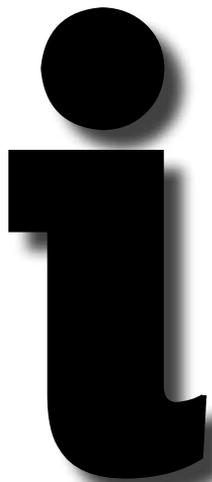


Your spinal anaesthetic ***Information for mothers undergoing*** ***elective caesarean section*** (page 1 of 4)



Introduction

This leaflet explains specifically what to expect when you undergo a spinal anaesthetic for a planned caesarean section. It aims to provide general information relevant to all mothers, however if you have any specific questions arising from this leaflet you will have the chance to have a fuller discussion with an anaesthetist before your caesarean section.

Having a spinal anaesthetic

This leaflet explains:

- what a spinal anaesthetic is
- how it is performed, and
- why you may benefit from having one for your delivery.

A spinal anaesthetic is the commonest way of ensuring your comfort for a planned caesarean section. However in uncommon individual circumstances caesarean section can also be performed using an epidural, combined spinal and epidural or with you asleep under a general anaesthetic. If any of these alternate techniques are being planned for you it will always be explained and discussed with you in advance before your caesarean.

What is a 'spinal'?

A local anaesthetic drug is injected through a needle between the bones of the back into the fluid that surrounds the spinal cord. The local anaesthetic acts to numb the nerves that supply sensation to your body from the level of your chest down to your feet. The local anaesthetic makes you numb for at least 2-3 hours. Furthermore, pain killers are added to the injection that will provide additional pain relief for several hours beyond this.

Your spinal anaesthetic

- your anaesthetist will discuss the procedure with you on the labour ward on the morning of your caesarean before you come to theatre
- your midwife will come with you to theatre and stay with you throughout
- in theatre you will meet the anaesthetic assistant and the rest of the theatre team
- the spinal is administered in the theatre itself

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Name: Juliet Barker
Role: Anaesthetic Consultant
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- before the procedure is performed a series of checks will be done with you to confirm your identity and your consent for the caesarean section
- normal monitoring will be put on including a blood pressure cuff, a blood oxygen finger probe and heart monitoring 'sticky dots'
- your anaesthetist will use a needle to insert a thin plastic tube (cannula) into a vein in your hand or arm
- the spinal can be performed with you either sitting or lying on your side. You will be helped into the correct position once you are comfortably on the theatre table
- your anaesthetist will explain to you what they are doing to your back at all times. First they will clean your back with a very cold cleaning solution. Local anaesthetic will then be injected under the skin to numb the area through which the spinal needle will be inserted
- the spinal injection itself can take several minutes to be undertaken and your midwife and a member of the theatre team will be with you to support you at all times
- once the spinal has been performed the anaesthetist will check its effectiveness before the caesarean starts.

What will I feel?

A spinal injection generally is no more painful than having a cannula inserted or a blood test performed.

- often as the injection goes in you may feel a warm sensation or tingling in your bottom and toes
- if you feel any shooting pain or 'electric shock' sensations try to stay still and tell your anaesthetist
- a range of sensations are very common and normal to experience. These may include warmth in the legs and body, tingling and then numbness to touch
- the injection tends to take between 5-10 minutes to take full effect (though it can take slightly longer) but very quickly you will notice that your legs have started to go numb and heavy
- when the injection is working fully you will be unable to move your legs and your body will be numb to approximately the middle of your chest.

Testing the block

Your anaesthetist will always check and ensure that your spinal is working effectively before the caesarean section is undertaken. A range of simple checks are performed to this effect, these include:

- making sure your legs are heavy ("Can you lift your legs off the bed for me?")
- ensuring that the effects of the spinal have spread across a wide enough area. This can include spraying a very cold liquid onto your skin from your feet up to your chest.

Your anaesthetist will not allow your caesarean section to be started until they are completely happy that the spinal is working as it should be.

During the operation

- your anaesthetist will be with you at all times during the operation to ensure your safety and comfort.
- your birthing partner will be brought into theatre to join you before the procedure begins, once the team are ready to begin. If you would like your partner to be with you sooner you can discuss this with your anaesthetist on the day.
- the spinal will remove sensations relating to pain and sharpness, however it is completely normal to still be aware to a degree of touch and pressure.
- the sensations can feel very strange, mothers often describe it as being like “someone doing washing up in your belly”.
- your anaesthetist will talk you through what you may feel, but during the operation tell your anaesthetist about any sensations you are unsure of or finding difficult and they will ensure you are comfortable.

After the spinal

- the numbness will last for between 2-4 hours; however the spinal will contain a painkiller that will provide some pain relief for several hours after this.
- As sensation returns it is normal to experience some tingling in your legs and body.
- The catheter in your bladder will be removed in the evening or overnight depending on what time your caesarean was performed.

Why have a spinal?

Spinal anaesthesia can have several advantages over other forms of anaesthetic to allow delivery of your baby:

- you can avoid a general anaesthetic and will be awake to meet your baby straight away. You will also avoid the common side effects of a general anaesthetic such as sleepiness and nausea
- you will avoid potential complications of a general anaesthetic such as breathing difficulties
- because you are awake your birthing partner can be present with you
- faster return to eating and drinking after the procedure
- less need for strong pain relieving drugs such as morphine.

Side effects and complications

Common

- **low blood pressure** – this is very common after a spinal and your anaesthetist will treat it with a combination of intravenous fluids and medication. A common symptom of low blood pressure is feeling nauseous or faint.

- **itching** – this occurs due to a morphine-type pain killer that is commonly put in spinals. If the itching becomes troublesome it can be treated.
- **shivering** – this is a very common and harmless side-effect of a spinal.
- **urinary retention** – because you will not be able to feel the sensation of needing to pass water, you will have a catheter in place after the caesarean until your normal sensation has returned. Occasionally mothers can have some trouble passing water after the catheter is removed. This will be closely monitored by your midwife.

Rare and serious

- **headache** - there are many causes of headache after an operation, including the anaesthetic, being dehydrated, not eating and anxiety

Most headaches get better within a few hours and can be treated with pain relieving medicines.

A severe headache can occur after a spinal injection. In young women having a spinal for childbirth it happens in around 1 in 500 spinals. If this happens to you, you need to see an anaesthetist for assessment. If you are still in hospital, your midwives and the surgical team will organise this for you. If you have left hospital you can phone the labour ward office who will arrange for an anaesthetist to contact you.

- **nerve injury** - this is a rare complication of spinal anaesthesia. Temporary injury occurs roughly one time in every one thousand spinals. Symptoms include loss of sensation, pins and needles and sometimes muscle weakness which may last for a few days or even weeks but almost all of these make a full recovery in time. Permanent nerve damage is rare (approximately 1 in 24,000 spinals). It has about the same chance of occurring as major complications of having a general anaesthetic
- **infection** – Severe infections involving the spine after a spinal are extremely uncommon (less than 1 in 50,000 spinals). You will continue to be monitored closely after a spinal and any signs of infection will be acted on quickly
- **haematoma** – a blood clot affecting the spine at the site of the spinal. This is very rare; about 1 in 168,000
- **paralysis** – This is a complication that many people understandably worry about. Fortunately, it is very rare – about 1 in 100,000.

For more information from a reliable, UK based website (other countries use different techniques and practices), go to:

www.labourpains.com

There is a lot of information about all forms of anaesthetic for caesarean sections, written by anaesthetists. If you have any more questions, please ask your midwife.