

Regional anaesthesia for caesarean section

Spinal and epidural anaesthetics



the women's
the royal women's hospital

What is a regional anaesthetic?

A regional anaesthetic is a medicine that blocks pain in a specific part of your body.

During a caesarean, it allows you to stay awake for the birth of your baby without feeling pain. This is different from a general anaesthetic, which makes you sleep during surgery.

A regional anaesthetic can be given in 2 ways:

- as a single injection between the bones in your back – this is a **spinal** anaesthetic
- through a small plastic tube placed in your back – this is an **epidural** anaesthetic.

Both types block pain messages in your nerves.

You will be numb from your chest down and won't be able to move your legs.

A regional anaesthetic is the most common method of anaesthesia for a caesarean.

What are the benefits?

Compared with a general anaesthetic, a regional anaesthetic:

- is usually safer for you
- allows you to be awake when your baby is born
- provides better pain relief for several hours after surgery; if morphine is added, pain relief can last up to 24 hours
- makes you feel less groggy
- lets you hold and feed your baby sooner after birth
- usually allows your partner or support person to be with you for the birth, which isn't possible with a general anaesthetic.

What are the side effects or risks?

With a regional anaesthetic:

- you might feel some movement, pulling, and pressure in your tummy during the operation, but you won't feel any pain
- you might not be able to feel or move your legs for 2 to 4 hours after the injection.

Regional anaesthesia may cause other side effects or risks. If you have any of the symptoms listed below after having your anaesthetic or have concerns about your health, speak with your anaesthetist or midwife.

Common side effects include:

- A drop in blood pressure. This can make you feel dizzy, light-headed, or sick. It happens to about 1 in 2 people with a **spinal** anaesthetic and 1 in 20 people with an **epidural**.
- Shivering or itching can affect 1 in 20 people.
- With an **epidural**, 1 out of every 8 to 10 people may need more local anaesthetic or have the tube in their back reviewed or replaced.

Headaches are less common and affect 1 in 100 people having an **epidural** and 1 in 200 having a **spinal**.

Very rare complications include:

- Nerve damage (like numbness or weakness in a leg or foot), spinal infection or meningitis, and an unexpected spread of anaesthetic (if a large amount enters a vein in the spine).

Severe injury or paralysis is extremely rare.

How is it given?

An anaesthetist will give you the regional anaesthetic.

A small plastic tube (cannula) will be inserted into a vein in your hand or arm, and you'll be given fluid through a drip. Your blood pressure and heart rate will be monitored.

You'll be helped into the correct position, either sitting up or lying on your side, to help curve your body around your baby.

Your lower back will be cleaned with an antiseptic solution.

The anaesthetist will feel the bones in your back. They'll inject a local anaesthetic into your skin, making it numb.

You'll feel a pushing sensation in your back as the needle goes in. Staying still will help the procedure go more smoothly and reduce the chance of side effects.

- For an **epidural**, a small plastic tube will be inserted into your back. This allows you to be given more anaesthetic if needed.
- For a **spinal**, a single dose of local anaesthetic will be injected. It should last for the length of a routine surgery to deliver your baby.

The needle will be removed, and you will be positioned on your back, slightly tilted to the left.

The anaesthetic will start to work within 5 and 20 minutes. Before the surgery starts, the anaesthetist will check if you're numb, usually by using an ice pack.

The anaesthetist will stay with you for the whole operation to make sure you're as comfortable as possible.

What other anaesthetic options are there?

If you've had an epidural for pain relief during labour, you can receive anaesthetic through the epidural catheter.

This provides the same level of pain relief as a spinal anaesthetic. For more information, read the fact sheet [Epidural pain relief for labour](#).

Another option is a general anaesthetic, which means you'll be asleep during your baby's birth. If you have a general anaesthetic, your partner or support person can't be in the operating room, and your baby might be sleepy from the anaesthetic medicines.

For more information

You can ask your anaesthetist questions about regional anaesthesia or talk about your options on the day of your surgery.

If you'd like to ask questions or discuss your options before the day of your surgery, let your obstetrician or midwife know. They can arrange for you to talk with an anaesthetist.

Acute Pain Service, The Royal Women's Hospital

Monday to Friday 8am to 4pm

T: (03) 8345 2389

Do you need an interpreter?



You can ask for an interpreter if you need one.

Family Violence Support

1800 Respect National Helpline

You can get help if you have experienced sexual assault, domestic or family violence and abuse.

You can call any time of day or night.

1800 737 732 [1800respect.org.au](https://www.1800respect.org.au)

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