Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Central Neuraxial Block (Spinal / Epidural Anaesthesia)

1. Introduction

1.1. Central Neuraxial Block is divided into three methods: Spinal Anaesthesia (SA), Epidural Anaesthesia (EA) and Combined Spinal Epidural (CSE).

1.2. Spinal Anaesthesia (SA) is a technique of anaesthesia using a very fine needle to insert between the bones of your spine to pierce the dura, a membrane that surrounds the brain and spinal cord. A small amount of local anesthetic drug is injected so that the nerves from the spinal cord are anaesthetized.

1.3. Epidural Anaesthesia (EA) is a technique of anaesthesia using a needle to pierce the epidural cavity between the spine (outside the dura membrane but within the spinal canal), a fine plastic tube will be then passed through this needle and positioned in the epidural space. Local anesthetic drug can be injected through the plastic tube to anaesthetize the spinal nerves. EA can be used during the operation, as well as after the operation post operation pain relief.

1.4. Combined spinal epidural anaesthesia: the spinal and epidural anaesthesia can be done together using a specially designated needle set. It could also be done at 2 different intervertebral levels.

1.5. You will lose pain sensations over the lower part of your body. Thus you will not experience any pain although you may be aware of pressure and vague sense of touch. You will be awake and know that the operation is taking place. Additional sedation may be given according to physical condition.

1.6. Pain relief may be extended by continuous infusion of local anesthetic drugs or additional bolus of local anesthetic through the epidural catheter. Your anesthesiologist will discuss the different options of post-operative pain relief with you.

1.7. The elements of SA/EA /CSE include:

1.7.1. Pre-operative assessment with clear explanation by anesthesiologist.

1.7.2. Intra-operative monitoring of your physiological status by an anesthesiologist at all time.

1.7.3. Sensation and motor power will return after the effect of the local anesthetic drug wears off.

1.7.4. It may require a few hours for full sensation and muscle power to return and to allow walking.

1.8. A certain failure rate may occur with neuraxial block, during which GA would be resorted to.

2. Procedural Preparation

2.1. No eating or drinking for at least 6 hours before the operation.

2.2. You should provide your medical history and relevant information to the medical professional.

2.3. Follow the instruction of anesthesiologists' order on medication.

2.4. A valid consent for SA/EA should be signed after comprehensive assessment and clear explanation by the anesthesiologist.

3. Procedure

3.1. Before entering operating theater, your anesthesiologist, surgeon and operating nursing staff will confirm your identity, operation name and site of operation once more.

3.2. In the operating theatre, your anesthesiologist, surgeon or operating nursing staff will insert a plastic catheter into your vein.

3.3. Various monitors will be attached to you to monitor your vital signs. The degree of monitoring depends on your physical condition and the nature of the operation.

3.4. You may be asked to lie on your side or to sit up while your anesthesiologist performs the block.

3.5. The block will be done using a sterile technique.

3.6. After the block is done, your anesthesiologist will assess the effect of anaesthesia before the operation starts. It may be necessary to have general anaesthesia if the effect of the SA/EA is not satisfactory or if the neuraxial block cannot be done for various reasons, such as abnormal anatomy.

3.7. Your anesthesiologist will stay with you all the time to monitor your vital signs, give you treatment as necessary and ensure your safety during the anaesthesia.

3.8. Your sensation and power will return after the effect of the local anesthetic drug wears off. It may require a few hours for full sensation and muscle power to return and to allow walking.

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4. Recovery Phase

4.1. You may not be allowed eat or drink immediately after SA/EA depending on types of surgery you had, please follow the instruction given by health professionals.

5. Possible Risks and Complications

5.1. In general, SA/EA/CSE is a safe procedure. The risks of death caused by SA/EA are very rare. The complications of regional anaesthesia are different for every individual patient, depending on multiple factors such as the type of surgery and pre-existing medical conditions.

5.2. Some pre-existing conditions increasing the risks for complications include severe co-morbidity, morbid obesity, sleep apnea, cognitive dysfunction, movement disorder, chronic drug or alcohol abuse, extreme of age, etc.

5.3. Your anesthesiologist will discuss with you the special risks which are relevant to your condition or the operation you are having. Normally he/she informs you of the most common risks in your particular situation, and also the most dangerous ones although these may be rare.

5.4. Some common side effects are: headache, self-limiting back pain, transient difficulty in passing urine.

5.5. Rare complications: central nervous system hemorrhage, nerve damage, catheter infection, paralysis, respiratory and cardiac arrest.

6. Remark

6.1. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

7. Reference

7.1. Guidelines on Monitoring in Anaesthesia. The Hong Kong College of Anesthesiologists.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____