

Introduction

- Spinal Anaesthesia is a type of regional anaesthesia for surgeries below the umbilicus. A very thin needle is inserted between the vertebrae, through the dura, and into the fluid-filled subarachnoid space. Local anaesthetic drug is injected into the fluid to numb the nerves from the waist down to the toes for a period of 4-6 hours. To receive the Spinal Anaesthesia you will be either asked to sit on the side of the bed or curls up with your legs tuck up towards your chest. You will remain conscious but feel no pain. Your legs will feel heavy. At times you may feel sensations of movement or pressure during your surgery.
- Your anaesthesia will be provided by your anaesthetist. Anaesthetists are medical doctors who are trained and specialized in providing anaesthesia. During anaesthesia, you are carefully monitored, controlled and treated by your anaesthetist, who uses sophisticated equipment to track all your major bodily functions. The duration and level of anaesthesia is calculated and constantly adjusted as needed, to ensure a smooth and uneventful surgery. Your anaesthetist will stay with you all the time during your anaesthesia and ensure your safety during operation.

Possible Risks and Complications

- The risks are different for every individual patient, depending on multiple factors such as the type of surgery and pre-existing medical conditions. Your anaesthetist normally discusses with you the special risks which are relevant to your condition or the operation you are having. Normally he/she informs you of the most common risks in your particular situation, and also the most dangerous ones although these may be rare. It may be impossible for them to explain or foresee every possible risk for each patient.
- If you feel pain in your legs or buttocks during the injection, you must tell your anaesthetist immediately and the needle will need to be repositioned.
- It must be stressed that you may still require General Anaesthesia if :
 - There are difficulties performing the Spinal Anaesthesia
 - The Spinal Anaesthesia does not work satisfactorily
 - The surgery turns out to be more complicated or prolonged than initially anticipation

- In general, Spinal Anaesthesia is safe. The side effects and complications associated with this anaesthetic technique can be divided into very common, common, rare or very rare*.

Very common	Common	Rare	Very rare
1 in 10	1 in 100	1 in 10,000	1 in 100,000

A. Very common and common side effects (usually self limiting)

- Self limiting headache
- Self limiting back pain
- Transient difficulty in passing urine
- Itching associated with morphine

B. Rare or very rare complications

- Spinal or epidural haematoma (blood clot)
- Epidural abscess and infection
- Nerve damage and paralysis
- Local anaesthetic toxicity
- Cardiac arrest

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference:http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

Frequently Asked Questions

1. What will I feel during your Spinal Anaesthesia?

- You will lose sensations over the lower part of your body. Thus you will not experience any pain although you may be aware of a vague sense of touch. However, this is not unpleasant. Also, you will lose power in your legs during

the duration of the block. You will still be awake and know that the operation is taking place but will not be able to see the operation because a screen will be placed. If safe and appropriate, your anaesthetist will give you sedative drug to relieve your anxiety or you may request this. Your sensation and power will come back after the effect of the local anaesthetic drug wears off. It may require a few hours for full sensation and muscle power to restore and to allow walking.

2. Are there any conditions that make you unsuitable for Spinal Anaesthesia?

- Your anaesthetist will determine whether you are suitable for Spinal Anaesthesia after assessing your medical condition and the nature of your operation. Some conditions may make you unsuitable for central axial block:
 - If you refuse
 - If you have bleeding disorder: ease of bruising/prolonged bleeding
 - If you receive anticoagulant or anti-platelet treatment: medications to “thin” your blood to prevent clotting
 - If you have infection over your back around the proposed insertion site
 - If you have operation of the back before, especially with the presence of implant
 - If you have history of hypersensitivity to the local anaesthetic drugs

3. Will Spinal Anaesthesia cause low back pain?

- Low back pain is among the most common symptoms experienced in adults. Studies have shown that Spinal Anaesthesia does not increase the incidence of low back pain development afterwards.

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor’s treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____