



Locoregionale anesthesie - Epidurale anesthesie - Engels



Locoregional anaesthesia - Epidural anaesthesia

Locoregional anaesthesia

Locoregional anaesthesia temporarily makes a part of the body, e.g. the arm or the entire lower body, numb and motionless. By injecting an anaesthetic around a nerve, nerves or nerve pathways can be temporarily disabled.

This form of anaesthesia means you remain awake during surgery. You can ask the anaesthetist or nurse anaesthetist for a sleeping aid (sedation) during the operation if you prefer to sleep through it.

You will not see anything of the surgery because it is performed behind a screen/cloth.

The locoregional anaesthetic is given by injection. Where you will be injected depends on the area to be operated on. The anaesthetist and the nurse anaesthetist or holding area employee will support you during the injection of the anaesthetic. They will explain what is happening. The anaesthetic will be given time to take effect before the surgery starts. Depending on the type of anaesthetic, this can take from a few minutes to an hour or an hour and a half.

Different locoregional anaesthesia techniques

Some examples of locoregional anaesthesia techniques are:

- Bier block
- Spinal anaesthesia
- Epidural anaesthesia
- Plexus block

Epidural anaesthesia

Epidural anaesthesia is used as extra pain relief for, for example, childbirth or major surgery on the abdomen or lungs. The anaesthetist inserts a catheter into your back to provide continuous pain relief during and after the operation. As well as providing good pain relief, this anaesthetic makes it easier for you to breathe after surgery. This can prevent pneumonia. During surgery, you will almost always be given a general anaesthetic or a light sedative with epidural anaesthesia. This depends on the type of surgery.

You will be connected to monitoring equipment and your blood pressure will be measured regularly. The epidural is usually given while sitting. This injection is no more painful than a regular injection. You must hunch your back and relax your shoulders.

The skin will be cleaned with a cold liquid disinfectant. A sterile tissue will be applied as soon as the skin is dry. The anaesthetist will feel the back to locate where they want to give the epidural, and you will be given an injection to numb the skin. After this, a special needle is used to find the space for the anaesthetic tube (catheter). This is in front of the space where the spinal cord runs. The injection will not reach or damage the spinal cord. You may feel a jolt in your leg when the needle goes in. This may give you a fright, but it is harmless.

Once the correct spot is found, the catheter will be pushed into place and the needle removed. The anaesthetist will tape the tube securely to your back so that it cannot move. The tube itself is so thin that you can simply lie on your back afterwards.

Side effects and complications of epidural anaesthesia

Anaesthesia

There is a chance that the anaesthetic will not work properly. The anaesthetist can then add extra anaesthetic through the tube.

Sometimes too much anaesthetic is given and you cannot move your legs at all. You will then receive less anaesthesia until it is working sufficiently and you can move your legs again.

Sometimes the epidural doesn't work at all. The tube may have shifted so that the anaesthetic does not reach the right spot. The anaesthetist can then choose to do the epidural again or prescribe another form of pain relief.

Low blood pressure

Low blood pressure may occur as a side effect of an epidural. The nurse anaesthetist will keep a close eye on you and take measures should this happen. If you feel nauseous or experience other symptoms, please report this to the anaesthetist, nurse anaesthetist or nurse.

The anaesthetised area

The anaesthetised area can sometimes expand further upwards. This is not the intention. You will notice this because your hands will start to tingle or you will have difficulty breathing. You may also not be able to move your legs. If you notice any of these symptoms, please inform the anaesthetist, nurse anaesthetist or nurse.

Bladder

The anaesthetic causes your legs to feel weak, so you cannot walk to the toilet to urinate. It is necessary to empty the bladder with a catheter. This catheter will be inserted after the epidural.

Bruising

There may be bruising at the site of the injection. This is because a blood vessel has been punctured. Sometimes, a blood vessel is punctured deeper under the skin. In very rare cases, this bruise can press on the nerves. In the worst case, this can cause, to a greater or lesser extent, nerve irritation.

Allergic reaction

There is always a chance of an allergic reaction to the medicines we give. Itchy skin or hives are examples of this. This is very rare.

The anaesthetic in the bloodstream

In rare situations, the anaesthetic tube may have been placed in the bloodstream. The anaesthetic then enters the bloodstream directly. You will then experience tingling around the mouth, an increasingly worsening metallic taste in the mouth, and numbness of the mouth and tongue. An exacerbation causes tension, agitation, tremors, confusion, cardiac arrhythmias and sometimes unconsciousness. If you feel any of these side effects, please let us know as soon as possible.

Infection

In rare cases, inflammation (infection) develops a few days after surgery. This causes redness, swelling and pain at the site of the injection, and you will develop a fever. Please contact the hospital immediately (see the bottom of this leaflet for phone numbers).

Backache

You may suffer some back pain at the site of the injection. This usually disappears in a few days.

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