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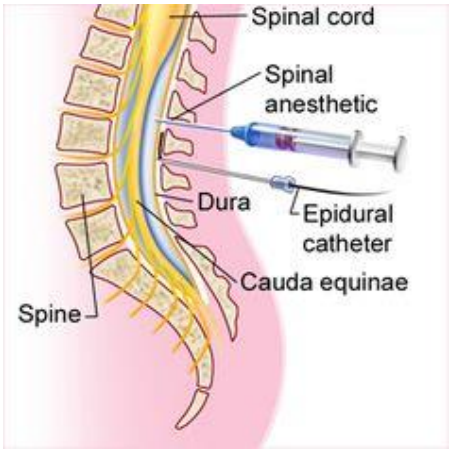
# PATIENT INFORMATION FOR CONSENT TO ANESTHESIA - Epidural and Spinal Anaesthesia

Epidural and spinal anaesthesia are called 'regional anaesthesia' or 'regional nerve blocks'. They are used for Surgery and for Pain Relief.




## Epidural

An epidural is given into your back (outside the spinal cord) by means of a very fine plastic tube which is inserted through an epidural needle (The needle is removed after the tubing is in place). Local anaesthetic and other pain relieving drugs are given through the tubing to decrease pain. It works by blocking the pain signals from reaching your brain. The fine plastic tube is taped onto your back and drugs can be given through this fine tube for several days. You may have a constant slow infusion or you may have a button to push to give yourself a dose of the pain relief. This is called Patient Controlled Epidural Analgesia (PCEA). An epidural may be used on its own for your anaesthetic or combined with a general anaesthetic.

## Spinal

A spinal anaesthetic is where a single injection of anaesthetic drugs, is given into the 'spinal fluid' of your back by a very fine needle. It works by blocking the pain signals from reaching your brain. It also blocks the movement signals which mean that you will be unable to move your legs while it is working. This type of anaesthesia is quick to work (usually within 5 to 10 minutes) but only lasts from 1 - 4 hours. You can stay awake or in some cases you can sleep through the surgery by the anaesthetist giving you sedation or a general anaesthetic as well. 'A drip' (IV fluid) is always put into your vein before the spinal or epidural is done. While you will be pain free during an operation, you may feel strange, pressure sensations around the area of the operation.

## How is a Spinal/Epidural Anaesthetic performed?

You will be asked to sit on the bed with your legs resting over the side of it. An intravenous cannula (drip) will be inserted to allow fluid or medication to be administered.

A blood pressure cuff, ECG stickers and clip on the finger to measure oxygen levels in your blood will be placed for your monitoring.

The anaesthesiologist will clean your back with an antiseptic solution and you will then have to curve your back and lean forward to make it as rounded as possible. This helps to open the spinal space at vertebrae L3 and L4 in your lower back.

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Local anaesthetic is then injected to numb the skin in that area. This will sting slightly for a few seconds.
The anaesthesiologist will then insert the spinal needle at the L3/L4 space and inject the local anaesthetic into the spinal fluid. A small plaster will then be placed over the site.

## What will happen after the Spinal Anaesthetic is completed?

You will be asked to lie on your back and your hip will be slightly wedged up to ensure your baby doesn't compress the large blood vessels inside your abdomen.
The blood pressure will frequently inflate for closer monitoring.
Your buttocks and legs will feel warm and tingly, followed by a very heavy feeling in your lower body.
A catheter will then be placed in your bladder by the nursing staff and surgery will begin once your level of numbness is adequate. The anaesthesiologist may spray small areas of your abdomen with a cold spray to check for sensation. You will not be able to properly move or feel your legs for up to 3 hours.
**Please note: You will still be able to feel light touch, pressure and pulling during surgery. The Spinal Anaesthetic will only prevent the sensation of sharp pain and temperature

## Potential benefits of an epidural or spinal anaesthetic

- Better pain relief than morphine type drugs
- Less morphine related side effects such as nausea
- Less risk of lung complications and infections
- Improved bowel recovery after bowel surgery
- Improved blood flow after vascular surgery
- A quicker return to eating and drinking.

## What are the risks of the anaesthetic?

Modern anaesthesia is generally very safe. Every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

## Common side effects and complications of epidural and spinal anaesthesia

- Nausea, vomiting, itching and shivering
- Your blood pressure could fall
- Headache
- Pain, backache and/or bruising at injection site
- Sometimes the epidural or spinal anaesthetic only partially works.
- A change to a general anaesthetic may be necessary if the epidural/spinal is not adequate.
- Problems in passing urine. Usually temporary, but for a few men it may require a consultation with a urology specialist.
- Haematoma or bleed, if you take blood thinning medicines such as Aspirin, Warfarin, Persantin, Clopidogrel (Plavix and Iscover) and Asasantin, you are more likely to get a haematoma as it may affect your blood clotting. Your anaesthetist will discuss this with you.

## Less common side effects and complications of epidural and spinal anaesthesia

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• Severe headache - If this happens you may need to have bed rest for several days. Sometimes a 'blood patch' is needed to be done to take away this headache.
• Intense itching or rash
• Temporary nerve damage. Uncommon side effects and complications from epidural and spinal anaesthesia
• Infection around the injection spot.
• Nerve damage due to the needle when doing a block.
• Overdose of drugs
• An existing medical condition getting worse.
• Cardiac arrest

## Very rare effects and complications of epidural and spinal anaesthesia

• Permanent nerve damage with possible paralysis.
• Blood clot with spinal cord damage
• The block may go higher than planned and affect breathing by paralysing the breathing muscles.
• Breakage of needles, catheters etc possibly requiring surgery to remove them.
• Epidural abscess
• Meningitis
• Death

## Recovery from your spinal or epidural anaesthetic

The numbness and weakness may take several hours to wear off. During this time, do not attempt to walk, get a person to help you. If you have any numbness, weakness, headache or severe back pain within the first 2 weeks after your epidural/spinal, please contact the anaesthetist.

*If you have any queries or concerns regarding your Childs Anaesthetic, please feel free to call Dr Salejee on 0845569917*
*Further information regarding your Childs Anaesthetic may be obtained at http://www.sasaweb.com/Patients/FAQ*

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