Patient & Family Guide
2026

Having a Spinal Anesthetic Before Your Surgery

Halifax Infirmary, Victoria General Hospital, Dartmouth General Hospital, Hants Community Hospital

nova scotia health
www.nshealth.ca

Having a Spinal Anesthetic Before Your Surgery

What is a spinal anesthetic?

- A spinal anesthetic is a type of **local anesthetic** (freezing medication). It is used for surgeries on the lower part of the body (stomach and below).
- A spinal anesthetic is given by an **anesthesiologist** (a doctor who gives you medication before surgery so you do not feel pain).
- They will put a small needle between 2 vertebrae (bones) in your back. Then they will inject the spinal anesthetic around your spine.
- The anesthetic will cause your lower body (from the area where the anesthetic was injected, down towards your feet) to feel numb and be less able to move. This feeling may last for 1 to 5 hours. This will depend on the type of anesthetic needed for your surgery.
- You will get your spinal anesthetic in:
  - The operating room (O.R.)
    or
  - In an area outside of the O.R. called the **block room**

- Your anesthesiologist will talk with you about the risks and benefits of having 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 type of anesthetic.

Will it hurt?

- Most people handle a spinal anesthetic very well. Before we put the needle in your spine, we will numb the area (like during a dental procedure).
- The needle used to inject 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 a spinal anesthetic different from a general anesthetic?

When you have a general anesthetic:

- You are unconscious during your surgery
- You will have a breathing tube 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 get sedation.
- You will not need a breathing tube.

Will I hear what is happening?

- The amount of sleepiness caused by sedation is different for each person. Many people sleep through their surgery and do not hear or remember it.
- **Tell your anesthesiologist if you have any questions or concerns.** They will adjust the sedation to your comfort level, as needed.

What are the benefits of a spinal anesthetic?

Benefits include:

- Less risk of nausea (upset 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 lasts for a long time (rare)
- If the spinal anesthetic does not help enough with your pain during surgery, you will need to have a **general anesthetic** (medication to put you to sleep during surgery).

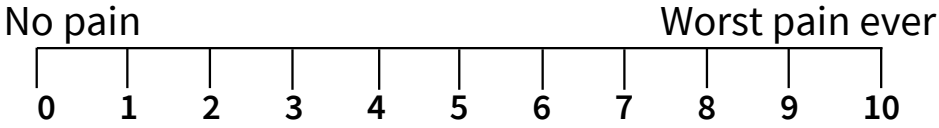
Please talk about the risks and benefits with your anesthesiologist before your surgery.

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. When feeling starts to come back to your lower body, you will likely have some pain. At this time, you will be in the Post-Anesthesia 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.
- **Do not let your pain get very bad before asking for pain medication.**

How will I feel as the spinal anesthetic wears off?

- As the spinal anesthetic wears off, you will start to get feeling and movement back in your feet and legs.
- In the PACU, a nurse will check how fast the anesthetic is wearing off.
  - › Every 30 minutes (half an hour), they will check how much you can move your feet and legs.
  - › They will put ice chips on your lower body to check if you can feel cold.

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 come back?

- The urge to urinate should come back as the spinal anesthetic wears 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 home 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 can only urinate a little bit and your bladder still feels full
- You have discomfort in your lower stomach area that feels like you cannot empty your bladder

Insertion site care

- You may have a bandage at the insertion site (where the needle was put in). If you have a bandage, you can take it off after your surgery unless your doctor has told you to keep it on.

Headache

- You may have 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 better when you lay down again
  - Neck pain
  - Your ears feel full or blocked, or loss of hearing
  - Nausea
  - Vomiting
- **To help your headache:**
  - Lie down.
  - Drink extra fluids.
  - Have drinks with caffeine.
  - Take acetaminophen or ibuprofen as told by your primary health care provider (family doctor or nurse practitioner) or your hospital health care team.
- 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.**

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: https://811.novascotia.ca

Prepared by: Department of Anesthesia and H.I. Block Room
Designed and Managed by: Library Services

To be reviewed August 2029 or sooner, if needed.
Learn more:
https://library.nshealth.ca/patient-education-resources