



Locoregionale anesthesie - Spinale anesthesie (ruggenprik) - Engels



Locoregional anaesthesia - Spinal anaesthesia (spinal block)

Locoregional anaesthesia

Locoregional anaesthesia temporarily makes a part of the body, e.g. the arm or the entire lower body, numb and motionless. By injecting an anaesthetic around a nerve, nerves or nerve pathways can be temporarily disabled.

This form of anaesthesia means you remain awake during surgery. You can ask the anaesthetist or nurse anaesthetist for a sleeping aid (sedation) during the operation if you prefer to sleep through it.

You will not see anything of the surgery because it is performed behind a screen/cloth.

The locoregional anaesthetic is given by injection. Where you will be injected depends on the area to be operated on. The anaesthetist and the nurse anaesthetist or holding area employee will support you during the injection of the anaesthetic. They will explain what is happening.

The anaesthetic will be given time to take effect before the surgery starts. Depending on the type of anaesthetic, this can take from a few minutes to an hour or an hour and a half.

Different locoregional anaesthesia techniques

Some examples of locoregional anaesthesia techniques are:

- Bier block
- Spinal anaesthesia
- Epidural anaesthesia
- Plexus block

Spinal anaesthesia (spinal block)

Spinal anaesthesia can be used in surgery below the navel. This can be combined with a sleeping aid (sedation).

An IV needle will be inserted into your arm or hand. You will be connected to the measuring equipment and your blood pressure will be monitored.

The spinal block is usually given while sitting, but can also be given while lying on your side. This injection is no more painful than a regular injection. You must hunch your back and relax your shoulders.

The skin will be cleaned with a cold liquid disinfectant. The anaesthetist will feel the back to locate where they want to give the epidural, and you will be given an injection to numb the skin. After this, a very thin needle is used to find the space where the nerve bundles run. These run from the spinal cord to the lower body and legs. The injection does not go into the spinal cord, but comes close to it. You may feel a jolt in your leg when the needle goes in. This may give you a fright, but it is harmless.

Once the correct spot has been found, an anaesthetic is injected. You will soon notice your legs become warm and tingly and eventually become numb. Before the start of the surgery, the anaesthetist will check whether the anaesthetic is working properly. Depending on the anaesthetic, it will work from one to many hours. As long as the anaesthetic is working, you will not be able to feel or move your legs.

The nurse anaesthetist will stay with you during surgery. You can stay conscious (awake) during the operation, but if prefer to get some sleep, please let the anaesthetist or nurse anaesthetist know. You will not be able to see anything of the actual operation, everything is covered by a screen/cloth. For some keyhole surgeries, you can watch the procedure on a television screen.

Side effects and complications of the spinal anaesthesia

Anaesthesia

There is a chance that the anaesthetic will not work properly. The anaesthetist can add some extra anaesthetic. It is often better to switch to another type, such as general anaesthesia. The anaesthetist will discuss this with you.

Low blood pressure

Low blood pressure may occur as a side effect of the spinal block. The nurse anaesthetist will keep a close eye on you and take measures should this happen. If you feel nauseous, please report this to the anaesthetist or nurse anaesthetist.

The anaesthetised area

The anaesthetised area can sometimes expand further upwards. You will notice this because your hands will start to tingle or you will have difficulty breathing. If you notice any of these symptoms, please inform the anaesthetist or nurse anaesthetist present.

Severe headache

This headache can occur shortly after the spinal anaesthetic. The membrane that has been punctured has not closed itself, causing brain fluid to leak. You will notice that the symptoms improve when you are lying down and worsen when you get up. You can take 1000 mg paracetamol up to 4 times a day, and you must drink plenty of water. If you have these symptoms, please contact the hospital during office hours (see the bottom of this leaflet for phone numbers).

Bladder

Before you are taken to the surgery department, you must first urinate. The anaesthetic also works on the bladder. This can make urination more difficult, especially once the anaesthetic has worn off. It is sometimes necessary to empty the bladder with a catheter. The chance of you urinating while the anaesthetic is still working is minimal.

Bruising

There may be bruising at the site of the injection. This is because a blood vessel has been punctured. Sometimes, a blood vessel is punctured deeper under the skin. In very rare cases, this bruise can press on the nerves. In the worst case, this can cause, to a greater or lesser extent, nerve irritation.

Allergic reaction

There is always a chance of an allergic reaction to the medicines we give. Itchy skin or hives are examples of this. This is very rare.

Infection

In rare cases, inflammation (infection) develops a few days after surgery. This causes redness, swelling and pain at the site of the injection, and you will develop a fever. Please contact the hospital immediately (see the bottom of this leaflet for phone numbers).

Backache

Back pain can develop at the site of the injection. This usually disappears in a few days.

If you prefer not to be awake during surgery, ask for a sleeping aid. This will be discussed in advance. You will then be given sedation.

Sedation

If you want, you can ask for a sleeping aid during the operation. This sleeping aid is called sedation and will be administered through an IV line. Sedation makes you less aware of the time and place. It makes you sleepy and drowsy and less aware of the surgery. You will have less discomfort, such as stress, anxiety and pain.

Sedation is not the same as general anaesthesia

Sedation will not render you unconscious. You will retain your important reflexes and be able to breathe and swallow as normal.

Complications and side effects of sedation

Side effects or complications due to sedation are rare. Nausea may occur as a side effect of the medication or procedure. Tell the anaesthetist, nurse anaesthetist or nurse if you feel nauseous.

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