



Patient & Family Guide

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Having a Spinal Anesthetic Before Your Surgery

Halifax Infirmary,
Victoria General Hospital,
Dartmouth General Hospital,
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www.nshealth.ca

Having a Spinal Anesthetic Before Your Surgery

This pamphlet will explain what happens when you have a spinal anesthetic for surgery. If you have any questions, please ask a member of your health care team.

What is a spinal anesthetic?

- A spinal anesthetic is a type of anesthesia (freezing medication). It is used for surgeries on the lower part of your body (stomach and below).
- The anesthesiologist (a doctor who gives you medication before surgery so you do not feel pain) will place a small needle between 2 vertebrae (bones) in your back. They will inject local anesthetic (freezing) medication around your spine.
- The anesthetic medication will cause you to feel numb and be less able to move from the area where the medication was injected, down toward your feet. This feeling may last for 1 to 5 hours. This will depend on:
 - › the type of surgery you are having.
 - › the anesthetic medication used.
- A spinal anesthetic is given in the Operating

Room (O.R.) before your surgery, or in an area outside of the OR called the Block Room.

- Your anesthesiologist will talk with you about the risks and benefits of a spinal anesthetic. This is a good time to ask any questions you may have.
- If the anesthesiologist decides it is not safe for you to have a spinal anesthetic, they will give you a different anesthetic.

Will it hurt?

- Most people handle a spinal anesthetic very well. Before the needle is put in your spine, we will numb the skin area (like during a dental procedure).
- The numbing medication may sting. We will give you sedation (medication to help you relax) through an intravenous (I.V.) injection, if needed.

How is it different from a general anesthetic?

- When you have a general anesthetic:
 - › you are asleep during surgery.
 - › a breathing tube is put in your throat. The tube connects to a breathing machine that breathes for you during surgery. Putting in the breathing tube may cause tooth damage and a sore throat.
- When you have a spinal anesthetic, you will not need a breathing tube. You will get medication that makes you sleepy. This is more like a natural sleep.

Will I hear what is happening?

- The amount of sleepiness caused by sedation is different for each person. Many people are able to sleep through their surgery and do not hear or remember it.
- Talk to your anesthesiologist if you have questions or concerns. They will help you understand how sleepy you will be.

What are the benefits of a spinal anesthetic?

Benefits include:

- › less risk of nausea (feeling sick to your stomach) and vomiting (throwing up).
- › better pain control right after surgery.

What are the risks of a spinal anesthetic?

Risks include:

- › Lower blood pressure (common)
- › A bad headache (not common)
- › Nerve damage that goes away over time or is long-lasting (rare)
- › If the spinal anesthetic does not help enough with your pain during surgery, you will need to have a general anesthetic

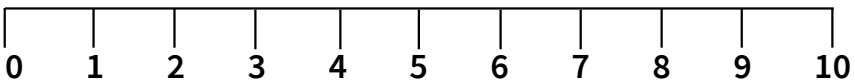
Please talk about the risks and benefits with your anesthesiologist before your surgery.

I have a back problem. Can I have a spinal anesthetic?

Most of the time, a person with a back problem can have a spinal anesthetic. Talk about this with your anesthesiologist before your surgery.

Can I take pain medications with a spinal anesthetic?

- Yes. Once feeling starts to return to your lower body, you will likely have some pain. At this time, you will be in the Post-Anesthetic Care Unit (PACU), where a nurse will check your pain level often. We will try to keep you as comfortable as possible.
- Your nurse will ask you about your pain using a scale from 0 to 10.
 - › For example: If 0 is no pain, and 10 is the worst pain ever, what number would you give your pain?



- If you are staying in the hospital overnight, we will check your pain and give you pain medications as needed. If you have questions about managing your pain, ask a member of your health care team.
- **It is important not to let the pain get too bad before asking for pain medication.**

How will I feel as the spinal anesthetic wears off?

- As the spinal anesthetic starts to wear off, you will start to get feeling and movement back in your feet and legs.
- In the PACU, a nurse will check how quickly the anesthetic is wearing off. They will:
 - › assess the level of movement in your legs and feet every 30 minutes (half an hour).
 - › check if you can feel cold on the lower part of your body using ice chips.

What will happen after my spinal anesthetic?

Can I go home?

- This will depend on the type of surgery you had.
- If you are scheduled to go home after your surgery, you will stay in the PACU until your feeling is back to normal.
- You may be asked to urinate (pee) before you are able to go home.

When will the urge to urinate return?

- The urge to urinate should return as the spinal anesthetic starts to wear off. Start drinking fluids (like water) as soon as you are able. This will help you feel the urge to urinate.
- You may be discharged before you urinate, unless you:
 - › Had a pelvic, urological, or transurethral surgery
 - › Had an inguinal hernia repair
 - › Have a history of urinary retention (not being able to empty all of the urine in your bladder)

Your health care team will talk with you about this.

Go to the nearest Emergency Department right away if:

- › you cannot urinate, even after drinking fluids and feeling like your bladder is full.
- › you have discomfort in your lower stomach that feels like you cannot empty your bladder.
- › you can urinate very little, but your bladder still feels full.

Care of the insertion site

You may have a bandage where the needle was inserted. If you have a bandage, you can remove it after your surgery unless your doctor tells you otherwise.

Headache

- You may get a headache after your spinal anesthetic. This usually starts around 48 hours (2 days) after surgery.
- Symptoms may include:
 - › A headache that gets worse after you sit or stand up, and gets better when you lay down again
 - › Neck pain

- › Your ears feeling full or blocked, or loss of hearing
- › Nausea and/or throwing up
- To help your headache:
 - › Lie down.
 - › Drink extra fluids.
 - › Take acetaminophen (Tylenol®) or ibuprofen (Advil®), as told by your primary health care provider (family doctor or nurse practitioner) or your hospital health care team.
- If your health care provider says it is OK to have caffeine, have the same amount as usual. This will help to avoid caffeine withdrawal, which may make your headache worse.
- If your headache does not get better with rest, fluids, or pain medication, call your primary health care provider. **If you cannot reach your primary health care provider, go to the nearest Emergency Department right away.**

What are your questions?

Please ask. We are here to help you.

