

# Spinal Anesthesia and Epidural Anesthesia

Spinal and epidural anesthesia are ways to numb parts of your body. They are done by injecting a numbing medicine into your back, near the spinal cord. These types of anesthesia can be used:

- To prevent pain during childbirth.
- To control pain during or after a major surgery of the abdomen, chest, pelvis, hips, or legs.
- To treat long-term (chronic) pain in your back or leg with a steroid medicine.

## **Tell a health care provider about:**

- Any allergies you have.
- All medicines you are taking, including vitamins, herbs, eye drops, creams, and over-the-counter medicines.
- Any problems you or family members have had with anesthesia.
- Any bleeding problems you have.
- Any medical conditions or surgeries you have had.
- Whether you are pregnant or may be pregnant.
- Any recent alcohol, tobacco, or drug use.

## **What are the risks?**

Your health care provider will talk with you about risks. These may include:

- Hypotension. This is a drop in blood pressure.
- Trouble urinating or having bowel movements. This should go away over time.
- Itching from the medicine.
- Nausea.
- Limited or no pain relief.
- Spinal headache. This is caused by leakage of spinal fluid.
- Slow breathing and drowsiness.

Other risks include:

- Spinal hematoma. This is when you have bleeding between the bones in your spine (vertebrae) and the lining of the spinal cord.
- Short-term nerve damage.
- Infection.
- Being unable to move (paralysis). This may be permanent.
- Allergic reactions to medicines.

In rare cases, epidural anesthesia may cause:

- Seizures.
- Severe breathing troubles.
- Cardiac arrest. This is when the heart stops working.

You should not receive these types of anesthesia if you have:

- A disorder that affects your brain.
- Hypovolemia. This is when you do not have enough fluid in your body.
- A blood disorder. This includes thrombocytopenia, which is when you do not have enough blood platelets.

## What happens before the procedure?

### When to stop eating and drinking

Follow instructions from your health care provider about what you may eat and drink. These may include:

- 8 hours before your procedure
  - Stop eating most foods. **Do not** eat meat, fried foods, or fatty foods.
  - Eat only light foods, such as toast or crackers.
  - All liquids are okay except energy drinks and alcohol.
- 6 hours before your procedure
  - Stop eating.
  - Drink only clear liquids, such as water, clear fruit juice, black coffee, plain tea, and sports drinks.
  - **Do not** drink energy drinks or alcohol.
- 2 hours before your procedure
  - Stop drinking all liquids.
  - You may be allowed to take medicines with small sips of water.

If you do not follow your health care provider's instructions, your procedure may be delayed or canceled.

### Medicines

Ask your health care provider about:

- Changing or stopping your regular medicines. These include any diabetes medicines or blood thinners you take.
- Taking medicines such as aspirin and ibuprofen. These medicines can thin your blood. **Do not** take them unless your health care provider tells you to.
- Taking over-the-counter medicines, vitamins, herbs, and supplements.

### General instructions

- If you use a device to help with breathing (sleep apnea device), ask your health care provider if you should bring it with you on the day of your surgery or procedure.
- If you will be going home right after the procedure, plan to have a responsible adult:
  - Take you home from the hospital or clinic. You will not be allowed to drive.
  - Care for you for the time you are told.

## What happens during the procedure?



- An IV will be inserted into one of your veins.
- You may be given:
  - A sedative. This helps you relax.
  - Local anesthesia. This will numb the skin in the injection area.
- You may be asked to sit up and lean forward over a pillow. Or you may be asked to lie on your side with your knees and your chin bent toward your chest. These positions open up the space between the bones in your back (vertebrae).

- The area where the spinal or epidural medicine will be injected will be cleaned.
- A needle will be put between your vertebrae. While this is being done:
  - Breathe normally.
  - Stay as still and quiet as you can.
  - If you feel a tingling shock or pain going down your leg, tell your health care provider but try not to move.
- Medicine will be put through the needle.
  - If epidural anesthesia is given, the medicine will be put into your back, just outside of the area that covers and protects your spinal cord (epidural space).
  - If spinal anesthesia is given, the medicine will be put into your back and into the fluid around your spinal cord.
- The medicine will start to work.
  - For epidural anesthesia, it may be given over time through a small, thin tube (catheter). The tube will stay in your back for as long as you need help for pain.
  - For spinal anesthesia, the medicine will only be injected one time. No catheter is needed.
- A small bandage (dressing) may be placed over the catheter or injection site.

The procedure may vary among health care providers and hospitals.

### **What happens after the procedure?**

- Your blood pressure, heart rate, breathing rate, and blood oxygen level will be monitored until you leave the hospital or clinic.
- You will need to stay in bed until your health care provider says it is safe for you to walk.
- If you have a catheter in your back, it will be removed when you no longer need it.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.