



# REGIONAL ANAESTHESIA (SPINAL OR EPIDURAL) FOR CAESAREAN SECTION

the women's  
the royal women's hospital  
victoria australia

## What is a regional anaesthetic?

A regional anaesthetic allows you to have a caesarean delivery while you are awake without feeling pain (whereas under a general anaesthetic you would be asleep).

The regional anaesthetic may be given as one single injection between the bones of your back (called a spinal anaesthetic) or through a small plastic tube inserted into your back (called an epidural anaesthetic). The anaesthetic blocks pain messages in the nerves. You will be numb from your chest down and you will not be able to move your legs.

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

## What are the advantages of a regional anaesthetic compared with a general anaesthetic?

- A regional anaesthetic is usually safer for you than a general anaesthetic.
- You can be awake when your baby is born. (With a general anaesthetic you are asleep).
- You will have less pain after the procedure, because the regional anaesthetic lasts for a few hours after the surgery.
- You won't feel as groggy as you would after a general anaesthetic.
- You can hold and feed your baby sooner after the birth, than if you have a general anaesthetic.
- Your partner can usually be present for the birth. (This is not allowed if a general anaesthetic is used).

## What are the possible side effects of regional anaesthesia?

With a regional anaesthetic it is normal:

- to feel some movement, pulling and pressure in your tummy during the operation. You will not feel any pain.
- not to be able to feel or move your legs for two to four hours after the injection.

There are a number of possible side effects and risks with regional anaesthesia. These are listed in the table below. If you have any of the symptoms listed or are concerned about your health after having a regional anaesthetic, speak to your anaesthetist or midwife.

Side effects or risks	How often does it happen?	
	Spinal	Epidural
Blood pressure drop (dizziness, light-headedness or feeling sick)	Common: 1 in 2	Occasional: 1 in 20
Headache	Uncommon: 1 in 200	Uncommon: 1 in 100
Shivering/itching	Occasional: 1 in 20 patients	
Require additional local anaesthetic or reinsertion	Common: 1 in 8 to 10 patients	
Nerve damage (numb patch on leg or foot; leg weakness)	Very rare: Less than 1 in 13,000 patients	
Spinal infection/meningitis	Very rare: 1 in 50,000 patients	
Unexpected anaesthetic spread (a large amount of local anaesthetic injected into a vein in the spine)	Very rare: 1 in 100,000 patients	
Severe injury, including paralysis from infection or blood clot	Extremely rare: 1 in 200,000 patients	

## How is the regional anaesthetic put in?

An anaesthetist will give you the regional anaesthetic.

You will have a cannula (plastic tube) inserted into a vein in your hand/arm and be given fluid with a drip. Your blood pressure and heart rate will be monitored.

You will be helped into the correct position, either sitting up or on your side. This is to curve your body around your baby.

Your lower back will be painted with antiseptic solution to clean the skin.

The anaesthetist will feel the bones of your back and inject local anaesthetic into the skin. This makes the skin numb. You will feel a pushing sensation in your back while the needle is inserted. It is very important that you keep as still as possible while this is done to avoid any damage to the nerves in your spine.

For an **epidural**, a small plastic tube will be inserted in your back. This will allow the anaesthetic to be topped up as required.

For a **spinal**, a single dose of local anaesthetic is injected. This should last for the length of routine surgery to deliver your baby.

The needle is removed from your back and you will be placed on your back, tilted a little to the left.

The anaesthetic will take between 5 and 20 minutes to take effect. The anaesthetist will assess how numb you are before the surgery starts. This is usually tested with an ice pack.

The anaesthetist will remain with you for the whole operation to ensure that you are as comfortable as possible.

## What other anaesthetic options are there?

Patients who have had an epidural for pain relief during labour can have anaesthetic given through the epidural catheter to provide the same level of pain relief as a spinal anaesthetic.

See *Epidural Information* fact sheet for more information.

The other option is to have a general anaesthetic, where you are asleep for the birth of your baby. If you have a general anaesthetic your partner cannot be in the operating theatre and your baby may be sleepy from the anaesthetic medications.

## What should you do if you have questions or concerns about having a regional anaesthetic or wish to discuss your choice?

On the day of your surgery you will meet your anaesthetist who can answer any questions you may have. If you would like to ask questions or discuss your choice before the day of your surgery, talk to your obstetrician or midwife, who can arrange for you to speak with an anaesthetist.



**Interpreter**

You have a right to an interpreter. Ask the staff caring for you to contact Language Services and arrange for an interpreter to help you.

## For more information and advice

### Acute Pain Service

The Royal Women's Hospital  
Monday to Friday 8am to 4pm  
T: (03) 8345 2389

### Women's Welcome Centre (Victoria only)

Royal Women's Hospital  
T: (03) 8345 3037 or 1800 442 007 (rural callers)  
E: [wwc.admin@thewomens.org.au](mailto:wwc.admin@thewomens.org.au)  
W: [www.thewomens.org.au](http://www.thewomens.org.au)

## References

- *Pain relief during childbirth*, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Australian society of Anaesthetists, Edition 1, 14 Dec 2006.
- *Pain relief in Labour*, Obstetric Anaesthetists' Association, 3rd Edition, January 2008.
- Schung SA, Palmer GM, Scott DA, Halliwell R, Trina J (editors); *Acute Pain Management: Scientific Evidence*, 4th edition, ANZCA & FPM, Melbourne.

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