

Spinal Anaesthetic

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is a spinal anaesthetic?

A spinal anaesthetic (or spinal) involves injecting local anaesthetics and other painkillers into the subarachnoid space (an area filled with fluid near your spinal cord). This numbs your nerves to give pain relief in certain areas of your body. A spinal can be used either on its own while you are awake, or together with sedation or a general anaesthetic. A spinal can also be used after a procedure to give effective pain relief.

How does a spinal work?

The subarachnoid space is the bag of fluid that surrounds your spinal cord and the nerves that come out from it. Local anaesthetics and other painkillers are injected using a fine needle into this space.

What will happen if I decide not to have a spinal?

If you decide not to have a spinal, your anaesthetist may be able to suggest other methods of pain relief such as using a general anaesthetic, a nerve block or other types of painkiller such as morphine.

How is a spinal given?

To insert the needle, your anaesthetist will ask you to either sit up or lie on your side.

Your anaesthetist will insert the needle and when they are certain that it is in the right position they will inject anaesthetic through it.

It should not be painful, although it can be uncomfortable.

The time that the spinal lasts for varies but is usually 1 to 3 hours. Your anaesthetist will put enough anaesthetic through the needle to make sure that it lasts longer than the expected length of the procedure.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some

risks are higher if you are older, obese, have other health problems or you smoke. Health problems include diabetes, heart disease or lung disease.

Possible complications of this procedure are shown below. A serious complication happens in about 1 in every 50,000 spinals. There is a risk of significant permanent harm from a spinal.

- The spinal not working properly. Your anaesthetist may repeat the injection or discuss with you other options.
- Low blood pressure.
- Headache. There is a particular type of headache that can happen if the bag of fluid around your spinal cord leaks.
- Shivering after your procedure.
- Allergic reaction to the equipment, materials or medication.
- Itching. Medication can be used to treat the itching and it always goes away.
- Difficulty passing urine. You may need to have a catheter (tube) in your bladder to help you to pass urine.
- Backache. It is common to have a bruised feeling for a few days where the spinal was inserted.
- Cardiovascular collapse (where your heart stops).
- Unexpected high block, if the local anaesthetic spreads beyond the intended area. This can make it difficult for you to breathe, cause you to have low blood pressure and, rarely, cause you to become unconscious.
- Infection around your spine, causing permanent damage.
- Nerve damage. Sometimes the damage can be permanent.
- Various other more serious problems have been reported with spinals, including spinal abscess and blood clots.
- Paralysis or death.

A complication may happen after you have had a spinal.

- Pus, redness, tenderness or pain.
- A high temperature.
- Feeling unwell.
- Discomfort when in a bright room or sunlight.

- Neck stiffness.
- Difficulty moving or feeling your legs.
- Difficulty passing urine.
- Bowel incontinence.

What happens after the procedure?

The effect of the spinal will wear off after a few hours.

Summary

A spinal anaesthetic can be used for most people, usually giving a safe and effective form of pain relief both during and after a procedure.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

Rakesh Kapila (MBChB, FRCA)

Illustrator

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