

Spinal information sheet

Hospital sticker

TAKE HOME PLEASE



A spinal injection can be given for one of the following possible reasons:

1. As the method of anaesthesia for your caesarean section with the following benefits: you are awake to experience the birth process, you have a smaller risk for airway problems as well as a longer period of pain relief after the operation.
2. As anaesthesia for an orthopaedic operation.

Spinal injections are a safe and very effective way to give anaesthesia. They are administered by an anaesthetist who will also explain the technique to you. Please ask the anaesthetist during the pre-operative visit to clarify any uncertainty you may have.

In short, the procedure is as follows: local anaesthesia is injected in a sitting position before administering the spinal injection. This causes a burning sensation lasting a few seconds. Hereafter the spinal injection is administered. Please note that you should not move at all during this injection, because movement furthers the risk for complications. At this stage you will be asked to lie down on your back. A warm and heavy sensation will move upwards from your feet towards your waist. Most of the time both legs feel heavy and can hardly be moved. This will last for a few hours. Touch and pull sensation (i.e. deep pressure sensation) will still be present, but the spinal blocks all pain impulses.

Anaesthetists exercise extreme care in administering spinals, but, as with any medical procedure, complications can occur. The following complications are possible:

Common complications:

1. *Cardiovascular*: Your blood pressure may drop and you may feel lightheaded, dizzy or short of breath. It is easy to treat this quickly and effectively.
2. *Nausea*: Is very common, especially if your blood pressure drops and is also easily treated.
3. *Shivering*
4. *Itching*: Especially in the face and is a reaction on the medication used in the spinal.
5. *Difficulty in passing urine*: Patients who have had a spinal are not permitted to leave the hospital before they are able to pass urine. In case of a spinal caesarean section a catheter is placed in advance so you needn't be worried.
6. *Hot flushes, palpitations and fleeting headaches*: During the caesarean, the mother is injected with a drug that helps the uterus to contract after the baby is delivered, this causes hot flushes and a headache, but is of short duration.

Rare complications:

1. *Failed block*: It may happen that the block fails because of mechanical and local factors in your back for e.g. obesity,

previous back operations or congenital narrow spaces. This results in insufficient pain relief and the injection can be repeated at a different level or general anaesthesia can be employed.

2. *Headache*: In spinal anaesthesia the outer covering of the spinal cord is always punctured and spinal fluid can leak through the defect caused. This can lead to headache. Young pregnant women are at higher risk to develop a post dural puncture headache but nowadays a very thin needle is used to minimize fluid leakage. To counterfeit this complication, the following measures can be taken: a) strict bed rest for 8 hours postoperative, b) to increase oral fluid intake and c) to increase caffeine intake. If you are breastfeeding, take the caffeine directly after a feed in which case it will be worked out before the next feed. We treat this headache with bed rest and pain medication for 2-3 days. If it is not resolved by this time we can, under sterile conditions, inject some of your own blood into the epidural space to seal off the leakage. This helps in 97% of cases within a few hours.
3. *Backache*: To reach the spinal space the needle penetrates ligaments and soft tissue in the back and you may suffer superficial pain of variable duration at the injection site.

Very rare complications:

1. *Haematoma* (blood clot): Small blood vessels can be damaged during insertion of the spinal needle. In rare cases this can cause continuous internal bleeding. The resultant pressure on the spinal cord can lead to neurological damage and paralysis if not diagnosed and treated timeously. This treatment involves urgent surgical drainage of the haematoma after confirmation with a MRI scan of the back. It is important that the attending anaesthetist is made aware of any medication, including herbal products, that you are taking and that may interfere with blood clotting and thus may increase the risk of a spinal haematoma forming.
2. *High Spinal block*: If the local anaesthetic spreads too far up in the spinal canal, it can cause a high block that temporarily paralyzes the arms and the muscles of breathing.
3. *Sepsis*: In spite of the strict aseptic techniques used, superficial skin infections or even an abscess close to the spinal cord are possible.
4. *Neurological damage*: This can occur during insertion of the spinal needle. If any extreme pain or discomfort during the procedure is experienced, the anaesthetist must be informed immediately.
5. A few other extremely rare complications have also been documented in the literature.