

DOES EVERYONE RECEIVE A SPINAL ANESTHETIC?

The anesthetic plan has been carefully mapped by the anesthesiologist after review of your underlying medical conditions and discussion of the surgical plan with your surgeon. The anesthesiologist will discuss the possible options with you prior to surgery.

WHAT DO I NEED TO DO?

Prior to a spinal anesthetic you should inform the nurse and anesthesiologist if you have:

- ◆ Any recent fever or infection
- ◆ If you take any blood thinners (e.g. Plavix, Ticlid, Heparin, Coumadin)
- ◆ If you have allergies to pain medicine or local anesthesia (freezing)
- ◆ If you have a history of back surgery, spinal stenosis or sciatica
- ◆ If you currently have pain, numbness or weakness of the lower extremities



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What Should I Know About Spinal Anesthetic?



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WHAT IS IT?

Spinal anesthesia with local anesthetics (freezing) may be used for surgery of the lower abdomen, pelvis and lower extremities. The local anesthetic numbs your abdomen and legs so that you do not feel any of the surgery. You will also lose the ability to move your legs temporarily. These effects last from 1-3 hours depending on the local anesthetic chosen.

With the addition of narcotic/opioid, the spinal anesthetic can provide up to 18 hours of post-operative analgesia (pain control) even after normal sensations and the ability to move your legs has returned. Also, you may receive sedation during the surgery in addition to the spinal anesthesia. This may range from light sedation (where you are tranquil and able to carry on a conversation) to deep sedation (where you drift off to sleep yet can be woken up with stimulation).

WHAT ARE THE BENEFITS?

The benefits of a spinal anesthetic are that it avoids complications associated with a general anesthetic. There is evidence to show that spinal anesthetics results in less blood loss, less nausea and vomiting and less chance of a dangerous deep venous blood clot.

WHAT ARE THE RISKS?

The risks that may occur are rare. Some of these include; headache, infection, bleeding at the site, or nerve damage.

Additional side effects include; itching, nausea, and urinary retention (requiring catheterization).

HOW IT IS DONE?

The procedure is done under sterile conditions. To reduce the risk of infection your anesthesiologist will be wearing a cap, mask, and gloves. To ensure ease and success of administering the spinal anesthetic it is important that you are assisted into the proper position for the procedure. You may be asked to either sit up or lie on your side to assist with placement of the spinal anesthetic.

Prior to the medication being injected, the area of your back will be cleansed and a local anesthetic will be injected into the skin to reduce any discomfort associated with the insertion of the spinal needle. A single shot of medication is injected to block the spinal cord and nerves that exit and enter it. This medication temporarily blocks the nerves and causes numbness and weakness of your lower limbs. Within 24 hours, pain sensation from surgery will return. This sensation will return gradually or quickly. You will have pain medications ordered for when the spinal anesthesia/analgesia wears off.

WHO PROVIDES THE ANESTHETIC?

The spinal anesthetic is administered by a specialized doctor called an anesthesiologist - the same type of doctor who "puts you to sleep" for general anesthesia. The role of the anesthesiologist is to provide proper conditions for the surgeon to perform the surgery as well as provide good pain control during and after the surgery.



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