



Anaesthesia Information

Spinal Anaesthesia

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 3-6 hours. To receive the Spinal Anaesthesia you will be either asked to sit on the side of the bed or curl up with your legs tucked up towards your chest.

Expected Outcomes

Generally, you will remain fully conscious but feel no pain. Your legs will feel heavy. At times you may have sensations of movement or pressure during your surgery.

Is Spinal Anaesthesia or General Anaesthesia better?

There are some advantages to Spinal Anaesthesia:

- It avoids the ill effects of General Anaesthesia such as sore throat, teeth, lips and gums injury, and chest infection.
- It helps to reduce the incidence of blood clots in the legs.
- There may be less blood loss during some surgeries.
- You are in full control of your breathing during the surgery.
- You are able to communicate with the Anaesthesiologist and Surgeon during surgery.
- In case of caesarean section, your husband may be able to accompany you.
- Better pain control in the first few hours following surgery.
- There is generally less sickness and drowsiness after surgery.
- You are able to eat and drink sooner after surgery.

In fact, General or Spinal Anaesthesia has its own side effects and risks. Your Anaesthesiologist will suggest the mode of Anaesthesia after considering your medical condition and the type of surgery.

Possible Risks and Complications

- If you feel pain or paresthesia in your legs or buttocks during the injection, you must tell your Anaesthesiologist 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 anticipated
- Low blood pressure with associated faintness and sickness.
- Itching due to morphine-like drugs used in combination with the local anaesthetic.
- Headache once the spinal has worn off.

- Problems in passing urine (urinary retention) - bladder function returns to normal only when the spinal anaesthetic has completely worn off and during this time, urinary difficulties may occur.
- Following Spinal Anaesthesia, nurses will ensure the numb areas (buttocks and legs) are protected from injury and excess pressure until normal sensation returns. As the Spinal Anaesthesia wears off, you may experience tingling in the skin and discomfort from the operative site. At this point, you can ask for more pain relief medications.

Other serious but rare complications such as cardiac arrest, broken needle, infection, bleeding resulting in haematoma, with or without subsequent neurological sequelae due to compression of the spinal nerves etc.

Pre-anaesthesia Preparations

1. The anaesthetic procedure and possible complications will be explained by the anaesthetist and a consent form must be signed prior to the anaesthesia.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Routine tests such as blood test, ECG or X-ray may be performed if necessary.
4. No food or drink six hours before the anaesthesia.
5. For those patients receiving diabetic medications or weight loss injections, they should avoid related medications or injections for 3 days or a clear liquid diet for 24 hours, and a minimum fasting period of 6 hours for food and drinks prior to anaesthesia. Regarding the period of medication discontinuation and relevant details, you are strongly recommended to consult the attending doctor in advance.
6. If patients are receiving long-term medications, they should inform the attending doctor of the details and consult their expertise in advance.
7. Prior to the change of surgical gown before the operation, please take a shower if you need.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
9. Please empty your bladder before the operation.
10. Pre-medication may be given as a doctor's prescription if needed.

Post-anaesthesia Preparations

1. Please rest in bed for 8 hours and seek help from the ward nurse if necessary.
2. After recovery from anaesthesia with motor function returned, please move your lower limbs as tolerated to prevent blood clotting in your lower limbs.

Frequently Asked Questions

1. ***Under what conditions is "Spinal Anaesthesia" not suitable?***
Local infection or sepsis at the site of injection, bleeding disorders, low blood pressure, space occupying lesions in the brain, and disorders of the spine.
2. ***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.

Should there be any enquiries or concerns, please consult the attending doctor or anaesthetist before the operation.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

