

Regional Anaesthetic (RA)

For some types of surgery it is not necessary to have a general anaesthetic and you can have your surgery under regional anaesthesia and sedation. Local anaesthetic is injected near to nerves and the part of your body that you will be operated on will go numb. This enables the surgeon to perform the operation. You remain conscious but with sedation you will feel relaxed or even sleepy during the operation. You will feel movements but no pain. You cannot see the operation, as there are screens between you and the surgical field. There is always an anaesthetist or assistant with you if you have any questions. You may bring your CD player or i-pod and listen to music. If you wish you can have more sedation to feel sleepy.

Different types of regional anaesthesia:

- Spinal anaesthetic
- Epidural anaesthetic
- Nerve block

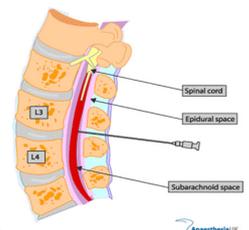
Different types of regional anaesthesia can be combined. Often regional anaesthesia is given for pain relief in addition to a general anaesthetic.

Epidural anaesthetic

- First we can give you drugs to make you feel relaxed and sleepy (sedation).
- We will numb the skin over your lower back.
- For an epidural anaesthetic we inject local anaesthetic into the epidural space that surrounds your spinal cord (see picture).
- The local anaesthetic will anaesthetise the nerves leaving the spinal cord and you feel numb from the waist downwards. This enables the surgeon to perform the operation.
- A thin plastic tube (epidural catheter) remains in the epidural space for 36-72 hours. It is connected to a local anaesthetic infusion for pain relief to continue after your surgery.

Spinal anaesthetic

- First we can give you drugs to make you feel relaxed and sleepy (sedation).
- We will numb the skin over your lower back.
- For a spinal anaesthetic we inject local anaesthetic into the subarachnoid space below the spinal cord (see picture).
- The local anaesthetic will anaesthetise the nerves leaving the spinal cord and you feel numb from the waist downwards. This enables the surgeon to perform the operation.



Nerve Block

- First we give you drugs to make you feel relaxed and sleepy (sedation).
- Depending upon the site of surgery we will give you an injection on your arm or leg above the level of the planned surgery.
- We know where to inject the local anaesthetic with the help of an ultrasound machine and/



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or a very small electrical current that passes through the needle. The current causes the appropriate muscles of your arm or leg to twitch. This is not painful and indicates to the anaesthetist the location of the nerves. We then inject local anaesthetic around the nerves.

- This causes the appropriate area to go temporarily numb. It enables the surgeon to perform the surgery without you feeling any pain. It also ensures good pain relief after your surgery.

Benefits of Regional Anaesthesia

There is some evidence that there is a reduced risk of blood clots forming in your legs and less bleeding may occur during surgery.

- You remain in full control of your breathing and you breathe better in the first few hours after the operation
- Regional anaesthesia will give you good pain relief initially after your surgery
- You will recover faster and can eat and drink earlier after your operation

Risks from Regional Anaesthesia

Anaesthetic risks are thought of in terms of side effects and complications. Side effects are secondary effects of drugs or treatment. They can often be anticipated but are sometimes unavoidable. Almost all treatments (including drugs) have side effects of some kind. Often side effects can just be left to wear off, such as feeling pins and needles or itchiness after a regional anaesthetic. Complications are unexpected and unwanted events due to a treatment. Examples would be an unexpected allergy to a drug or damage to your nerve. Modern equipment, techniques, training and drugs have made anaesthesia a safe procedure. The risk of serious complications is very low. It cannot be removed completely but our anaesthetic team takes all precautions to reduce any risks mentioned in this leaflet. More information is available on www.rcoa.ac.uk/patientinfo.

The following scale is to help you understand how likely it is that a side effect or complication might occur:

Very common	1 in 10	someone in a family
Common	1 in 100	someone in a street
Uncommon	1 in 1,000	someone in a village
Rare	1 in 10,000	someone in a small town
Very rare	1 in 1,000,000	someone in a large town

Common and very common side effects of regional anaesthesia

- All regional anaesthesia:
- Pain or bruising around injections sites
- Following a spinal or epidural anaesthetic you will not be able to move your legs or following a nerve block the limb that has been numbed for the duration of the local anaesthetic action
- A sensation of pins and needles in the anaesthetised limb(s)



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- Occasionally regional anaesthesia is not fully effective and we will offer you alternative options for anaesthesia or pain relief
- Prolonged numbness or weakness. This recovers fully in 99%

Following spinal or epidural anaesthetic:

- Your blood pressure may drop. This can make you feel faint or sick. It is treated with fluids through your drip and drugs to raise your blood pressure
- You may have difficulty passing water. Sometimes you will require a catheter (a soft plastic tube in your bladder) for a short period of time to drain the urine
- Headaches – mostly get better with simple pain relieving drugs. If your headache gets worse on sitting or standing and improves if you lie down please inform your nurse or GP. You might need to be assessed by an anaesthetist.

Rare or very rare side effects or complications of regional anaesthesia

- Damage to nerves
- Serious allergic reaction to drugs
- Heart attack or stroke
- Death

Useful organisations

Association of Anaesthetists of Great Britain and Ireland, 21 Portland Place, London, WC1B 1PY

Phone: +44 207 631 1650 **Email:** info@aagbi.org **Website:** www.aagbi.org/

This organisation works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain.

Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London, WC1R 4SG

Phone: + 44 20 7092 1500 **Email:** info@rcoa.ac.uk **Website:** www.rcoa.ac.uk

This organisation is responsible for standards in anaesthesia, critical care and pain management throughout the UK.

Further Information

www.rcoa.ac.uk/node/3324 | www.aagbi.org/news/information-public/information-about-anaesthesia-adults | www.rcoa.ac.uk/document-store/risks-associated-your-anaesthetic-complete-series-2013

Bibliography

Patient information leaflets – complete series 2014. “This publication includes text taken from The Royal College of Anaesthetists’ (RCoA) leaflet ‘Patient information leaflets – complete series 2014’ but the RCoA has not reviewed this as a whole”.

Any Questions?

Weekdays: Contact POAC on 0121 658 4035 - 8:30am - 4pm.

Out of Hours: Contact the Switchboard on 0121 685 4000 and ask for the Oncall Bleep Holder.