


your anaesthetic care



ANAESTHESIA
for
CAESAREAN
SECTION



AGB

**ANAESTHETIC
GROUP
BALLARAT**

6 Drummond Street North, Ballarat, VIC, 3350
PO Box W183, Ballarat West, VIC, 3350
t 03 5331 4888 | w agb.com.au
e reception@agb.com.au | ABN 37 076 746 843

Caesarean sections are performed when your obstetrician thinks it would be safer for the mother and/or baby than a vaginal delivery.

Anaesthesia for caesarean sections can be performed in two ways:

- + Regional Anaesthesia
- + General Anaesthesia

There are two main types of anaesthetic. You can either be awake (a regional anaesthetic) or asleep (a general anaesthetic). Normally, if you have a caesarean section, you will have a regional anaesthetic. This is where you are awake but you can't feel any sensation in your lower body. It is usually safer for you and your baby and allows both you and your partner to experience the birth together.

A spinal anaesthetic is the most commonly used regional anaesthetic for a caesarean section. It is used for planned and emergency caesarean sections mainly because it is safe, reliable and fast acting.

Epidural anaesthesia is usually used where an epidural has been inserted during labour and is working well. This requires a special, strong top-up of local anaesthetic and takes longer to work. It may be chosen in a few specific situations.

A combined spinal epidural (CSE) is a combination of the two. The spinal makes you numb quickly for the caesarean section. The epidural can be used to give more anaesthetic if needed, and to give pain-relieving drugs after the caesarean.

General anaesthesia is where you will be asleep while the obstetrician carries out the caesarean section. General anaesthesia is used less often nowadays. It may be needed for some emergencies, if there is a reason why a regional anaesthetic isn't suitable for you or if you prefer to be asleep.

Before a caesarean section

Your Anaesthetist will visit you before your operation, to introduce themselves, assess your general level of health and discuss options and risks of the anaesthetic.

If you have any questions please ask.

Regional Anaesthetic - How is the spinal performed?

The spinal anaesthetic is performed in the anaesthetic room of the theatre department. After inserting the intravenous line ('drip') you will be positioned either sitting up or lying on your side for the spinal. Monitoring, such as a blood pressure cuff may be placed at this stage. Your back will be cleansed with antiseptic solution and a local anaesthetic will be injected into the skin, to make the spinal more comfortable. You will be encouraged at this stage to arch your lower back out to open up the spaces between the bones of your spine. Your partner and/or support person will be able to sit close by you and a technician will help support your body in this position. Your Anaesthetist will then insert a very fine spinal needle and inject the anaesthetic (a local anaesthetic solution plus an opioid drug such as fentanyl or morphine). The needle is then removed. When the spinal or epidural is starting to work, your legs will begin to feel very heavy and warm. They may also start to tingle. Numbness will spread gradually up your body. The anaesthetist will check that the numbness has reached the middle of your chest before the caesarean section begins. It is sometimes necessary to change your position to make sure the anaesthetic is working well. The team will take your blood pressure often.

Does the spinal hurt when being put in?

Most patients do not experience significant discomfort during the insertion of spinal anaesthetic. The local anaesthetic injected into the skin sometimes stings for a moment.

What are the advantages of having a regional anaesthetic for caesarean section?

- + Regional anaesthetics are usually safer than general anaesthetic for you and your baby.
- + They let you and your partner share in the birth.
- + You will feel less sleepy afterwards.
- + They will let you feed and hold your baby ASAP
- + You will usually have good pain relief afterwards.
- + Your baby will usually be more alert when it is born.
- + Less post operative nausea and vomiting compared to general anaesthetic.

What are the risks of having a regional anaesthetic or caesarean section?

Common temporary side effects for the mother

- + Legs will feel heavy, weak and numb, restricting movement. This wears off in several hours.
- + Spinals and epidurals can lower your blood pressure causing nausea/vomiting. This is easy to treat.
- + Occasionally, they may make you feel shaky.
- + Rarely, they do not work well enough, so the anaesthetist may need to give you a general anaesthetic.
- + You may have a tender area in the back where your needle goes in.
- * **Please note that backache is common during and after pregnancy and labour, whether or not a spinal is used**

Possible temporary complications for the mother:

Possible problem:

How common the problem is:

| | | |
|--|--|--------------------------|
| Itching | 4 in 10 | Common |
| Significant drop in blood pressure | Spinal 1 in 5 Epidural 1 in 50 | Common Occasional |
| Regional anaesthetic does not work well enough for caesarean section requiring GA | Spinal 1 in 50 Epidural 1 in 20 | Occasional Occasional |
| Feeling sick | 1 in 10 | Common |
| Severe headache | Spinal 1 in 200 Epidural 1 in 100 | Un-Common Un-Common |
| Nerve injury - temporary | 1 in 1,000 | Quite rare |
| Nerve injury - permanent | 1 in 24,000 | Rare |
| Infection - meningitis/abcess | 1 in 50,000 | Very rare |
| Haematoma | 1 in 100,000 | Very rare |
| Large amount local anaesthetic injected into vein (with epidural) causing a severe reaction | 1 in 100,000 | Very rare |
| Large amount local anaesthetic into spinal fluid causing breathing difficulty with unconsciousness (very rarely) | 1 in 2,000 | Quite rare |

Serious but very rare complications for the mother

- + Significant nerve damage or infection (meningitis) is rare though possible. The spinal is inserted under very strict conditions to reduce this risk. Treatment may require antibiotics or surgery.
- + The local anaesthetic may inadvertently be injected into the blood stream causing temporary dizziness, tingling or (in severe cases) convulsions and heart problems. Your Anaesthetist is trained to manage these problems which pass in a few minutes.
- + Allergic reaction to the drugs is extremely rare.
- + Permanent paralysis and even death have been reported in the world literature but this is so rare in the modern anaesthetic practice that the exact risk is unknown

Pain relief after the regional anaesthetic

The spinal or epidural anaesthetic usually wears off in two to four hours however morphine may be added to the spinal mixture or injected down the epidural catheter and end of surgery. This helps with pain relief for the rest of the day. In addition, oral analgesia (usually Paracetamol, Diclofenac and Oxycodone) is given regularly. If no morphine is added in your spinal or epidural, you may be prescribed extra long acting pain relieving drugs in addition to the usual combination.

General Anaesthetic

You may request or be advised by your Anaesthetist to have a general anaesthetic for your caesarean section. Because of the pregnancy, special precautions may be needed to be taken to protect your airway from stomach contents. These precautions may include an antacid medication as a premed and the use of special techniques to get you off to sleep safely.

What are the advantages of having a general anaesthetic for caesarean section?

- + May be safer than a spinal anaesthetic in rare situations such as bleeding or extreme emergency.

What are the disadvantages of having a general anaesthetic for caesarean section?

- + Your partner/support person is not able to be in the operating theatre with you and experience the birth of your baby
- + Pain control can be more difficult after a general anaesthetic caesarean section and often requires a PCA

pump afterwards.

- + Risks of general anaesthetics such as breathing problems and allergy are very rare these days but more common than with spinals.
- + Awareness under a general anaesthetic during a caesarean section may be more common than during other operations. All possible precautions will be taken to prevent this.

Other risks of General anaesthesia

| Possible problem: | How common the problem is: | |
|--|--|------------------------|
| Shivering | 1 in 3 | Common |
| Sore throat | 1 in 2 | Common |
| Feeling sick | 1 in 10 | Common |
| Muscle pain | 1 in 3 | Common |
| Cuts or bruises to lips & tongue | 1 in 20 | Occasional |
| Damage to teeth | 1 in 4,500 | Quite rare |
| The anaesthetist failing to insert a breathing tube when you're asleep | 1 in 250 | Uncommon |
| Chest infection <i>(but most infections are not severe)</i> | 1 in 100 | Common |
| Acid from stomach going into your lungs | 1 in 1,000 | Quite rare |
| Awareness <i>(being able to recall part of the time during your anaesthetic)</i> | 1 in 670 | Uncommon |
| Severe allergic reaction | 1 in 10,000 | Rare |
| Death or brain damage <i>(exact figure not known)</i> | Death 1 in 100,000 Brain damage Exact not known | Very rare Very rare |

Accurate figures are not available for all of these risks and side effects. Figures are estimates and may vary from hospital to hospital

Any Questions

If you have any questions either before or after your anaesthetic please contact the **Anaesthetic Group Ballarat** on **03 5331 4888** To view our antenatal information video, please visit our website at **www.agb.com.au**