



Anaesthesia for Spinal Surgery

If you need to undergo spinal surgery, preparation will help to ensure that the experience is a positive one.



This pamphlet will:



Provide you with general information about anaesthesia for spinal surgery



Encourage you to ask questions of your anaesthetist



Help you approach the planned procedure positively

If you have any further questions, you should ask your specialist or relevant health professional.



Types of surgery

The most common types of spinal surgery in Australia include spinal fusion, discectomy, artificial disks replacement and laminectomy.



You are in good hands

Australia is one of the safest places in the world to have an anaesthetic. Specialist anaesthetists in Australia are highly trained medical specialists. They have gone to medical school, completed an internship and spent at least five years undergoing specialist anaesthetic training. Training includes anaesthesia, pain management, resuscitation and the management of medical emergencies.



Before the surgery

Your anaesthetist will want to know about your medical history. This may include seeing them in their rooms or a telehealth consultation before the date of your surgery. You might need further tests or consultations with other medical and health specialists before your surgery. Although these tests and investigations may delay your surgery, having you in the best condition prior to surgery is crucial to a successful outcome and to your long-term health. Sometimes there may be a delay between your consultation

and the date of your surgery. You must notify your anaesthetist if you develop any new medical conditions during this time.



Your medications

Most medications can continue up until surgery. Blood thinners and diabetic medication require special consideration and you will be given specific instructions on what to do with these medications. If you are unsure, please ask your surgeon or your anaesthetist.



Preparation

Before your surgery, you will need to fast and not consume food or clear liquids. Generally, this is no food six hours prior to surgery and no clear liquids for two hours, however your anaesthetist will discuss this with you before the procedure.



What to expect

Spinal surgery is performed with a general anaesthetic. A general anaesthetic is what people describe as 'going to sleep'. The anaesthetist will insert a cannula into your vein and attach fluids (a drip). Before going under a general

anaesthetic, you will usually be asked to breathe oxygen through a mask. Anaesthetic medications are usually given through the cannula to start the anaesthetic. Once you are fully 'asleep' a breathing tube will be placed in your windpipe to help with your breathing during surgery.

You may 'go to sleep' on your back and wake up on your back, however you may be turned on your front while you are 'asleep' for the surgery to occur. This turning is called 'prone' and adds a small risk of additional complications to your anaesthetic.

Your anaesthetist will keep you 'asleep' and monitor you during the entire operation. It is normal to feel drowsy as you wake up. Sometimes extra monitoring needs to be used, such as an arterial line. An arterial line is a special type of cannula that is inserted into an artery and is usually used to closely monitor your blood pressure during and after surgery. A urinary catheter, which drains your bladder may also be placed. These extra lines may be inserted once you have been anaesthetised.

At the end of the operation, you will be turned onto your back, woken up and then taken to the recovery room. The anaesthetist will hand you over to the specially trained recovery room staff. After major spinal surgery, you can often be in the recovery room for a few hours. You will stay here until you are comfortable, and it is safe for you to go to the ward.



Post-Surgery

It is normal to feel drowsy as you wake up. You may also experience some discomfort, pain or nausea. There will often be medications to treat these given to you on a regular basis. If they are not improving your pain or nausea, please ask your nurse for extra medication. You may also notice a dry or sore throat or have a headache. However, this usually passes in 1-2 days.

Generally, you can expect to stay in hospital 1-3 days after surgery. Your anaesthetist may review you again in hospital after your surgery. Some patients can go home the day of the surgery however this will depend on your procedure, your health and the support you have at home during the first few weeks of recovery.

If you have had sedation or a general anaesthetic and are returning home on the day of the surgery, you must have an adult with you for 24 hours after the procedure. For safety reasons it is important that you refrain from the following for up to 24 hours after receiving the anaesthetic: drinking alcohol, driving a car, operating machinery.



Risks to be aware of

Major complications with anaesthesia for major spinal surgery are uncommon when anaesthesia is administered by a specialist anaesthetist.

General anaesthesia can make you feel drowsy afterwards. Nausea and vomiting are not uncommon and anti-nausea drugs will be available. Other short term side effects can include bruising, fatigue, headache, sore throat or sleep disturbance. You may experience other complications such as damage to the teeth, breathing problems or muscle pains.

Being placed prone can put pressure on parts of your body and you might notice some redness or bruising when you wake up, particularly on your hips, knees, shoulders, or chest. Your eyes and face may appear puffy or swollen.

While extremely rare, serious side effects such as severe allergic reaction, heart attack, stroke, seizure, lung damage, pneumonia, eye injury, damage to the vocal cords or infection exist. Remember that the risks of these more serious complications, including death, are very rare.

You are encouraged to ask your anaesthetist any questions you may have. They will be more than happy to answer them and discuss the best and safest plan for you and your surgery.

This pamphlet provides general information about anaesthesia for spinal surgery. It is not a substitute for advice provided by your specialist about your personal treatment plan. Every effort is made to ensure that the information is accurate and up to date. However, we do not guarantee or warrant the accuracy or completeness of the information provided. This information may change with time due to advancements in clinical research and knowledge. Use this pamphlet only in consultation with your specialist. We prefer our members to link to our website rather than print or republish our materials on your own website to ensure you have access to the most up-to-date version. For the latest version please visit the ASA Website. Last reviewed 12/03/24.

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