Having a Spinal Anesthetic for Your Surgery

This pamphlet will help explain the process of a spinal anesthetic and help to answer any questions that you have before your surgery. Please feel free to ask us about any of the information in this pamphlet.

What is a spinal anesthetic?
A spinal anesthetic is one type of anesthesia that can be used for a surgical procedure involving the lower portion of your body (hips and below). A doctor will place a very small needle between 2 bones in your back (vertebrae) and inject local anesthetic (“numbing”) medication around your spine. This will cause numbness and less ability to move from the area where the medicine was injected down toward your feet. This sensation will last about 3–5 hours.

This anesthetic can be given in the Operating Room (OR) before your surgery or in an area outside of the OR called the “block room”. The doctor doing the procedure will talk with you about the risks and benefits before proceeding. This is a good time to ask any questions that you may have. Also at this time, if the anesthesiologist decides it is unsafe to proceed with a spinal anesthetic, you will be given a different anesthetic.
Is it painful?

Most patients handle the spinal anesthetic very well. Your skin will be made numb (similar to a dental procedure) before you are given the needle with the numbing medication.

How is this different from a general anesthetic?

When someone has a general anesthetic, they are “asleep” during the surgery and a breathing tube is put in their throat. This tube is connected to a breathing machine that breathes for them during the surgery. Risks from the insertion of the breathing tube are sore throat and possible tooth damage.

When someone has a spinal anesthetic, they are given medications to make them sleepy, but this is more like a natural sleep and they don’t need a breathing tube.
What are the benefits of spinal anesthesia?
Benefits include:

• Less stress on your heart and lungs compared to a general anesthetic.
• Less risk of nausea (feeling sick to your stomach) and vomiting.
• Better pain control right after surgery when recovering in the Post-Anesthetic Care Unit.

What are the risks of spinal anesthesia?
Risks include:

• Decreased blood pressure. This can be common, affecting about 1 in 5 people.
• The spinal anesthetic not working well enough during the surgery to manage pain. If this happens, you will need to have a general anesthetic. This happens to about 1 in 50 people.
• A bad headache. This is uncommon, less than 1 in 500 people.
• A very small risk of permanent nerve damage. This is quite rare, about 1 in 24,000 people.

Please feel free to talk about the risks and benefits with your anesthesiologist before your surgery.
I have back problems; can I still have a spinal anesthetic?
Depending on the type of back problems you have, spinal anesthesia may still be an option for your surgery. Talk about this with your anesthesiologist prior to surgery.

Am I still able to take pain medications with a spinal anesthetic?
Yes. The spinal anesthetic can last from 3–5 hours to control pain. Once you start to have sensation return to your lower body, you will likely begin to experience some pain from the surgery. You will be in the Post-Anesthetic Care Unit at this time, where a nurse will be routinely checking your pain level. You will be kept as comfortable as possible. Generally, when you are in hospital we will ask you to tell us about your pain using a scale from 0–10.

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 hospital overnight, we’ll continue to assess your pain and give you pain medication as needed. Feel free to ask any member of your health care team any questions you may have about managing your pain.

It is important not to let the pain get too severe before asking for medication.

How will I feel as the spinal anesthetic is wearing off?

As the spinal anesthetic begins to “wear off”, movement will return and the sensation in your feet and legs will start to get back to normal. In the Post-Anesthetic Care Unit, a nurse will be checking how quickly the anesthetic is “wearing off” by assessing the movement of your feet and legs, as well as your level of sensation every 30 minutes or so. This is done by testing your ability to feel cold on the lower part of your body.

We hope that this pamphlet has helped to answer some of your questions. If you have any questions, please ask. We are here to help you.

Please list any questions you have below or on the back of this pamphlet.
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