Your spinal anaesthetic

Translations are available for this leaflet: **www.rcoa.ac.uk/translations**.

This leaflet explains what to expect if you are offered a spinal anaesthetic for your operation. It has been written by anaesthetists, patients and patient representatives, working together.

Contents

This leaflet explains:

- what a spinal anaesthetic is
- when it is used
- why you could benefit from having a spinal for your operation
- how it works and what you can expect
- risk and shared decision-making.

What is a spinal?

A spinal is a type of regional anaesthetic. A regional anaesthetic makes a part of your body numb so that you do not feel pain during an operation. With a spinal anaesthetic, you can stay awake during some operations.

A spinal involves injecting local anaesthetic into your lower back, between the bones of your spine. This makes you numb from the waist down so that you do not feel pain during the operation.

A spinal anaesthetic can be used on its own for some operations. It can also be used with a general anaesthetic to provide additional pain relief after your operation. Your anaesthetist may add other pain-relieving medicines to the spinal injection to make the pain relief last for many hours.

Many operations on the lower parts of the body are suitable for a spinal anaesthetic, such as hernia repairs, haemorrhoid surgery, hip or knee replacements, operations on the leg, bladder or prostate surgery, some gynaecological operations and certain types of surgery on the tummy.

What are the benefits of a spinal?

A spinal anaesthetic provides very good pain relief during the operation and for a few hours afterwards. It may also reduce some side effects linked with a general anaesthetic, such as feeling sick, vomiting or feeling drowsy after surgery. This will help you recover quicker after surgery.

It may reduce the need for strong pain-relief medicines such as morphine or similar drugs, known as opioids. These medicines can have side effects including nausea, sleepiness, constipation and confusion. They can also cause addiction if used for a long period of time.

Depending on your operation and general health, a spinal anaesthetic may also reduce the risk of chest infection, blood clots in the legs and breathing problems.

Can anyone have a spinal?

Not everyone can have a spinal anaesthetic. It is usually used for operations on the lower parts of the body and for some patients it may not be suitable. Your anaesthetist will discuss this with you and help decide what is safest and best for you.

A spinal anaesthetic may not be suitable if:

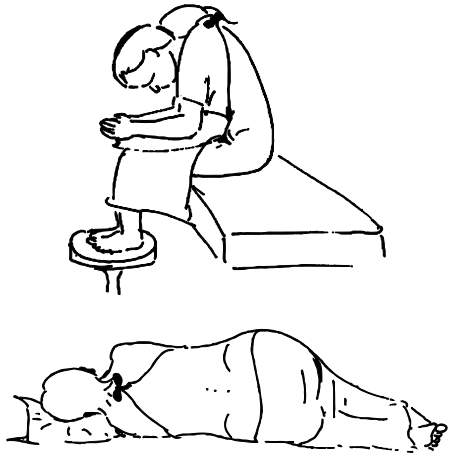
- you take blood-thinning drugs, such as warfarin, and have not stopped taking them before the operation
- your blood does not clot properly
- you have a significant curve or deformity of the spine
- you have an infection in your back
- you have had previous surgery on your spine, especially if you have metalwork in your back
- you are allergic to local anaesthetic.

It is important to be aware that, even if a spinal is planned for your surgery, you may still need a general anaesthetic if:

- it is not possible to place the spinal injection safely in the right place
- the spinal does not work well enough around the area of the surgery
- the surgery is more complicated or takes longer than expected.

How is a spinal done?

This section explains what usually happens when your spinal anaesthetic is given.



During your spinal anaesthetic you may be:

- fully awake
- sedated, with drugs that make you sleepy and relaxed; for more information about sedation, please see our Sedation explained leaflet, which can be found on our website: www.rcoa.ac.uk/patientinfo/sedation-explained.

Your anaesthetist will discuss with you which method might be best for you.

The following are usually the steps for having a spinal.

- You will be connected to monitors to measure your heart rate, blood pressure and oxygen levels and any other equipment as required.
- A cannula, a thin plastic tube, is placed in a vein in your hand or arm for giving fluids and drugs that you may need.
- You will be asked to sit bent over or lie curled up on your side.
- The area of the injection will be cleaned with antiseptic.
- A small injection of local anaesthetic is given to numb the skin.

- The anaesthetist will give the spinal injection into your lower back. You will need to keep as still as you can while this is done. A few attempts may be required in some cases.
- A urinary catheter may sometimes be needed to drain urine from your bladder. If you need one, it will usually be inserted after the spinal has started working.
- If you are awake for the surgery, a screen will usually be positioned so that you do not see the operation being performed.

What does it feel like?

You will briefly feel pressure and tingling when the local anaesthetic is injected into the skin. You may then feel some pushing or tugging in your back while the spinal injection is given, but this should not usually be painful.

Occasionally, you may feel a sharp sensation, like an electric shock. If this happens, tell your anaesthetist straight away. They may ask you where you felt it.

The spinal anaesthetic usually starts working quickly. Your legs and lower body may feel warm, tingly, numb or heavy, and you may not be able to move your legs properly for a while. Feeling and movement will return as the spinal wears off.

You may feel movement or pulling during the operation, but you should not feel pain. This is normal and does not mean that the anaesthetic is not working.

During the operation, the anaesthetic team will look after your safety and wellbeing. If you are awake, you may be aware of the sounds and activity of the operating theatre, but you should not feel pain. You can speak to the anaesthetist or a member of the team unless you have been given sedation and feel too sleepy.

Testing if the spinal has worked

Your anaesthetist will use a range of simple tests to see whether the anaesthetic is working properly, which may include:

- touching your skin with something cold and asking if you can feel it on your legs and tummy
- gently touching your legs and tummy with a blunt-ended instrument
- asking you to lift your legs.

The anaesthetist will allow the surgery to begin only when they and you are satisfied that the anaesthetic is working.

After the spinal

A spinal anaesthetic is given as a single injection, so it does not need to be stopped or removed. It will wear off gradually over a few hours.

It takes up to four hours for movement to return to your legs, but can take longer for full sensation to return. One side usually recovers quicker than the other. You should tell the ward staff about any concerns or worries that you may have.

As sensation returns, you will usually feel some tingling. You may also become aware of some discomfort from the operation and you can ask for pain relief if needed.

You may be unsteady on your feet when the spinal first wears off and may be a little lightheaded if your blood pressure is low. Please ask for help from the staff looking after you when you first get out of bed.

When to ask for help

Tell the healthcare team if feeling or movement does not return as expected or if numbness, weakness or tingling gets worse. You should also ask for help if you develop a severe headache, severe back pain or problems passing urine after your spinal anaesthetic.

The preoperative assessment clinic (preassessment)

If you are having a planned operation, you might be invited to a preoperative assessment clinic a few weeks or days before your surgery. Sometimes, for more minor surgery, a nurse will arrange a telephone call to go through some questions with you.

The preassessment team will ask about your general health, your medicines and any previous anaesthetics that you have had. If a spinal anaesthetic is being considered, they may also ask about anything that could affect whether a spinal is suitable for you. This may include blood-thinning medicines, bleeding or clotting problems, infection, allergies to local anaesthetics or previous surgery or problems with your back or spine.

Please bring the following with you:

- a list of your current medicines or medicines in their full packaging
- details of any medicines that you take to thin your blood, because these may need to be stopped or changed before surgery
- any information that you have about tests and treatments that you've had at other hospitals
- information about any problems that you or your family may have had with anaesthetics
- information about any previous back or spine surgery, or any long-term back problems
- any recent blood pressure measurements.

You may meet an anaesthetist at the preassessment clinic. Otherwise, you will meet your anaesthetist in hospital on the day of your surgery. They will discuss whether a spinal anaesthetic is suitable for you and the possible benefits and risks.

Risk and spinals

Spinal anaesthetics are commonly used and are generally very safe. There are some common side effects and risks, which are usually temporary and not serious.

The risks vary between individuals and depend on your health, the operation that you are having and the anaesthetic technique used. Your anaesthetist will discuss with you the risks that they believe are more significant for you. They will discuss less common risks only if they are relevant to you.

There are some common risks associated with spinal anaesthetics, including:

- low blood pressure
- difficulty passing urine
- itchy skin

- feeling sick – see our leaflet on Feeling sick and being sick: www.rcoa.ac.uk/patientinfo/feeling-sick
- headache – see our leaflet on Headache after a spinal or epidural injection: www.rcoa.ac.uk/patientinfo/headache-spinal-epidural.
- in rare cases, spinal anaesthetics can cause nerve damage or very rarely damage affecting the spinal cord or nerves, which can be temporary or permanent – see our leaflet on Nerve damage after a spinal or epidural anaesthetic: www.rcoa.ac.uk/patientinfo/nd-after-spinal-epidural.

If you wish to read more detail about risks and side effects associated with spinals, please visit Spinal anaesthetics: risks and side effects: www.rcoa.ac.uk/patientinfo/spinal.

Shared decision-making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together:

- the clinician's expertise, such as treatment options, evidence, risks and benefits
- what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.

Find out more on the National Institute for Health and Care Excellence (NICE) website: https://bit.ly/NICE-SDMinfo.

Below are some tools that you can use to make the most of your discussions with your anaesthetist or preoperative assessment staff:

- Choosing Wisely UK BRAN framework – use this as a reminder to ask questions about treatment (www.aomrc.org.uk/projects-and-programmes/choosing-wisely)
- Centre for Perioperative Care – an animation to explain shared decision-making (www.cpoc.org.uk/patients/shared-decision-making).

Questions you might like to ask

If you have questions about your anaesthetic, write them down (you can use the example(s) below and add your own). If you want to speak to an anaesthetist before the day of your operation, contact the preoperative assessment team who may be able to arrange for you to speak to an anaesthetist on the telephone or see them in a clinic.

- **What are the advantages and disadvantages of a spinal anaesthetic for me?**
- **Are there any alternative options to a spinal?**

Disclaimer

We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose. For full details, please see our website: **www.rcoa.ac.uk/patientinfo/resources#disclaimer**.

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged because these tend to be low-quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website.

Tell us what you think

We welcome suggestions to improve this leaflet. If you're a patient or carer, we'd love to hear from you. Please complete this short survey: **www.rcoa.ac.uk/patientinfo/your-spinal-anaesthetic#tell-us** or you can scan the QR code below with your mobile.

If you have any general comments, please email them to: **patientinformation@rcoa.ac.uk**.

Your feedback helps us understand who is using our information, how useful it is and how our resources have helped you. Thank you.

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This leaflet will be reviewed within three years of the date of publication.

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