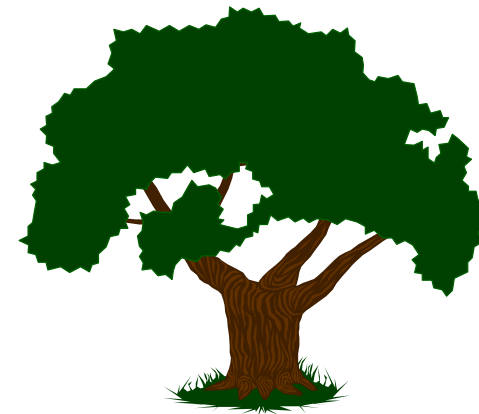




**Royal Victoria
Regional Health Centre**

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Spinal/Epidural Anesthesia

Information
for Patients having
Surgery

What are the possible side effects?

Spinal and epidural anesthetics are very safe and significant complications are rare. Sometimes, the freezing does not work, and your anesthesiologist will have to try again, or do a general anesthetic. The needle can cause a sore spot on your lower back for a few days, and also, a headache. The medication may lower your blood pressure, cause an itch, drowsiness, and nausea— all of which are treated. A temporary inability to urinate is common and also easily treated. Very rarely, bleeding or infection in the spinal space could cause nerve or spinal cord damage. If you have any symptoms of: suspicious back pain, persistent headache, fever, leg weakness or leg numbness more than 12 hours after surgery, an Anesthesiologist should examine you. Contact your nurse or if you're home, the hospital switchboard at 728-9090 ask for anesthesia on call.

References

This brochure was written by Dr. Amy Thiele-Kuntz with input from colleagues of the Department of Anesthesia,

Royal Victoria Regional Health Centre

Selected items with permission from:

The Canadian Anesthesiologists' Society webpage "information for the public"

http://www.cas.ca/public/patient_info/



Spinal Anesthesia– Great Choice!

What's a spinal?

For many types of operations, the region of the body to be operated on can be numbed beforehand using freezing medicine (also known as local anesthetic). This is called "Regional Anesthesia". Local anesthetics work by preventing nerves from transmitting pain signals to the brain and spinal cord for several hours.

In the case of Spinals, your Anesthesiologist inserts a tiny needle into one of the spaces between the vertebrae. Local anesthetic is then injected into the spinal fluid. The nerves from several levels of the spinal cord pass through this fluid, so the freezing thus numbs many nerves at once, especially those from about the belly button down to the toes.

What are the benefits of a spinal?

In most cases, your Anesthesiologist will mix local anesthetic with small quantities of long acting pain killer medicine called morphine. In this case, the morphine works right at the spinal cord level to prevent the pain from coming on for hours after the local anesthetic has worn off. There have been many medical reports that spinal anesthesia leads to

better post-op pain control, less chance of blood clots in the legs after surgery, and is safer for elderly patients and those with heart and lung problems. The side effects from a spinal are less than that from intravenous pain-killers.



What can I expect?

The way it's done is very simple. First, you will have an intravenous started and some standard monitors attached. If you're very anxious, you can be given a light sedative. You will either be placed on your side curled up, or sitting on the edge of the bed in a nice "slouched" position. The rounder your back is, the easier it is to get in between the vertebrae to sneak into the spinal space.

Your back is cleaned with an antiseptic to prevent skin bacteria from entering the spine. A little bit of freezing is given to you to numb the skin, which may sting briefly. Then, a very tiny needle is used to find the spinal space, then the local anesthetic mixture injected.

You can have more sedation as you're getting numbed and during the surgery. A drape is always placed for cleanliness between you and the surgeon so you won't be "watching" your surgery.

What's an epidural?

An epidural is very similar to a spinal, except a thicker needle is used to find the epidural space which lies in near the spinal fluid space. Once there, a tiny tube is threaded through the needle and then the needle is removed. The tube left in the epidural space is taped to your back. Local anesthetic and pain medicine can be given through this for hours to days during and after the surgery. The freezing effect is not as immediate as a spinal, but it is very effective for continued post operative pain control. You can even give yourself injections by using a pump attached to the epidural to control pain after the surgery. An epidural is often combined with a heavy sedative or general anesthetic for optimal patient comfort during surgery.