

Spinal anaesthetic for caesarean section

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What is a spinal anaesthetic?

A spinal anaesthetic involves an injection between the bones of your spine which blocks pain messages in the nerves. It allows you to have a Caesarean section awake without feeling pain.

What are the advantages of having a spinal anaesthetic over a general anaesthetic?

- A spinal anaesthetic is safer than a general anaesthetic for you and your baby.
- It helps reduce pain after the operation and you will not feel groggy.
- It allows you to be awake at the time of your baby's birth and allows you to hold and feed your baby as soon as possible.
- Your partner may be there for the baby's birth.

What are the problems with having a spinal anaesthetic?

The anaesthetic can drop your blood pressure which may make you feel dizzy, light headed or like you need to vomit. Tell your anaesthetist if you feel any of these symptoms as they can be treated.

The anaesthetic may make you feel itchy and cause you to shiver.

You will not be able to feel or move your legs for 2 to 4 hours after the spinal anaesthetic.

It is normal to feel some movement, pulling and pressure feelings in your tummy during the operation but you will not feel any pain. Many women describe this as "someone doing the washing up inside my tummy". If anything is uncomfortable, tell your anaesthetist who will make you more comfortable.

There is a small chance that you will develop a severe headache after having a spinal anaesthetic. If so this can be treated.

The anaesthetist will test that the anaesthetic is working before surgery starts. Rarely the spinal anaesthetic doesn't work as well as required and may need to be repeated or you may need to be given a general anaesthetic.

Research shows that spinal anaesthetics do not cause new backache.

What are the risks of having a spinal anaesthetic?

Risk	How often does it happen?	
Blood pressure drop	Common	1 in 2 patients
Headache	Uncommon	1 in 200
Nerve damage	Very rare	Less than 1 in 13,000
Spinal infection / meningitis	Very rare	1 in 50,000
Spinal blood clot	Very rare	1 in 170,000
Unexpected anaesthetic spread	Very rare	1 in 100,000
Severe injury, including paralysis	Extremely rare	1 in 250,000

How is the spinal anaesthetic put in?

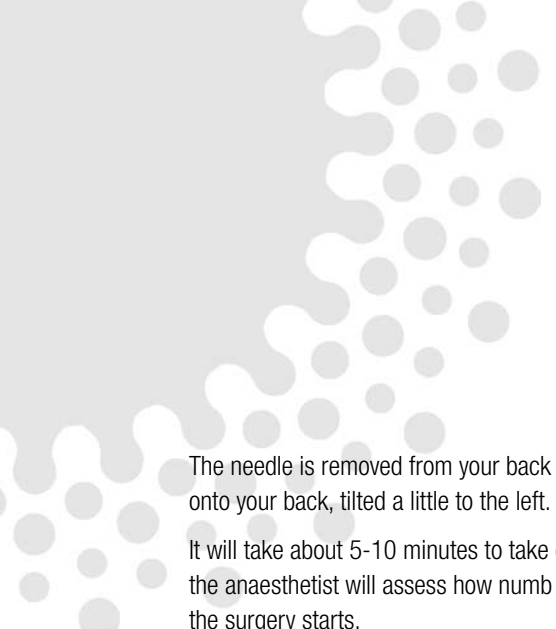
An anaesthetist will insert the spinal anaesthetic.

You will have a cannula (plastic tube) inserted into a vein in your hand/arm and will be given fluid. Your blood pressure and heart rate will be monitored.

You will be helped into the correct position, either sitting up or on your side. This is to curve your body around your baby.

Your lower back will be painted with cold antiseptic solution to clean the skin.

The anaesthetist will feel the bones of your back and inject local anaesthetic into the skin. This stings for a few seconds and then makes the skin numb. You will feel a pushing sensation in your back while the spinal needle is inserted. It is very important that you keep as still as possible whilst this is done to avoid any damage to the nerves in your spine.



The needle is removed from your back and you will be placed onto your back, tilted a little to the left.

It will take about 5-10 minutes to take effect and the anaesthetist will assess how numb you are before the surgery starts.

The anaesthetist will remain with you for the whole operation to ensure that you are as comfortable as possible.

What other options for the anaesthetic are there?

Patients who have had an epidural for pain relief during labour can have anaesthetic given through the epidural catheter to provide the same level of pain relief as a spinal anaesthetic.

See *Epidural Information* fact sheet for more information.

The other option is to have a general anaesthetic, where you are asleep for the birth of your baby. If you have a general anaesthetic your partner cannot be in the operating theatre.

What should I do if I have questions or concerns about having a spinal anaesthetic?

Talk to your Obstetrician or Midwife, who can arrange for you to see an Anaesthetist.

References

Obstetric Anaesthetists Association, Your anaesthetic for Caesarean section, 2nd Ed, October 2009.

Macintyre PE, Chung SA, Scott DA, Visser EJ, Walker SM; APM:SE Working Group of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine (2010), Acute Pain Management: Scientific Evidence (3rd Edition), ANZCA & FPM, Melbourne

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