



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™

Helping Hand™

Health Education for Patients and Families

Spinal Anesthesia

Spinal anesthesia (SPY nul anes THEE sha) is used to prepare a person for surgery. It numbs the body from about the belly button to the feet. It blocks pain without putting them to sleep. When your child is scheduled for surgery on an area of the lower body, you may be offered the option of spinal anesthesia.

How anesthesia works

Spinal anesthesia

- Spinal anesthesia is a one-time injection of medicine. It is given through a small needle in the lower back, and into the spine, outside the spinal cord.
- Most children under spinal anesthesia breathe room air for the whole surgery. (This is unlike having general anesthesia, where a child often requires a breathing tube.)
- The medicine numbs the lower body, so your child does not feel pain during the surgery.
- Your child may be able to bypass the observation time in the Post Anesthesia Care Unit (PACU). If so, they can rejoin you after leaving the operating room. This means your child may be able to resume eating and drinking sooner.

When general anesthesia is needed

We follow national guidelines for choosing the children who would be best cared for under general anesthesia. The reasons may include any of the following:

- Disability or physical, emotional or mental delay;
- Other major medical problems;
- Length or type of procedure.

Risks

- Any procedure that uses a needle, including vaccinations, involves a slight risk of bleeding and infection. This risk is very small, and the medical team does everything possible to keep your child safe.
- There is a small risk of other problems, like low blood pressure, chance of nerve damage, problems with the heart, or breathing difficulties, especially for children with certain pre-existing conditions.

Before the surgery

- A nurse who works with the anesthesia doctor will call you 1 to 3 days before surgery to tell you the exact time to be here. At that time, it is **very important to tell the nurse if your child is taking any medicines or has been sick recently**.
- Your child's anesthesiologist will talk to you before the surgery to explain how spinal anesthesia works and to answer any questions you may have.

Please keep the whole day open on the appointment date. Arrange ahead of time for someone to care for other children in the family. Ask another responsible adult to come with you to help care for your child on the drive home after surgery.

Starting the spinal anesthesia

- On the day of surgery, before going into the operating room, your child may have numbing cream placed on the skin where the needle will go in. This will help with any pain from the needle when it injects the medicine.
- Your child will go to the operating room and be placed in the sitting position while supported or lie on their side to get the spinal anesthesia. It is given through a small needle that injects the numbing medicine through the lower back into the spine. This will numb your child from the belly button down through the feet. Once the numbing medicine is given, the needle comes out right away.
- After a few minutes your child will feel numb below the chest. They will be temporarily unable to move their legs because of the medicine.

Surgery

- An intravenous catheter (IV) is placed in one of your child's legs (or possibly their hand) veins. This is done in case more medicine needs to be given during the surgery.

- While the surgery begins, your child is awake. However, many children are so comfortable that they soon fall asleep on their own.
- For children that have difficulty soothing, medications for sedation may be administered

After the surgery

- If your child did not get any medicines to help sooth them , and they are scheduled to go home, they are often brought directly to you.
- If they needed medicine to calm them during their surgery **OR** they are scheduled to stay in the hospital after their procedure, your child will go to the recovery room to be monitored. When it is safe for them to move to the next phase of care, you can be with them. While we make every effort to reunite you with your child as soon as it is safe, it can take up to 2 hours.
- Spinal anesthesia usually gives pain control for 2 to 6 hours from the time it is first given. Your child may need pain medicine such as Tylenol if they are unable to rest, do not want to eat, are fussy or irritable, or complaining of pain.
- Your child should be able to eat, drink or breast feed soon after surgery.

What to do at home

- The “pin prick” in the lower back where the medicine was given will heal in a few days. A Band-Aid® may cover the site. It is okay to remove the Band-Aid® to look at the site. If there is any redness, swelling or drainage from the needle stick, please call the Anesthesia Department at (614) 722-4200
- Follow the doctor’s orders for giving medicine for pain.

Activity

Follow the surgeon’s directions for a return to normal activities after surgery. This will depend on the nature of the surgery.

When to call the doctor

Call your child’s doctor’s office for either of the following:

- Temperature of 100.4 degrees F or higher
- Pain that does not go away or get better with use of the doctor-recommended pain medicine.

If you have any questions, be sure to ask your child’s doctor or nurse.