HYPNOS PANTHEON Anaesthetic Association

Dr. D. Vermeulen Inc (086 7772) | Dr. H. van Rensburg Inc (104 5431) | Dr. A. Twigg (104 0855) | Dr. B. Nkosi Inc (066 1392)

Dr. MH. Vermeulen Inc (131 7350)

doctors@hypnospantheon.com
bookings@hypnospantheon.com
practice@hypnospantheon.com
www.hypnospantheon.com
082 577 0098 (Principal)
063 698 6121
010 142 5150

NEURAXIAL REGIONAL ANAESTHETIC BLOCK

Dear Patient/Guardian

An neuraxial injection can be given for one of the following possible reasons:

1. As the primary anaesthetic technique for various lower limb surgeries (with or without general anaesthesia or sedation) or caesarean deliveries.
2. To manage post-operative or labour pain.
3. As an adjunct to chronic back pain management.

The block can either be performed as a single injection or as a continuous infusion via a catheter placed in the neuraxial space. The infusion can further either be maintained by manual administration by your Anaesthesiologist, or via a computerised infusion pump that continuously supplies the local anaesthetic drug via a catheter can also be used in the long term management of pain or as a patient controlled infusion pump allowing you to control the dosing to control your pain comfortably.

Neuraxial blocks are safe and very effective in controlling pain. They are administered by an Anaesthesiologist who will also explain the technique to you. Please ask the Anaesthesiologist during the pre-operative visit to clarify any uncertainty you may have.

Anaesthesiologists exercise extreme care in administering neuraxial injections and infusions but, as with any medical procedure, complications can occur.

The following complications are possible:

Common complications:

1. Cardiovascular: Your blood pressure may drop and you may feel lightheaded or dizzy. It is easy to treat this quickly and effectively.
2. Nausea: This is also easily treated.
3. Shivering.
4. Difficulty in passing urine: Patients who have had an neuraxial block are not permitted to leave the hospital before they are able to pass urine. Occasionally patients require a urinary catheter and have to be kept in hospital overnight. Patients with an neuraxial catheter for a constant infusion usually have their bladders catheterized until the infusion is stopped and the catheter removed.

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Rare complications:

1. Failed block: In rare cases the neuraxial blocks may give unsatisfactory pain relief. The dosage of drugs can be adjusted in certain circumstances or alternative methods of pain relief can be employed.
2. Headache: In some cases the outer covering of the spinal cord is punctured (whether by design in the case of intrathecal injections or infusions; or inadvertently during epidural techniques) and spinal fluid can leak through the defect caused. This can lead to headache which can respond to bed rest for a few days. If this is not effective a sample of your own blood can be withdrawn and injected aseptically into the space around the spinal cord to stop the leak.
3. Backache: You may suffer superficial pain of variable duration at the injection site.
4. Prolonged or dense block: We strive to give the minimum amount of local anaesthetic needed to provide satisfactory analgesia without interfering with limb movement. However, sometimes a block can have a prolonged or even a temporary paralyzing effect.

Very rare complications:

1. Haematoma(bleeding): Small blood vessels can be damaged during insertion of the needle. In rare cases this can cause continuous internal bleeding. The resultant pressure on the spinal cord can lead to neurological damage and paralysis if not diagnosed and treated timeously. This treatment involves urgent surgical drainage of the haematoma. It is important that the attending Anaesthesiologist is made aware of any medication, including herbal products, that you are taking and that may interfere with blood clotting and thus may increase the risk of a spinal haematoma forming.
2. High block: If the unlikely event of the injected local anaesthetic spreading higher than planned a very dense block that temporarily paralyses the arms and the muscles of breathing can occur.
3. Sepsis: In spite of the strict aseptic techniques used, superficial skin infections or even an abscess close to the spinal cord are possible.
4. Neurological damage: This can occur during insertion of the needle or catheter. Any undue discomfort during the procedure must be communicated to the anaesthesiologist immediately.
5. Equipment Failure: Rarely during removal of the catheter it can be sheared off with a piece being retained in the neuraxial space. This may require surgical removal.

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A few other extremely rare complications have also been documented.

Your Medical Aid Fund may pay only part of, or even none of, the fee for a neuraxial injection.

Feel free to discuss this with the Anaesthesiologist.

I declare that I have read and understand the contents of this Information Sheet and that I have discussed any uncertain aspects with the attending Anaesthesiologist.

I hereby consent to having a neuraxial block performed on me/ my dependant.

Signed by Patient/Guardian/Parent: _____

Date: _____

Place: _____

Anaesthetic Provider: _____