



Using intrathecal/spinal analgesia to relieve your pain after surgery.

Surgery example: Casearean Section (C/S) or Orthopaedic Surgery

Your anesthetist will talk to you about this method of pain control before your surgery

What is intrathecal/spinal analgesia?

Intrathecal/spinal analgesia is a way to relieve pain. Pain medication is put through a thin tube or catheter, into a small space between the bones in your lower back, near spinal nerves. The medication blocks pain messages to the brain. You can expect to be comfortable enough to do deep breathing, coughing, moving in bed and caring for your baby, if appropriate.

How does it work?

At the time of your surgery, the anesthetist will put medication into your spine that will relieve your pain and increase your comfort for 12-24 hours. Tell the nurse if you need more pain medication.

Before you stand up or get out of bed, talk to the nurse. The nurse will help you out of bed safely.

What special care do I need after receiving this medication?

The nurse will regularly check your:

- Pain score and comfort level
- Breathing, blood pressure, pulse and temperature
- Sedation or sleepiness level
- Ability to feel and move your legs, pass urine

These checks continue while you are recovering for 24 hours after the medication in your back was given.

Tell your nurse if you notice:

- extreme sleepiness
- nausea
- sudden, severe back pain
- trouble passing urine
- itchy skin (medication will relieve this)
- headache
- numbness in the feet or legs
- trouble moving the feet or legs

If your family or visitors find that you are confused or too sleepy, they must tell the nurse.

Revised by LSinclair, Jan. 2001 (#2) (KBN Jan/00)
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