

Spinal Block and Epidural Anesthesia: Frequently-Asked Questions

The anesthesiologist has decided on spinal block or epidural anesthesia with you. This document presents an overview of important information you were given during the pre-anesthesia appointment.

What are spinal block and epidural anesthesia?

These are two techniques used to eliminate pain during a surgical or obstetrical procedure. They numb the part of the body that is being operated on:

- A **spinal block** consists of injecting a medication (local anesthetic) into the cerebrospinal fluid (spine) where the nerve roots are located. This involves the use of a needle that is then removed. In rare cases, a catheter (very small soft tube) is placed through the needle to allow additional doses of medication to be injected.
- **Epidural anesthesia** involves injecting a medication (local anesthetic) into the epidural space (spine) through a catheter that is left in place during the procedure.

What will the procedures involve?

You will be given custom-tailored anesthesia by specialized doctors and nurses. Before you are brought to the operating room, you may be offered medication to control anxiety.

Your anesthetic care will start by fitting devices to monitor your vital functions:

- Heart: patches connected to a screen will be attached to your chest.
- Blood pressure: a cuff will be wrapped around one of your arms.
- Breathing: a sensor will be placed on the tip of one of your fingers.

An intravenous infusion (drip) will be placed to allow for the administration of medication during the operation if necessary.

Your active participation is crucial to ensure that anesthesia is carried out under optimum conditions: make sure you report any pain you experience. After injection of the local anesthetics, the lower half of your body will feel "tingly", become heavy and then progressively go numb.

In addition to this localized anesthesia during the operation, you may be offered one of the following options during the procedure, depending on the operation or your own preference:

- To remain alert and possibly to listen to music.
- To doze spontaneously or with the help of medication.

Depending on the operation, or if this technique fails, you may be given general anesthesia.

Report any discomfort to the care team.

Note: the doctor responsible for anesthesia during your operation will not necessarily be the person you met during the consultation appointment. However, he/she will have all the information required for your care. He/she may suggest modifying the planned anesthesia technique if necessary.

For your safety, your identity, the type of operation scheduled and the surgical site (the part of the body to be operated on) will be verified several times during your stay. It is crucial that you cooperate actively with these checks.

What are the risks of spinal block and epidural anesthesia?

All medical procedures involve risks, even when they are performed by experts. The rate and severity of these risks depend on your state of health, age or general lifestyle. The anesthesia techniques used are safe. The risks of unexpected and potentially life-threatening complications such as an allergy are extremely small. All necessary measures will be taken to prevent and treat any complications in the best possible way.

The following complications could occur during anesthesia:

- Passing pain in the back or legs that stops when the position of the needle is changed.
- Falls in blood pressure are common, but are treated immediately
- Convulsions, breathing and cardiac difficulties: this occurs when the local anesthetic is accidentally injected into a blood vessel. These effects are rare and can be immediately corrected with medication and breathing assistance.
- Nerve damage: this complication is rare and generally transient.

The following complications may occur later during the period after surgery:

- Headaches: these are rare, but may require specific treatment
- Urination difficulties: these are rare, but may require a urinary catheter to empty your bladder
- Disappearance of the anesthetic effect due to shifting or disconnection of the catheter.
- Risk of falling if the legs are anesthetized as they lose muscle strength.
- Infection at the catheter entry point: this requires specific treatment.
- Other side effects depending on the area operated on: the doctor will have described these effects to you.

Note: there may be other risks if additional treatments or monitoring measures are required. Likewise, the risk connected with the operation itself should be discussed with the surgeon.

If you notice or are concerned by any persistent symptom, make sure to talk to the anesthesia team, your surgeon or your own physician.

What are the necessary safety precautions?

Your cooperation is crucial for the success of the procedure. Please follow the recommendations below:

- Medication: only take medication authorized by the anesthesiologist during the consultation appointment and report any medication taken, including aspirin, anti-inflammatory drugs or blood thinners.
- Dentures, jewelry, contact lenses, piercings or other devices (except hearing aids and glasses if worn) should be removed before your arrival in the operating room.

To reduce the risks of accident or infection caused by gastric fluid entering your lungs, follow the recommendations below:

- Food: do not eat, suck on candy or chew gum less than six hours before the procedure.
- Beverages: stop drinking fluids six hours prior to the procedure; only clear liquids (water or tea) are permitted up to two hours before the procedure; after that time, all beverages are prohibited.
- Smoking: it is advisable to stop smoking at least 12 hours before the procedure.

Note: to limit the risks of theft or loss, only bring in items that are absolutely necessary.

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