

**Example of format for:
Discharge Advice for Patients Receiving Regional Anaesthetic Blocks**

Following principles employed by most day surgery units and many departments, a *suggested format* is presented for issuing advice to patients who have undergone a regional anaesthetic block. It is suggested that it contain at least:

- The type of local anaesthetic procedure.
- Name of the Anaesthetist.
- Side effects or adverse reactions to be alert for (e.g. backache, headache, altered sensation or weakness).
- The action to be taken.
- Contact details of the Anaesthetist or the department and an alternative, i.e., the surgeon, and/or the Accident and Emergency Department of the relevant hospital.

As examples of such instructions, two forms are attached. However, the Consultative Council on Anaesthetic Mortality and Morbidity would not give advice on the *exact* format, as it is envisaged that many departments would wish to make modifications to suit their particular circumstances.

Example Form # 1

Spinal/Epidural Anaesthetic Information Sheet Anaesthetic Department: (*) Hospital

Your anaesthetist, in consultation with you, has decided to administer a **spinal anaesthetic** for your operation, or an **epidural** for pain relief. Spinal anaesthetics have been in widespread use for over 100 years and allow you to undergo surgery on the lower parts of your body **without** needing to undergo a full general anaesthetic. Epidurals are commonly used to provide pain relief in labour or after surgery.

These procedures, that involve the injection of local anaesthetic solutions into the back, have advantages over general anaesthetics (going completely to sleep) in some circumstances. Also, like all medical procedures including general anaesthetics, spinal/epidural anaesthetics can have side-effects. Usually these are mild and temporary, but rarely there can be serious and potentially permanent side-effects.

These risks include backache, headache and nerve damage.

Backache is usually temporary, related to bruising from the injection, just as a vaccination in your arm may leave it sore for a few days. Rarely there could be bleeding or infection deeper in the back causing potentially permanent problems. The risk of permanent backache is extremely low.

Headache occurs in about one percent of people given a spinal or epidural anaesthetic. It usually settles over a few days but rarely may be severe and ongoing. There are treatments available, which need to be discussed with one of the specialist anaesthetists at the hospital. These tend to be short-lived and amenable to treatment but may delay discharge home.

Nerve damage is possible because of the position the needle has to be in to perform a spinal/epidural anaesthetic. Occasionally patients experience temporary numbness, tingling or weakness in their legs for a few days or weeks. Very rarely there can be permanent injury to nerves, causing severe problems like paralysis. The chances of this occurring are extremely low compared to other risks we take in everyday life. The reported incidence of long-term nerve injury after a spinal has been reported to be of a similar order to the risk of death from motor car accident.

If you experience any of the above side-effects, or any other ill feeling you think may be related to your anaesthetic, you should not hesitate to contact one of the anaesthetists **AT ANY TIME**. There is always a member of the Anaesthetic Department available at (*) Hospital 24hrs a day, who can discuss your concerns and arrange any necessary follow-up.

If you are still an inpatient, have your doctor or nurse call the anaesthetist in charge.
If you have been discharged home, contact us via the following numbers:

Between 8.30-5.00 pm, Monday-Friday call: **(phone number)**.

Out of hours, or if above number unanswered, call: **(phone number)** and **ask for the on call anaesthetist** to be contacted.

Dr _____

DISCHARGE ADVICE FOLLOWING REGIONAL ANAESTHESIA

Complications are rare following regional Anaesthesia but can occur. If detected and dealt with early they can be averted. It is important that you contact us, at the (*) Hospital, promptly if you experience any of the following on (phone number) and ask to speak to the Anaesthetic Registrar who is on duty 24 hours a day.

HEADACHE:

Contact us if you experience a severe headache, which is:

- Not relieved by usual headache treatments such as Panadol, fluids or rest
- Postural: worse when you sit up and eases when you lie down
- Associated with neck stiffness or hearing changes such as ringing in ears or blocked sensation.

There are varying degrees of this headache and treatment is available if needed.

BACKACHE:

If at the Regional site (Epidural or Spinal) you experience, pain, heat, or swelling which increases in severity and may or may not travel into the buttocks.

ALTERED SENSATION IN LEGS:

Should you develop any weakness, numbness or pins and needles in your legs contact the (*) Hospital.