call Anaesthetist they may arrange to see you in the Accident and Emergency Department in order to examine you.

## Further Information

For further information on this subject please contact:  
Pain Nurse Specialists on 0161-922-6759 or via the hospital switchboard on 0161-922-6000.

## Other Useful Contacts Or Information

NHS 111  
Patient Information Centre  
Royal College of Anaesthetists

## Source Of Good Practice

In compiling this information leaflet a number of recognised professional bodies including the Royal College of Anaesthetists have been used.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

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## DOCUMENT CONTROL INFORMATION

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