

# Epidural and Spinal Anesthesia

## *Decision aid*

**This decision aid is meant to help you decide what type of anesthesia is right for you. It explains the benefits and risks of epidural and spinal anesthesia. Read this decision aid, fill out the question boxes, and talk with your anesthesiologist to help you decide what type of anesthesia is your best choice.**

### **What are epidural anesthesia and spinal anesthesia?**

Anesthesia blocks pain during your surgery.

Epidural and spinal anesthesia numb large parts of your body. You may stay awake or receive a sedative during your surgery. You may recall parts or all of the procedure.

For both types of anesthesia, medicines are injected into your back near the spinal cord. This numbs regions of the body so you will not feel pain during the procedure.

You may have a general anesthetic in addition to epidural or spinal anesthesia for your procedure.

### **What are the possible benefits of epidural or spinal anesthesia?**

Some possible benefits of epidural and spinal anesthesia are:

- You may choose to stay awake or a little sleepy during your surgery.
- Less nausea, less vomiting and feel less sleepy compared to general anesthesia.
- Possibly less blood loss during surgery compared to general anesthesia.
- Less risk of infection and pneumonia after knee replacement compared to general anesthesia.
- Pain relief – can be used to reduce pain during or after a procedure (for example, after lung or abdominal surgery or childbirth).

**1. What benefits of epidural and spinal anesthesia matter most to me?**

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**What are the possible risks of epidural or spinal anesthesia?**

All types of anesthesia have some risks. These risks depend on things such as your age, your health, the type of surgery and how you respond to the medicines used. Older people or people with conditions such as heart disease, diabetes or nerve problems are at higher risk. Talk to your anesthesiologist about your risks for anesthesia and surgery.

The choice of epidural or spinal anesthesia depends on the type of procedure you will have. Talk with your anesthesiologist about which type of anesthesia is best for you.

Risks **specific to epidural or spinal anesthesia** include:

**Minor Risks**


- Headache – Up to 13 in 100 people may get a headache. When the anesthetic is injected into the fluid around the spinal cord, some of this fluid can leak. This may cause a headache. The chance of a headache depends on your overall health. It is more common in younger women. It is more common with spinal anesthesia.
- Redness, swelling, blisters or other kinds of skin reactions. These may be from tape, monitors, intravenous catheter or allergic reaction to medicines. A bruise, a sore spot or infection at the injection site. Backache.

**Major Risks – all very rare**

- Nerve damage – 2 to 4 in 10,000 people may have nerve damage to a limb. This is usually temporary. It may make you feel numb or have pain or feel weak in that limb.
- Paralysis – 1 in 150,000 to 200,000 people may have paralysis (loss of movement) of the legs or feet. This risk is higher in some patients due to medicines they take and other conditions.

- Respiratory failure – 7 in 100,000 may feel short of breath or have other breathing problems. You may need help to breathe.
- Heart attack/cardiac arrest – 13 in 100,000 may have a heart attack.
- Seizure – 5 in 100,000 people may have a seizure. The anesthetic can be absorbed through the blood into the body. This can cause a seizure. This is more likely to occur with epidural than spinal anesthesia.
- Death – 4 in 100,000 people may die from anesthesia.

**Put your risk in perspective:**



**Risk of death from lightning:  
1 in 126,158**

**2. What are my concerns about these possible risks?**

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**What are the side effects after epidural or spinal anesthesia?**

- Pain –You will feel some pain and discomfort from your surgery as the anesthesia wears off. This can be controlled. Tell the nurse who is watching you about your pain so it can be treated.
- Numbness or reduced feeling – You may have these side effects until the anesthetic wears off completely.
- Reduced muscle control and coordination – The anesthetic may cause you to have problems with muscle control and coordination. These effects do not last long.
- These side effects may require you to stay in the hospital 2–4 hours longer after your procedure than other types of anesthesia.

**What are my choices?**

- You need to have anesthesia for your procedure. You may have a choice of epidural or spinal anesthesia, peripheral nerve block, general anesthesia, local anesthesia, or some combination of these. Talk about these options, and what you prefer and what concerns you, with your anesthesiologist and surgeon.
- There may be choices for post-procedure pain relief, such as epidural or spinal anesthesia, peripheral nerve block, or pain medication.



## Do I understand the pros and cons of epidural and spinal anesthesia so I can decide what option is the right choice for me?

1. Epidural anesthesia and spinal anesthesia numb large parts of your body. You may recall parts or all of the procedure.
  - True    False
2. Benefits of epidural and spinal anesthesia include:
  - Less nausea, less vomiting and feel less sleepy compared to general anesthesia.
  - Possibly less blood loss during surgery compared to general anesthesia.
  - Pain relief during or after a procedure.
  - All of the above.
3. Specific risks of epidural and spinal anesthesia include:
  - Headache and backache.
  - Paralysis or nerve damage.
  - Seizure.
  - All of the above.

Answers: 1) True; 2) All of the above; 3) All of the above

## Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. Clinic staff are also available to help.

Pre-Anesthesia Clinic:  
(XXX) XXX-XXXX

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## References

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