Anaesthesia
Informative leaflet

azdelta
Uw ziekenhuis.

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Dear patient,

You will shortly be undergoing a diagnostic or therapeutic operation under anaesthetic.
Your doctor treating you has already told you what this involves. An anaesthetist from AZ Delta will be responsible for your sedation.

The purpose of this information leaflet is to provide you with more details on the various types of anaesthesia, the techniques for relieving pain, preparation as well as the potential risks and side effects of this operation.

We would like you to read this leaflet carefully.

If you still have any questions after you have read it, please do not hesitate in asking them to the department responsible for preparing your admission, or if necessary, during your consultation with the anaesthetist, so that you will be able to give your fully informed consent. We would also like you to sign the patient booklet to give your consent to the anaesthesia (sedation) and to the analgesic treatment (pain relief).

You will also have a consultation with your anaesthetist before the operation. During this consultation you will be able to discuss the final anaesthesia plan as well as the additional techniques for pain relief that may be used, and to give your consent to the use of these techniques.

For children and for people who, for one reason or another, are unable to make the decision themselves, consent is given by the legal guardian.

We would now like to wish you a speedy recovery.

The team of anaesthetists

1 The anaesthetist

The anaesthetist is a doctor who has studied the various types of anaesthesia, pain relief methods and healthcare given by intensive care units. They know about the pathology from which you are suffering, your medical history and the medications you are taking.

They will discuss with you how your anaesthetisation will work. While you are anaesthetised, the anaesthetist will remain by your side to make any corrections to the sedation if this is needed.
In particular, they will monitor pain relief and the stress of the operation and keep your vital functions stabilised (blood pressure, heart rate, blood oxygen levels, etc.) as well as monitor your breathing.

Several anaesthetists from AZ Delta have also taken additional training in associated fields such as paediatric anaesthesia, cardiac anaesthesia, pain relief in intensive care, locoregional anaesthesia (epidural, spinal or minor nerve block) and even emergency admissions.

The anaesthetist is a specialist doctor who has the necessary qualifications (degree, authorisation and registration with the Belgian Medical Board) to legally practice medicine in Belgium. Their professional liability is also covered by an approved Belgian insurance company.



2 What is anaesthesia?

The word “anaesthesia means that you “feel nothing” during a diagnostic (examination) or therapeutic operation. But in reality, it is much more than that.
If they did not have modern anaesthesia techniques, the surgeon would not be able to carry out many delicate and dangerous operations. It is the anaesthetist who ensures that you go through the operation in complete safety, regardless of whether your condition is weak and regardless of how invasive the operation.

A surgical operation does in fact disrupt the function of many essential organ systems (heart, lungs, gastro-intestinal system, etc.) which could hamper your post-operative recovery.
The anaesthetist’s aim is to protect you from these negative effects and to safely guide you throughout your journey up to the operation, and then during the next few hours, or even the next few days.



3 What are the different types of anaesthesia?

- General anaesthesia
- Sedation
- (Loco)regional anaesthesia
- Local anaesthesia

General anaesthesia (narcosis)

This anaesthesia technique causes unconsciousness and makes you insensitive to pain. To do this, we use medicinal substances which act on your brain.
As a general rule, they are administered intravenously or sometimes using a mask placed on your face.

This induced sleep is considerably different from natural sleep. You will remain constantly monitored during the operation. We will constantly watch - and will correct if necessary - the depth of your induced sleep, your breathing, your heart rate, your body temperature, your blood loss, etc. We have a whole set of monitoring equipment with which to do this. As a general rule, we will also use a breathing support machine which requires intubation to guarantee that your blood is sufficiently oxygenated.

At the end of the operation, the anaesthetist will bring you awake by stopping the administration of the anaesthetic.

Once the operation has been completed, you will be taken to a recovery room where you will remain monitored until the effects of the anaesthetic have completely worn off and you feel no more than bearable pain. It is only when the anaesthetist considers your condition to be sufficiently stable that you will be taken to an ordinary room.

Sedation

Sedation is a much lighter type of general anaesthetic, but its safety conditions are identical. We use it especially during unpleasant or painful examinations (during a colonoscopy for example) or where we would normally use local or locoregional anaesthesia, but the patient is acutely anxious or tense.

(Loco)regional anaesthetic

With locoregional anaesthesia, part of your body is anaesthetised locally by injecting a local anaesthetic around the nerves. This technique has different names, depending on the part of your body concerned. So it enables a part of your body, such as your arm or leg (peripheral minor nerve block) or the whole lower part of your body (epidural or spinal anaesthesia) to be temporarily anaesthetised.

This anaesthesia technique enables the anaesthetisation to be limited and pain in a certain area of the body to be eliminated. You will remain awake during this time, or you will receive a light sedative. Locoregional anaesthesia is done whilst you are fully awake, so that you can indicate if you feel pain during the injection. A light sedative may also be administered to you. If a minor nerve block is used, the anaesthetist will use an echograph as well as, in the majority of cases, a nerve stimulator. The nerve is then stimulated with a low electric current. You will see that the part of your body concerned moves in a completely involuntarily way.

But some sensations may not disappear completely. In some cases, you may still feel yourself being moved. There are huge advantages in choosing this anaesthesia, but it also involves some things that you must take into account.

The main advantages of locoregional anaesthesia are:
• You can eat and drink straight after the operation.
• You do not feel nauseous.
• You are less “dozy”, or even not at all.
• You need fewer analgesics, or even none at all, during the first few hours after the operation.
• You run fewer risks of getting a bacterial infection around the operation wound and it will heal quicker.
• However, if general anaesthesia proves necessary as well during the operation, the amount of anaesthetic administered to you will be smaller.

Some important points to keep in mind
• Your limb - arm or leg - will remain partially or completely asleep for several hours, depending on the anaesthetic used. You will then be able to move it gradually and feeling will return bit by bit to your limb. Protect it whilst it is asleep! Do not put it against a radiator and do not go near to a source of hot steam or a sharp object.
• If feeling has not returned after 24 to 36 hours, you must contact your doctor.
• You must also have not eaten or drunk anything, and you must follow the pre-operation instructions listed on page 11 of the patient booklet.

Nerve function is gradually recovered and can take several hours. You will suddenly find that you have all the mobility back in your limb without having noticed it. In this case, it is essential that you do not put the whole weight of your body on the limb in question until you have recovered your full strength. If further questions come to mind, please do not hesitate in contacting the Anaesthesia Department.

4 The most appropriate anaesthesia

The anaesthesia most appropriate to your case depends on several factors, especially your age, your physical condition, your medical history and the type of operation planned.
The decision will be taken jointly between the surgeon, the anaesthetist and yourself.

5 What happens before the anaesthesia?

For various reasons, it is preferable that some preparation has taken place before carrying out an operation or examination under anaesthesia.
The aim is to make sure that everything happens in the safest and most comfortable way whilst guaranteeing the maximum quality of the operation.

The pre-op examination

We would like the anaesthetist to have the correct medical information. For this, they will start with the medical file drawn up by the doctor treating you. They will always refer to your GP.
So that we can get to know you better and find out about your medical history, we will send you a questionnaire that you can complete by yourself or with the help of the **nurse responsible for preparing you for admission**. This questionnaire is essential because it enables us to assess the risks associated with the operation. We ask you to complete it as fully as possible, it is for your safety. It may also happen that additional examinations prove necessary or you may be asked to see another specialist (such as a cardiologist).

We also pay particular attention to the medications you are taking. It is extremely important that you clearly note all the medications you are taking, as well as the dosage and the times

you take them. Also, please inform us of any food supplements or medicinal plants, and even the little aspirin you take if you have a headache. This will enable us to decide which medications you can continue to take and which ones it would be better for you to stop taking (such as anticoagulants).

During this consultation, we will also explain to you the anaesthesia techniques planned, how they will work as well as their potential side effects or complications. This is why it is important that you contact the department in charge of your admission sufficiently early and well before the planned date of your operation.

You will find the contact details on the back of this leaflet. If the doctor treating you, your GP or the actual anaesthetist thinks that a pre-op consultation is needed with the anaesthetist, you can also make an appointment with this department.

Some advice (patient booklet, p. 11)

• To limit risks, it is better if you can improve your physical condition and possibly lose some weight during the weeks before your planned operation.

• You must have an empty stomach for the operation. This means that you must not have eaten or drunk anything at least 6 hours before the operation. We also recommend that you do not ingest any alcohol or drugs at least 24 hours before the operation as these can both have an effect on the action of the anaesthetics.

• We also recommend that you stop smoking 6 weeks before the operation. Tobacco reduces the transport of oxygen to your organs, which increases the risk of complications during or after the operation. Smokers' airways are often irritated and so are more sensitive to infections. Coughing can also be very painful after an operation.

• Remove all your jewellery and decorative accessories -

watch, piercings, rings, bracelets - except the name wristband listed in your personal information issued to you when you are admitted. We also ask you not to wear any make-up or nail varnish. As for gel false nails, you must remove at least one. Hand your glasses, contact lenses and dentures in to the nursing department. If required, the nurses will shave the area to be operated on. Finally, you will receive a surgical smock to wear.

• We will discuss with you what is appropriate to do if you have a pacemaker, defibrillator or neurostimulator fitted.

You will be moved to the operating theatre or examination department in your bed. Before the operation/procedure, we will check your identity as well as other information, possibly several times.



6 The risks of anaesthesia

Modern anaesthesia is an extremely reliable technique for which all necessary safety measures are taken, regardless of the situation or how it is used. Thanks to the progress made in monitoring equipment, the increased effectiveness of medications and the advanced training followed by anaesthetists and their assistants, anaesthesia today has become particularly safe.

However, as with any medical intervention, side effects or complications can occur. It is very difficult to establish a distinction between the inherent risks of anaesthesia, those resulting from the surgery itself, and those resulting from your general condition.
The risk you incur personally is particularly determined by:
• The presence of ailments other than those for which you are being operated on;
• Your personal risk factors (overweight, smoker, alcoholism, etc.)
• The fact that you are subject to a delicate operation or one that takes a long time and/or is urgent.

The more the anaesthesia and the more complex the operation, the higher risk of side effects and complications. This is why we always offer you the type of anaesthesia most suited to your state of health and the planned operation. The anaesthetist will inform you of the type of anaesthesia used, the one that will have the most advantages in your case whilst minimising the risks. Various types of pharmacological substances are used. Most of the substances used in Belgium have been used for a very long time and have been subject to proven testing.

7 Side effects and complications

• **Side effects** are unwanted effects that almost always lead to medication or treatment (such as nausea, vomiting or throat pains). As a general rule, they do not last for long. Some can be prevented, others can be treated and some of them go away by themselves.

• **Complications** are unwanted and unexpected events that result in treatment (such as an allergic reaction to a medicine being administered).

8 Summary of the side effects and complications

RA = Regional Anaesthesia
GA = General Anaesthesia

(Very) frequent side effects and complications

Nausea and vomiting (RA - GA)
Some operations and some medicines have a tendency, more than others, to cause nausea and vomiting. These unwanted effects can also be caused by stress, anxiety and pain. People who suffer from travel sickness and who are frequently ill when travelling by car are more sensitive to them.
These effects can usually be treated or prevented, but they can sometimes last for a few hours, or even a few days.

If you have already noticed that you easily become nauseous or that you have vomited after an operation, we advise you to tell us during your consultation with the department in charge of your admission. We will then be able to try and remedy it.

Sore throat - hoarseness (GA)
This disorder occurs after an intubation (tube introduced into your airways or stomach) and can last a few hours, or

even a few days. We can treat it using chewable tablets or mouthwashes.

Vertigo and double vision (RA - GA)
Anaesthesia, dehydration and a drop in your blood pressure can cause a feeling of weakness. This disorder can be treated with rehydration and the administration of medicines. Vision disorder can be due to the side effects of the anaesthetic products or the application of an eye balm as protection.

Shaking - shivering (RA - GA)
These are caused by a heat loss suffered during the operation, by some medicines and also by stress. A cover, hot air fan and/or the administration of medicines enable us to remedy them.

Headaches (RA - GA)
They can be caused by the anaesthesia, the operation, dehydration, or stress. These headaches usually go away after a few hours. If necessary, we can treat them using medicines. Sometimes an epidural or spinal anaesthesia can cause more severe headaches. You must inform the doctor so that they can set up a specific treatment.

Itching (RA - GA)
This is a side effect of powerful analgesics, but it can also indicate an allergic reaction. In both cases, we can treat them using medicines.

Muscular, joint, and back pains (RA - GA)
Although great care is taken over positioning you on the operating table, sometimes you may feel pain in your back or other joints at the end of the operation. They are due to the unnatural posture of your body during the operation, from when you remain in the same position on a hard surface for a fairly long period of time (this is also the case if you have an epidural or spinal anaesthesia). As your back muscles are fully relaxed, the natural curve of your back disappears, which as a result, can also lead to lumbar pains. These pains usually go away by themselves.

Painful bruises (RA - GA)
These bruises appear in places where injections or drips have been inserted. They are the result of damage caused to a small blood vessel, from movements of a joint nearby or an infection. They usually go away with time.

Pain during the injection of some medicines (RA - GA)
Some pharmacological substances can cause pain or an unpleasant feeling when they are injected.

Confusion or loss of memory (RA - GA)
Sometimes an operation can cause confusion or memory losses, especially with older patients. They can also suffer slight difficulties in concentration, as well as vision or coordination disorders.

These disorders are usually temporary but can sometimes last for a few days, or even a few weeks. This is why you cannot drive, use machinery or make important decisions at least during the first 24 hours following an anaesthesia.

Analgesics not effective (RA)
Sometimes the anaesthesia does not have sufficient effect. In this case, the anaesthetist may inject additional anaesthetic.

The anaesthetisation spreads upwards (RA)
You will notice this by a tingling feeling in your hands. You may also find some difficulties in breathing. In this case, the anaesthetist will take the necessary measures to remedy it.

Less frequent side effects or complications

Lung infections (GA)
They mostly affect smokers and can cause breathing difficulties. This is why it is important that you stop smoking six weeks before an operation. Sometimes undigested food can be regurgitated in your trachea, usually because you have eaten or drunk something or because you are carrying excess weight.

It goes without saying that everything is done to prevent this type of situation and to treat it if it occurs despite everything.

Micturition difficult (RA - GA)
After some operations, and some locoregional anaesthesia, some patients - mainly men - may find difficulty in urinating. On the other hand, female patients will often suffer urinary leaks. To remedy this, a urinary catheter is sometimes fitted as a precaution.

Breathing difficulties (RA - GA)
This is a temporary effect caused by some painkillers. If the muscle relaxants are not fully excreted, this may produce a general muscle weakness, including around the respiratory muscles. Both these disorders can be treated using medicines.

Damaged teeth, lips or tongue (GA)
Sometimes your teeth, lips or tongue can be damaged by an involuntary, but powerful contraction of your jaw when waking up from general anaesthesia. Your teeth can also be damaged if the anaesthetist has difficulties in inserting the pulmonary or gastric tube. This phenomenon is more frequent if you have a small mouth or a narrow lower jaw, a stiff neck or teeth in poor condition. Despite all the precautionary measures we take, unfortunately these unpleasant effects are not always avoidable.

Waking up suddenly during an operation - intervention (GA)
This mainly depends on your general condition, the type of operation you undergo, your consumption of medications and alcohol and the type of anaesthesia used. If you think you may have woken up during a previous operation, you must tell us about it beforehand. If you are seriously ill, the anaesthetist may decide to administer a lighter anaesthetic to you because you would be unable to withstand a deeper sedation. It is therefore possible that you could remember certain things that happened during the operation.

Appearance of a pre-existing condition (RA - GA)
A pre-existing condition (such as diabetes or a cardiovascular condition) that was unknown before the operation can appear during, or after, the operation. It will then be monitored carefully. In the case of diabetes, specific measures in particular must be taken. In this case, the procedures followed are those listed in an internal protocol drawn up in consultation with the endocrinologist.

(Very) rare side effects and complications

Damage to your eyes (GA)
Although the anaesthetist ensures with the greatest of care that nothing can injure your eyes during the anaesthesia, it can sometimes happen that your eyes are superficially affected or damaged, and that they are painful. This condition is temporary and goes away by itself. A suitable eye balm can relieve the pain.

Infection (RA)
Although this rarely occurs, an infection may appear at the site of the epidural injection or the central nervous system, even when the operation is performed in the maximum sterile conditions. The resulting consequences depend on the pathogenic bacteria and the seriousness of the infection.

Severe hypersensitivity (allergic reaction) to certain medicines (RA - GA)
During an operation and anaesthesia, you will come into contact with many substances that are foreign to your body: anaesthetics, analgesics, muscle relaxants, antibiotics, drip fluids, latex, contrast agents, disinfectants, etc. You can be allergic to them without knowing it. Such allergies can lead to mild problems - skin eruption, itching, drop in blood pressure - but also in certain cases, cause a severe reaction (anaphylactic shock). Such a shock can cause a life-threatening risk, even in people in good health.

The anaesthetist will do everything to stop the allergic reaction and to treat the after-effects. This is why it is very important that you tell us about the slightest details relating to any potential hypersensitivity you may have, as well as those of your family.

Embolism (RA - GA)
During a surgical operation, or when it is completed, blood clots can form in your veins, especially if the patient lies without moving their limbs (for a long time). It is called an embolism when a clot blocks the circulation of blood.
This phenomenon can be dangerous if the clot stops the blood supply to a vital organ (such as the lungs or brain). Some factors increase the risk of clots forming: previous embolisms, the presence of varicose veins, certain cancers, some contraceptive methods, smoking, excess weight and certain coagulation disorders. We try to prevent blood clots from forming by administering anticoagulants before and/or after the operation. There is also another type of embolism: the fat embolism, which is mainly produced from a large bone (such as a femur fracture). This type of embolism can also be dangerous. There are medicines that make the fat soluble, so that the treatment used is generally a support treatment. Respiratory embolisms are rather rare and can be usually dangerous where there are pre-existing cardiac conditions.

Loss of strength and/or sensitivity (RA - GA)
This effect can appear if a nerve is damaged by a needle or a haemorrhage in the case of a regional anaesthesia, or even by compression of a nerve during an operation under general anaesthesia. Most of these nerve conditions are temporary and go away by themselves, but very slowly.

Toxic reactions (RA)
Nerves that have to be anaesthetised run alongside (major) blood vessels. It is therefore possible for the anaesthetic to end up in your blood stream. The effect of this can be a metallic taste in your mouth, pins and needles around your lips, sleepiness, heart rate disorders, epileptiform seizures, or

even possibly a loss of consciousness. Medical treatment of the condition is usually effective.

Waking up late or not at all after general anaesthesia (GA)
Returning to consciousness is done gradually and is determined by the way in which the medication ceases to have any effect. The substances currently used for anaesthesia are rapidly excreted once they have stopped being administered. The most frequent cause of waking up late is therefore the effect of the anaesthetics or sedatives administered being extended.

Patients who do not wake up from a general anaesthesia have suffered a severe complication, such as a cerebral blockage or haemorrhage. This risk is extremely unusual. If you are a patient at risk for this type of haemorrhage, the fact of undergoing an operation can of course increase this risk, especially during certain operations that restrict the flow of blood to the brain.

Damage caused to nerves (RA)
This type of damage, such as caused by an injection directly into a nerve, is very rare. Symptoms can go from simple pins and needles to skin sensitivity conditions, including neuralgia or even paralysis. As a general rule, these conditions are temporary and only remain permanent on very rare occasions.

Pneumothorax (RA)
Some types of anaesthesia to an upper limb by peripheral nerve block can cause a pneumothorax. Depending on its seriousness, a drain may be fitted in the pleura area.

Death (RA - GA)
This risk is extremely rare and almost always caused by the combination of several complications occurring at the same time. This mainly depends on your medical history, the illness needing your operation and the type of operation you undergo.

9 Blood transfusion

Sometimes the patient needs to receive blood during an operation.

• Why a blood transfusion?
Usually, the body is able to produce blood corpuscles and plasma in sufficient quantities. However, when the patient has lost too much blood, the administration of blood products can prove to be essential.

• Types of blood transfusion
Red corpuscles provide the transport for the oxygen up to the tissues that is absorbed by the lungs. If there is a severe deficit of red corpuscles, the tissues are not sufficiently oxygenated, which risks damaging certain organs (especially the heart and kidneys).

The blood platelets and the plasmatic factors trigger coagulation when a haemorrhage occurs after damage to the blood vessels. If the haemorrhage is major, these platelets and factors can become deficient. It may also happen that this shortage of platelets or plasmatic factors, which can be temporary or long-term, is caused either by the absorption of certain medicines or by a specific illness.

• Is a blood transfusion without danger?
The blood comes from voluntary donors and is collected in Red Cross centres. Strict controls are carried out on it to guarantee its quality.

• Why do we need to check the blood group?
A blood sample is taken to determine the blood group and the different factors (rhesus and others). For this analysis, it is vital that we take a blood sample at two different times. Sometimes the patient has active antibodies against the blood cells of the external donor. In this case, we sometimes have to wait a bit longer before being able to have compatible blood available.

• What happens during a blood transfusion?
The blood products are administered by a drip inserted into a vein. The time taken for the transfusion can vary. Just before carrying out the transfusion, your name and date of birth are checked again and we verify that the blood bag is correctly intended for you. We specifically monitor you for side effects.

• Side effects
Reactions to the transfusion: fever, shivering, itching, feeling unwell, respiratory distress if too much is administered in a short period of time and accumulation of iron in the blood.

• Can I refuse a blood transfusion?
It is a decision that must be respected. But do not forget that there are not always other possibilities. Blood transfusions are often vitally important. If you refuse one, the risk incurred is sometimes greater than if you agree to one. So please express your doubts at an appropriate time to the doctor treating you and discuss them with him or her.

If you do refuse, it is imperative that you read page 9 of the patient booklet and that you fill it in before signing it!

10 After the operation

The recovery room

After the operation, you will be taken to the recovery room. You will remain there under the supervision of specialist nurses until the effects of the anaesthesia have completely worn off.

You may still feel sleepy and fall back to sleep occasionally. This is completely normal. Your pain may also increase as the anaesthesia wears off. If this happens we can administer additional painkillers.
As soon as you are sufficiently awake and your pain has been relieved or the effect of the epidural has worn off, you will be able to go back to your room. However, so as to prevent a fall, you will still not be able to get out of your bed unaided.

If you have been admitted to hospital as a day patient, please make arrangements for an adult to be with you and do not stay alone for the first night. You are prohibited from driving yourself on the day of the anaesthesia!
Once you have returned home, rest quietly for the first 24 hours. Take food and drink that are easy to digest, do not drink alcohol and do not smoke. Also, do not make any important decisions during the first 24 hours at least following anaesthesia.
It is completely normal that following an operation you do not feel in the best of health for a certain period of time. The anaesthesia as well as the intrusive act of any type of operation are the cause. Your body has to recuperate at its own rhythm and this will take time.

Intensive care or the Midcare department

Sometimes you may have to remain under supervision in a special department because the nature of your operation requires intensive care over a prolonged period or because your medical history means that you must have specialist care.



11 Post-operative pain relief treatment

Once the operation has been completed we then start to relieve your pain as much as possible. To do this we use a scale that enables us to estimate the intensity of the pain that you are feeling. This perception is individual to each person.

There are 2 ways of relieving pain:

a. By administering medicines orally or by injection (drip, intramuscular injection or subcutaneous injection)
b. Analgesic technique using a pain pump (PCA = pain controlled analgesia)

The analgesics are administered via a pain pump that you can control yourself, within predefined safety limits. So you do not have to wait for the nurse or doctor to come to your bedside to administer your pain relief to you and so you can control your pain faster and more precisely.

There are 3 types:
- PCIA (intravenous)
- PCEA (epidural)
- PCRA (administered locally, at a nerve plexus)

The anaesthetist will determine the analgesic dose in advance and the interval for administering the products so as to prevent an overdose. So, you will not incur any risk of receiving too much medication. You can administer a dose of analgesic yourself by pressing the pump button. However, you must take into account that the active ingredient only takes effect after 5 to 15 minutes.

Once you have been returned to your room, the dose must be monitored and can be changed if necessary. Once the pain has reduced sufficiently, the pain pump and catheter are removed. After that, you will receive normal analgesics.

Side effects and complications of a PCIA, PCEA or PCRA.

We have listed the most frequent ones.

After a PCIA

- Nausea and vomiting
- Itching
- Vertigo, fatigue
- Low blood pressure, slow heart rate
- Breathing difficulties

After a PCEA/PCRA

- Itching
- Headaches: when you lift your head, even though you are lying down, you may feel intense pain in your head, especially around your forehead or in the top of your neck. This phenomenon is often accompanied by a whistling in your ears, vision disorders, nausea and vomiting. If the phenomenon is too intense, you must call a nurse.
- Reduction in sensitivity and/or muscular weakness in your lower limbs.
- Back pain: you may have back pain under the effect of the epidural, the back muscles completely relax by eliminating the natural curvature of your back, which can lead to back pain.
- System toxicity: very rare and results from the accidental injection of local anaesthetic into a blood vessel.
- Nerve damage (temporary or permanent condition): pins and needles, muscular weakness or paralysis of the lower limbs.

Notes

If you still have any unanswered questions or you would like to make any comment at all after you have finished reading this leaflet, please do not hesitate in contacting the department in charge of your hospital admission.

Notities

Contact

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