

Learning About Spinal and Epidural Regional Anesthesia

During a surgery or a procedure on a part of the body like the belly, pelvis, or legs, your medical care team may use spinal or epidural anesthesia.

These kinds of anesthesia are used to block pain from an area of the body.

Sometimes both types are used.

A spinal offers quick pain relief.

And the epidural can provide longer relief.

For spinal anesthesia, a single shot of medicine is given near the spinal cord.

For epidural anesthesia, medicine is usually given through a small tube, called a catheter, that's inserted into the area near the spinal cord.

Here's how epidural and spinal anesthesia may be done.

Before getting anesthesia, you may be given medicines to help you relax.

The anesthesia specialist may ask you to sit up and curl your body to round your back into a C shape.

This position opens up space between the bones—the vertebrae—of the spine.

Or the specialist may want you to lie on your side and curl your knees up toward your chest.

For spinal anesthesia, you'll get a single shot of numbing medicine near your spinal cord.

For an epidural, you may get a single shot of the numbing medicine.

But usually the catheter is inserted through the needle into the space around the spinal cord.

Then the needle is removed.

The tube stays inside your back so the numbing medicine can be given as needed.

You won't feel the tube, and you can lie back on it if your doctor asks you to.

Anesthetics can affect the central nervous system, the cardiovascular system, and the respiratory system.

The anesthesia specialist will watch you and keep you safe and comfortable.

Now, after the surgery or procedure, here's what you can expect.

You may need extra oxygen.

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This is because some of the medicines can affect your breathing.

Right after any anesthetic medicine, unless your doctor or nurse says it's okay, don't try to get out of bed without someone helping you.

You may also have itching, nausea, or shivering.

You also may be sore at the injection site.

Before getting spinal and epidural anesthesia, your doctor will examine you to check for anything that could affect your care.

They'll also discuss any risks and how you may feel after the anesthesia.

Tell your anesthesia specialist about any health problems—such as sleep apnea— and any past surgeries.

Also tell them if a family member has had problems with anesthesia.

And tell the specialist about all medicines and natural health products you take.

Let them know if you're pregnant or if you smoke.

And if you do smoke, try to stop for at least 1 month before your procedure.

This might even be a good time to try to quit for good.

And here's something else you can prepare for.

Your anesthesia specialist may ask you a lot of questions that may seem personal.

They're not asking to judge you or invade your privacy.

They are asking because they want to keep you safe.

For example, if you use marijuana, opioids, or other drugs, let them know.

They may need to adjust your medicines to keep you safe.

They will keep your information confidential.

Now, if your surgery or procedure involves staying at the hospital, remember to bring your CPAP machine if you use one.

Thinking about getting spinal and epidural anesthesia may be stressful.

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But knowing that your anesthesia specialist and the rest of the care team are trained and focused on helping you stay safe can help.

And if you have any questions or concerns, you can always talk to your anesthesia specialist.