

Day Case Unit, Horton General Hospital

# Information and advice following a surgical procedure under spinal anaesthetic



## What is a spinal anaesthetic?

Spinal anaesthesia is given by injecting small amounts of local anaesthetic (and sometimes a morphine like drug) into the small of your back. The injection is usually made in the lumbar spine (lower back) below the level at which the spinal cord ends. Spinal anaesthesia is easy to perform and has the potential to provide excellent operating conditions for surgery below the umbilicus (belly button).

Spinal anaesthesia is best used for operations below the umbilicus, for example, hernia repairs, gynaecological, urological and rectal operations and any operation on the perineum or genitals.

It is important to explain that although spinal anaesthesia takes away pain, you may be aware of some sensation in the area, but it should not be uncomfortable and is quite normal. It should also be explained that your legs will become weak or feel as if they don't belong to you anymore.

## Positioning for insertion of spinal anaesthetic

The usual position for giving the spinal anaesthetic is to have you sitting on the operating table or trolley and placing your feet on a stool. If you can, we then ask you to rest your forearms on your thighs, which helps you to stay in a stable and comfortable position. Alternatively, the procedure can be performed with you lying on your side with your legs bent up to your chest.

## What to expect following a spinal anaesthetic

Your legs may have no sensation for up to 6 hours after you have been given spinal anaesthetic.

When you return to the ward the nurse looking after you will assess the level of numbness by touching your legs and asking you to lift your legs up from the trolley you are laid on. You will need to remain lying down in bed until all of the feeling in your legs returns. Even though you may have only had an operation on one side of your body, both of your legs will probably be numb. As the feeling in your legs returns, you may experience some tingling in the skin.

You can normally eat and drink on your return to the ward following your operation. You will have a simple sticking plaster over the site of the injection.

As the sensation in your legs returns you may feel the need for some pain relief such as paracetamol or ibuprofen.

## Side effects and complications

- **Low blood pressure:** As the spinal anaesthetic takes effect it can lower your blood pressure and sometimes make you feel sick or faint. If you do feel sick we can give you some medication to help relieve this.
- **Itching:** This can occur as a side effect of using morphine-like drugs at the same time as local anaesthetic.
- **Urinary retention:** This is difficulty passing water (having a wee). You may find it difficult to empty your bladder normally for as long as the spinal anaesthetic lasts. Urinary retention is also a complication of a general anaesthetic.
- **Headache:** There are many causes of a headache, including the anaesthetic, the operation, dehydration and anxiety. Most headaches get better within a few hours and can be treated with painkillers. A severe headache can occur following a spinal anaesthetic. If this happens, please seek advice from your Doctor.

## Pain relief at home – a guide on how to take your painkillers

It is natural to experience some pain following a surgical procedure.

You may have been given more than one type of painkiller to take home with you. This is because each type of painkiller works in a different way to help relieve your pain. The types of painkiller are:

- paracetamol
- an anti-inflammatory, for example, diclofenac or ibuprofen
- a morphine based painkiller, for example, codeine phosphate, tramadol.

It is safe to take the different types of painkiller together or at different times of the day. The following section will help you choose which painkiller to take according to how severe your pain is.

### **Mild pain**

Take your paracetamol regularly as prescribed on the prescription label.

### **Moderate pain**

Take your paracetamol regularly and also your anti-inflammatory painkiller as described on the prescription label.

If you have not been prescribed an anti-inflammatory painkiller, take your morphine based painkiller as described on the prescription label and also take your paracetamol.

You may find that you only need to take the morphine based painkiller once or twice during the day.

### **Severe pain**

Take all your painkillers on a regular basis as described on the prescription labels. It may be of benefit to take your paracetamol and morphine based painkillers together and to take the anti-inflammatory ones 2-3 hours later.

The morphine based painkiller may cause constipation. If this happens, drink plenty of fluids and increase your intake of dietary fibre by eating fruit and vegetables, or foods with a high bran content.

It is advisable to take only one 30mg dose of codeine initially. If the pain goes away then you don't need to take any further codeine, but if the pain carries on you can take a further 30mg of codeine.

### **How long will I need to take my painkillers?**

As healing takes place you will feel less pain. Once your pain is controlled and is mild, you should only take paracetamol. If your

pain remains severe for more than a few days or is not relieved by your painkillers, you should contact your GP.

Never give prescribed tablets to other people as they may not be safe for them to take. Any leftover painkillers should be taken to your local pharmacy for safe disposal.

**Do not exceed the stated dose** – please refer to the instructions included with the tablets.

Keep all medicines out of the reach of children.

## Pain relief next due at

Paracetamol (4 hourly) .....

Ibuprofen / Diclofenac (take with food)  
(6 – 8 hourly) .....

Codeine / Tramadol (6 – 8 hourly) .....

## How to contact us

Please contact us if you have any problems overnight or over the following 24 hours such as:

- new fresh or increased bleeding
- pain that is not controlled by pain killers
- vomiting which prevents you from getting enough fluids
- difficulty in passing urine

Day Case Unit – **01295 229767 / 229383** (9am – 5pm)

E ward – **01295 229216** (24 hours)

Alternatively please contact your GP or attend your nearest A&E department. Make sure you tell them about the procedure you have just had done.

We welcome your comments and suggestions. If you would like to comment on your stay please contact us on the number above. Alternatively you can e-mail us on

**[horton.daycase@ouh.nhs.uk](mailto:horton.daycase@ouh.nhs.uk)**

or write to

Lynne Beeson  
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Oxford Road  
Banbury  
OX16 9AL

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

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