



Patient Sticker

Informed consent: Spinal and Epidural anaesthetic

Spinal anaesthetic: A needle is inserted between two lumbar vertebrae to enable the anaesthetist to administer a local anaesthetic drug in the subarachnoid space where it admixes with the cerebrospinal fluid and causes paralysis of the lower body. The duration of paralysis depends on the dosage and kind of drug used, but is usually between 4-6 hours.

Epidural anaesthetic: A needle is inserted into the epidural space (between two vertebrae), through which a small catheter is threaded to administer a local anaesthetic drug into the epidural space. This injection paralyses the lower body, with the duration depending on the dosage and kind of drug used. It can also be topped-up via the catheter placed.

Both spinal and epidural injections are performed in the awake state, with the patient in the upright, sitting position. The overlying skin is infiltrated with a local anaesthetic and a sedative to calm you down is sometimes given. In certain circumstances you can be put to sleep or sedated after the procedure or you can be left awake if you prefer to. For caesarian sections you must be fully awake during the operation. It is very important not to try and stand up or walk while the spinal or epidural anaesthetic is not fully worn off. Your anaesthetist will do the appropriate monitoring during the surgery and he will evaluate you before leaving the theatre.

Advantages of a spinal or epidural anaesthetic:

- Excellent pain relief.
- Less need for strong analgesic drugs with their associated side effects.
- Less nausea and vomiting with earlier return to eating and drinking.
- Less risk of blood clots in the leg veins post operatively. (DVT)
- Reduced blood loss during surgery.
- Less effect on the heart and lungs.
- Less confusion or disorientation in old people.
- An Epidural is often performed to inject cortisone in patients with back problems.

Contraindications:

- Patients receiving blood thinning products, e.g. Warfarin or Plavix.
- Patients with blood clotting disorders.
- Patients with allergies to local anaesthetic drugs.
- Patients with neurological conditions like MS. (Multiple Sclerosis).
- Infection at the site of injection or systemic infection.
- Patients with previous spinal surgery is a relative contra-indication.

In spite of meticulous care and precautions measures all medical procedures have potential complications.

Complications:

Common

Dizziness, headache, nausea, vomiting and shivering.
Fall in blood pressure.
Difficulty in passing urine.
Tenderness, swelling and bruising at injection site.
Bleeding at the injection site.

Less Common

Severe headache.
Intense itching or rash.
High block with difficulty in breathing.

Rare

Infection at the injection site.
Nerve damage.
Drug overdose, convulsions and even heart arrest.
Block works only partially or not at all.

Very Rare

Permanent nerve damage with paralysis.
Blood clot with spinal cord damage.
High block with loss of consciousness.
Breakage of needle.
Meningitis and epidural abscess.
Death

I _____ have read and fully understand the above and consent to the administration of a spinal/epidural anaesthetic to me/my dependent.

Signed _____ Date _____
Patient/parent or guardian

Please hand the signed copy to your Surgeons rooms for safe keeping.