

Anaesthesia

The majority of spinal operations are performed under general anaesthesia, although nerve root blocks and facet joint injections usually take place under sedation, with only a light anaesthetic being administered. In the latter case, it is rare for the patient to lose consciousness.

Fitness for anaesthesia is broadly assessed at the initial consultation with Mr. Harding, when any existing medical problems can be discussed and assessed, especially those affecting the cardiovascular and respiratory systems. Routine investigations are arranged at this point, and specific problems relating to anaesthesia will be flagged up and relayed to myself. Occasionally, further specialized investigations are required, and, rarely, I will arrange a consultation with you if there are any specific risks that need discussing.

Where

You will be anaesthetised in the anaesthetic room, which is an annexe to the operating theatre itself. An intravenous cannula will be inserted into a vein in the hand, and this will then be the route of administration for the various drugs that comprise the anaesthetic. These will vary depending on your particular operation, but may include analgesics (pain-killers), anti-emetics (drugs that may reduce or prevent post-operative nausea and vomiting) and antibiotics. Following surgery, you will spend some time, usually about an hour, in the Recovery room adjoining the theatre suite. Once the Recovery nurses are happy that you are awake, your vital signs are stable and you are comfortable, you will be returned to your room.

You may eat and drink in the first few hours following surgery, although it is usually advisable to start by drinking water first, before progressing to a light diet.

Pain relief

Pain relief is provided by several means. A combination of different types of pain-killers is used to minimize post-operative discomfort. The mainstay drug is still morphine, but this is used in combination with paracetamol, non-steroidal drugs (such as Voltarol, Ibuprofen) and local anaesthetic used during surgery to 'freeze' the tissues. For more extensive surgery, an epidural may be inserted whilst you are asleep and used to control pain during the first 48 hours following surgery.

Occasionally a patient-administered infusion of morphine is used, and this involves an infusion pump containing morphine being connected to the intravenous infusion line ('drip'). This is activated by a simple handset and is useful in that you will be able to adjust the amount of morphine you receive to your individual requirement. The pump has safety features built in such that it is not possible to accidentally overdose on it.

Recovery

Modern anaesthetic agents wear off quickly and usually don't leave a 'hangover' effect, although most patients undergoing major surgery will, for a variety of reasons, not feel entirely themselves for a variable period of time.

Dr. Richard Dell MB.BS, FRCA

Dr. Dell trained at St. Bartholomew's Hospital, London, qualifying in 1986. Following a broad-based training both in Britain and Australia, he specialised in Anaesthesia in 1988, gaining experience in training programmes in London and the South-West of England. Following completion of his anaesthetic training, he spent a year at the Hospital for Sick Children, Toronto, specialising in anaesthetising children with spinal conditions. On his return to Britain, he obtained a Consultant post at Frenchay Hospital, Bristol in 2001. He continues to work there, specialising in anaesthesia for neurosurgery, and emergency and spinal surgery.