

The Hobart Anaesthetic Group

Advantages of Regional compared with General Anaesthesia

- Spinals and epidurals are usually safer for you and your baby.
- They enable you and your partner to share in the birth.
- You will not feel sleepy afterwards.
- It allows earlier feeding and contact with your baby.
- You will have good pain relief afterwards.
- Your baby will be born more alert.

Disadvantages of Regional compared with General Anaesthesia

- Spinals and epidurals can lower the blood pressure, although this is easily treated.
- They take longer to set up than a general anaesthetic.
- Occasionally they can make you very shaky.
- Rarely, they don't work effectively; so a general anaesthetic is still necessary.

Possible Side Effects of Regional Anaesthesia

- 1 in 3000 women experience temporary damage to spinal nerves. Virtually all of these cases recover within a few weeks or months. Temporary nerve damage can also be caused by the labour rather than by the epidural or spinal.
- In 1 in 10000 cases some permanent nerve damage may occur.
- Itching during the caesarean or afterwards, but this can be treated.
- Severe headache in 1 in 100 women. This can be treated.
- Local tenderness in your back for a few days. This is not unusual.

Your Specialist Anaesthetist

The safety of you and your baby is of the utmost importance to us.

The Anaesthetists from the Hobart Anaesthetic Group have had specialised and extensive training in Obstetric anaesthesia to ensure the provision of optimal care and safety for woman undergoing Caesarean Section, whether it be an elective or emergency procedure.

The Hobart Anaesthetic Group

for optimal safety and specialised care

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Important Financial Information

You will receive an account from your anaesthetist following your Caesarean. In some instances the account will be sent directly to your health fund for processing. Any GAP amount over the health fund rebate will be your responsibility.

The amount of the GAP will vary depending upon your health fund.



'for optimal safety and specialised care'

Caesarean Section
Your Choice
of Anaesthesia

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Anaesthesia for Caesarean Section

On average, one in five babies in Australia is born by Caesarean Section.

It may be necessary to deliver your baby by Caesarean section. This may be planned in advance as an elective procedure if there is an increased chance of complications developing during a vaginal delivery. One example might be if your baby is in an unusual position.

In some cases, caesarean section may be recommended in a hurry, usually when you are already in labour. This is an emergency caesarean section. This may be recommended because of poor progress of labour; because the baby's condition is deteriorating or a combination of the two.

If your obstetrician decided to proceed to a Caesarean section the anaesthetist will discuss with you what type of anaesthesia is appropriate.

The time interval in which your baby has to be delivered may also influence the type of anaesthetic you have.

Types of Anaesthesia

There are two main types of anaesthesia;

Regional—when you are conscious but sensation from the lower body is numbed.

General Anaesthesia—when you are unconscious for the duration of the operation.

Regional Anaesthesia

Regional anaesthesia is a technique used whereby local anaesthetic drugs are injected near the nerves of the spinal cord. These nerves carry signals from that area of the body being operated on to the brain.

There are three types of regional anaesthesia:

(1) SPINAL ANAESTHESIA - the most commonly used method.

Spinal anaesthesia involves a single injection through a very fine needle into the back. You will be asked to sit or lie on your side, curling your back. The anaesthetist will numb your skin with local anaesthetic. A fine needle is then passed through the ligaments in your back and local anaesthetic and a pain-relieving drug injected and the needle removed.

You may notice a warm, tingling feeling as the anaesthetic begins to take effect. It is common to feel as though the part of your body which is anaesthetised does not belong to you.

Spinals are single injections which take only a few minutes to work and last about two hours. They cannot be topped up to make them work longer.

(2) EPIDURAL ANALGESIA

For an epidural a larger needle is needed to allow the epidural catheter to be threaded down it into the epidural space. As with a spinal, this sometimes causes a tingling feeling down your leg.

Epidurals can take up to half an hour to work, but can be used to relieve pain for hours. It can be topped up as often as required.

(3) COMBINED SPINAL/EPIDURAL

A combination of spinal and epidural may be used. It has the advantages of quick onset and improved quality of block, like a spinal anaesthetic. It also allows for the administration of extra local anaesthetic drugs into the epidural space should the effect of the spinal be inadequate or too short lived.

Long acting painkilling drugs, like morphine, may also be injected through the epidural to provide pain relief in the post-operative period.

General Anaesthesia

General anaesthesia late in pregnancy can be more complicated and is therefore avoided if possible. However, in some situations it may be necessary, for example:

- In emergencies when there is no time to site a spinal or top up an epidural.
- If the patient has a blood clotting disorder, regional anaesthesia is best avoided.
- If the mother has a damaged/ abnormal spine which makes regional anaesthesia difficult or impossible.
- If the epidural/spinal fails to work.
- If the mother doesn't want to stay awake.

