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SPINAL INFORMATION AND CONSENT

- Short-acting opioid
- Long-acting opioid (Morphine Spinal)
- Labour spinal
- Caudal block

A spinal injection can be given for one of the following possible reasons:

1. As the method of anaesthesia for your caesarean section with the following benefits: you are awake to experience the birth process, you have a smaller risk for airway problems as well as a longer period of pain relief after the operation.
2. As anaesthesia for an orthopaedic operation. Spinal injections are a safe and very effective way to give anaesthesia.

Spinal injections are administered by an anaesthesiologist who will also explain the technique to you. In short, the procedure is as follows: local anaesthesia is injected in a sitting position before administering the spinal injection. This causes a burning sensation lasting a few seconds. Hereafter the spinal injection is administered. Please note that you should not move at all during this injection, because movement furthers the risk for complications. At this stage you will be asked to lie down on your back. A warm and heavy sensation will move upwards from your feet towards your waist. Most of the time both legs feel heavy and can hardly be moved. This will last for a few hours. Touch and pull sensation (i.e. deep pressure sensation) will still be present, but the spinal blocks all pain impulses.

Please ask the anaesthesiologist during the pre-operative visit to clarify any uncertainty you may have. **It is your right to refuse consent to a neuraxial procedure.**

Anaesthetists exercise extreme care in administering the spinal injection but, as with any medical procedure, complications may occur. The following complications are possible:

Common complications:

1. **Cardiovascular:** Your blood pressure may drop and you may feel lightheaded, dizzy or short of breath. It is easy to treat this quickly and effectively.
2. **Nausea:** Very common, especially if your blood pressure drops, but it is also easily treated.
3. **Shivering**
4. **Itching:** Especially in the face; this is an expected reaction to the medication used in the spinal injection.
5. **Difficulty in passing urine:** Patients who have had a spinal are not permitted to leave the hospital before they are able to pass urine. Occasionally patients require a urinary catheter and have to be kept in hospital overnight.
6. **Hot flushes, palpitations and fleeting headaches:** During a caesarean section, the mother is injected with a drug that helps the uterus to contract after a baby is delivered. This may cause hot flushes and a headache, but is of a short duration.

Please sign here to confirm that you have read and understood the information above:

I, , hereby agree / do not agree

to have a spinal injection done as part of my anaesthesia.

I have read the above information and all my further questions have been answered.

Date

Signature (Patient/Guardian/Guarantor)

If you have any further questions or concerns, please do not hesitate to contact your anaesthesiologist:

Dr. Charlé Steyl

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HOSPITAL STICKER

Rare complications:

1. **Failed block:** It may happen that the block fails because of mechanical and local factors in your back for e.g. obesity, previous back operations or congenital narrow spaces. This results in insufficient pain relief and the injection can be repeated at a different level or general anaesthesia can be employed.
2. **Headache:** In spinal anaesthesia the outer covering of the spinal cord is always punctured and spinal fluid can leak through the defect caused. This can lead to headache. Young pregnant women are at higher risk to develop a post dural puncture headache but nowadays a very thin needle is used to minimize fluid leakage. To counteract this complication, the following measures can be taken: a) strict bed rest for 8 hours postoperative, b) to increase oral fluid intake and c) to increase caffeine intake. If you are breastfeeding, take the caffeine directly after a feed in which case it will be worked out before the next feed. We treat this headache with bed rest and pain medication for 2-3 days. If it is not resolved by this time we can, under sterile conditions, inject some of your own blood into the epidural space to seal off the leakage. This helps in 97% of cases within a few hours.
3. **Backache:** To reach the spinal space the needle penetrates ligaments and soft tissue in the back and you may suffer superficial pain of variable duration at the injection site.

Very rare complications:

1. **Haematoma (blood clot):** Small blood vessels can be damaged during insertion of the epidural needle. In rare cases this can cause continuous internal bleeding. The resultant pressure on the spinal cord can lead to neurological damage and paralysis if not diagnosed and treated timeously. This treatment involves urgent surgical drainage of the haematoma. It is important that the attending anaesthetist is made aware of any medication, including herbal products, that you are taking and that may interfere with blood clotting and thus may increase the risk of a spinal haematoma forming.
2. **High spinal block:** In the unlikely event of the injected local anaesthetic entering the spinal fluid a very dense block that temporarily paralyzes the arms and the muscles of breathing can occur.
3. **Sepsis:** In spite of the strict aseptic techniques used, superficial skin infections or even an abscess close to the spinal cord are possible.
4. **Neurological damage:** This can occur during insertion of the epidural needle or catheter. Any undue discomfort during the procedure must be communicated to the anaesthetist immediately.
5. A few other extremely rare complications have also been documented in literature.