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Spinal Anaesthesia for Hip and Knee Joint Replacement Surgery
Trauma and Orthopaedics Patient Information Leaflet
Spinal Anaesthesia for Hip and Knee Joint Replacement Surgery

For many operations patients receive a general anaesthetic and remain anaesthetised (asleep) during the operation. Operations below the waistline are suitable for a spinal anaesthetic ("a spinal") and there are benefits to both you and your surgeon. Your hip and knee surgery will be under spinal anaesthesia. Spinal anaesthesia is a safe technique and allows for quick and comfortable recovery.

A spinal involves a local anaesthetic drug being injected through a needle into the small of your back to numb the nerves from the waist down to the toes for 2-3 hours. You feel no pain during the operation. You can normally choose to remain fully conscious (awake) or have some drugs, which make you feel sleepy and relaxed (sedation).

Before surgery

Before surgery, an anaesthetist (doctor) will see you. He or she will review your previous anaesthetic history and medical history. The anaesthetist will discuss the anaesthetic with you and answer any questions. If the anaesthetist decides a spinal anaesthetic is not appropriate for you, or you are not happy with this anaesthetic, the anaesthetist will discuss general anaesthesia with you.

Side effects and complications

Common side effects:

Headache - 1 in 100 people may develop a headache after the spinal wears off.

Low blood pressure- as the spinal takes effect, it can lower your blood pressure and make you feel sick. This can be controlled with the fluids given by the drip and by giving you drugs to raise your blood pressure.

Itching which can be treated.

Difficulty passing water- your bladder function returns to normal after the spinal wears off.

Rare Complications:

Nerve damage- this is a rare complication of spinal anaesthesia. Temporary loss of sensation, pins and needles and sometimes muscle weakness may last for a few days or even weeks but almost all of these make a full recovery in time. Occur about 1 in 10,000 cases. Permanent nerve damage occurs about 1 in 100,000 cases, very rare.

If you have any worries or require any further information, please speak to a member of staff of contact Gail Parsons, Nurse Consultant on Tel 01384 456111 ext 4465.
How is the spinal performed?

The spinal is performed in the anaesthetic room by the anaesthetist. You will meet an anaesthetic assistant who will stay with you during your time in the theatre. A needle will be used to insert a thin plastic tube (a cannula) into a vein in your hand or arm (see figure 1).

Figure 1. Cannula insertion

Once surgery starts noise levels drop and you will be asleep with the sedation.

After the operation

When the operation is over you will be taken to the recovery area where you will be observed. It can take up to 4 hours for feeling to return to your legs. As sensation returns you may experience some tingling in the skin as the spinal wears off. At this point you may become aware of some pain from the operation site and you should ask for more pain relief before the pain becomes too obvious. You can normally drink fluids within an hour of the operation and may also be able to eat a light meal.

Advantages of having a spinal

- Reduced blood loss during surgery/less need for blood transfusion
- Less risk of blood clots forming in the legs
- Less risk of chest infections after surgery
- Less effect on the heart and lungs
- Excellent pain relief immediately after surgery
- Less need for strong pain relieving drugs
- Less sickness and vomiting
- Earlier return to drinking and eating after surgery
- Less confusion after the operation in older people

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of the lower back and will inject a small amount of local anaesthetic into your skin to numb it. A fine spinal needle is placed into your back. Sometimes you may feel a tingling or electric shock down one leg. You should let the anaesthetist know of this happening but it is important that you keep still while the spinal is being put in. When the needle is in the right position, local anaesthetic and a pain-relieving drug will be injected and the needle removed. Usually a spinal should cause you no unpleasant feelings and should take only a few minutes to perform.

When the injection is finished, you will lie on your side for a few minutes and then lie flat. The spinal is usually effective within 5-10 minutes. Initially you get a warm, tingling sensation in your bottom and legs. Your skin gradually feels numb to touch and your leg muscles get weaker and feel heavy. When the injection is fully working you will be unable to move your legs or feel any pain below the waist. The anaesthetist will check the block and make sure you are ready for the operation. Your blood pressure will be taken regularly.

**During the operation**

During the operation you will be given oxygen to breathe via a lightweight, clear plastic mask to improve oxygen levels in your blood. If you choose to have sedation with the spinal, a sedation pump will be started. A screen is placed across your upper chest so that you see nothing when surgery starts. You will be aware of the “hustle and bustle” of the operating theatre when you come in.