



Spinal Anesthesia

FREQUENTLY ASKED QUESTIONS

What is spinal anesthesia?

Spinal anesthesia takes away the feeling in the lower half of your body so that you do not feel anything during surgery. This is done with an injection into your lower back. After first numbing your skin, more local anesthetic (numbing medicine) will be put into the fluid around your spinal cord. Spinal anesthesia usually lasts for several hours.

Why should I have spinal anesthesia instead of general anesthesia?

- **PREFERRED ANESTHETIC** Anesthesia providers and surgeons now agree that spinal anesthesia is preferred over general anesthesia for Total Joint Replacement, as well as some other types of surgical procedures
- **PATIENT SATISFACTION** Most patients are very happy with spinal anesthesia and like waking up sooner without the side effects of general anesthesia, such as nausea and drowsiness
- **NO BREATHING TUBE** as with general anesthesia
- **LESS BLOOD LOSS** and **LOWER RISK OF BLOOD CLOTS** compared to the same surgery done under general anesthesia

Will I be awake during surgery?

Most patients do not want to remember the surgery, and are not fully awake. Medication will be continuously dripping into your IV to keep you sleepy.

If you have specific medical conditions which make sedation risky, your anesthesia provider will talk with you on the day of surgery.

Are there any risks to having spinal anesthesia?

Spinal anesthesia is very safe. Risks include low blood pressure (usually treated with medication or fluids through your IV), spinal headache, and temporary difficulty with urination. Very rare complications include bleeding, infection, and permanent nerve damage.

What is a spinal headache, and how is it treated?

Spinal headaches are not very common, but can happen, especially in young women.

A spinal headache is a temporary and treatable headache which you notice when sitting up, but which goes away when lying flat. It starts about 24 to 48 hours after spinal anesthesia.

Lying flat, drinking lots of fluid including caffeine-containing drinks (tea, coffee, or cola) and taking pain medication are often helpful. If you have a *severe* spinal headache that does not go away with these treatments, please go to the emergency department for advice and treatment. An effective procedure called an *epidural blood patch* may be considered.

Is there anyone who *shouldn't* have a spinal?

People with certain neurological diseases or other medical conditions, or who are on certain blood thinners should not have a spinal. Your anesthesia provider will talk with you on the day of surgery to let you know if you should have a spinal.

This information is not intended to take the place of medical advice or care you receive from your physician or other health care professional. If you have any questions, please ask your physician. If you have questions or need more information about the medications mentioned above, please speak to your pharmacist.

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