



CAPE ANAESTHETICS inc.

SPECIALIST ANAESTHESIOLOGISTS

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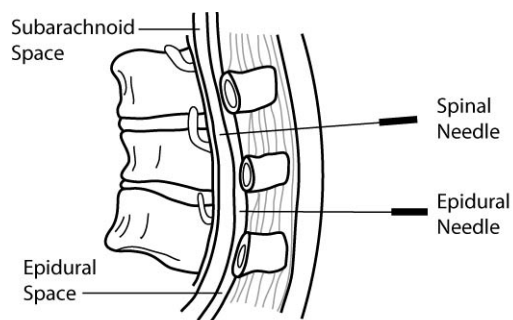
Spinal Consent Form

We would like you to please read the following form carefully. It contains important information about the Spinal Anaesthetic procedure, how it is performed and the possible risk factors to you and your baby.

Medical History

Please inform the anaesthesiologist of any medical illnesses and chronic medication that you take. It is vitally important to mention any bleeding disorders or if you are taking a blood thinning drug such as Warfarin, Aspirin, Ecotrin, Pradaxa, Clexane or any others.

What is a Spinal Anaesthetic?



Adapted from BMJ Publishing Group Limited (student.bmj.com)

The Spinal Anaesthetic will be performed by a specialist anaesthesiologist with several years of experience (this is a medical doctor who has

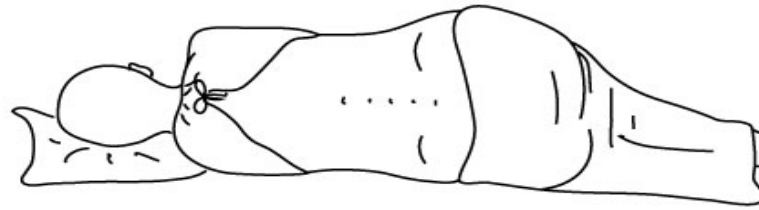
trained further, specifically in anaesthesiology and passed the qualification exams).

The anaesthesiologist will use a needle inserted into the lower back, through the dural layer, into the subarachnoid space and into the fluid that surrounds the spinal cord. Local anaesthetic is injected into this fluid, and mixes with it. This then temporarily numbs the nerves that are responsible for sensation of sharp pain during surgery.

How is a Spinal Anaesthetic performed?

You will be asked to sit on the bed with your legs resting over the side of it. An intravenous cannula (drip) will be inserted to allow fluid or medication to be administered. A blood pressure cuff, ECG stickers and clip on the finger to measure oxygen levels in your blood will be placed for your monitoring. The anaesthesiologist will clean your back with an antiseptic solution and you will then have to curve your back and lean forward to make it as rounded as possible. This helps to open up the spinal space at vertebrae L3 and L4 in your lower back.

Local anaesthetic is then injected to numb the skin in that area. This will sting slightly for a few seconds. The anaesthesiologist will then insert the spinal needle at the L3/L4 space and inject the local anaesthetic into the spinal fluid. A small plaster will then be placed over the site.



What will happen after the Spinal Anaesthetic is completed?

You will be asked to lie on your back and your hip will be slightly wedged up to ensure your baby doesn't compress the large blood vessels inside your abdomen.

The blood pressure will frequently inflate for closer monitoring. Your buttocks and legs will feel warm and tingly, followed by a very heavy feeling in your lower body.

A catheter will then be placed in your bladder by the nursing staff and surgery will begin once your level of numbness is adequate. The anaesthesiologist may spray small areas of your abdomen with a cold spray to check for sensation. You will not be able to properly move or feel your legs for up to 3 hours.

*****Please note: You will still be able to feel light touch, pressure and pulling during surgery. The Spinal Anaesthetic will only prevent the sensation of sharp pain and temperature.*****

Possible Risks and complications

Common

- A drop in blood pressure is commonly seen but it is usually minor.
- Nausea and vomiting may occur.
- Shivering is common and caused by altered temperature regulation

the other, but this is usually rectifiable by tilting your position slightly.

- There is no evidence to show that spinal anaesthesia is harmful to your baby, but general anaesthesia is definitely potentially harmful to both you and your baby. For this reason Spinal Anaesthesia is the recommended mode of anaesthesia for Caesarean Section.

Rare

- The tiny puncture wound in the spinal fluid sack may not heal closed immediately. This can lead to a severe headache (post dural puncture headache) but this is treatable.
- Epidural or spinal haematoma (blood in the epidural space or around the spinal cord area)
- Infection or meningitis
- Damage to a nerve near the spinal cord (usually minor and short in duration)
- The local anaesthetic may rise to a level that is too high and then a general anaesthetic will be needed.
- Spinal Anaesthetics have not been shown to cause chronic back pain but some stiffness and pain at the injection site may occur for a few days.
- Very rarely, the injection may not work at all and then a general anaesthetic is needed.

Payment

Please be advised that the anaesthesiologists are not employed by the hospital and so the bill for performing the Spinal Anaesthetic will be *separate*.

We do submit accounts to the medical aids but, depending on your cover, there may be a shortfall and payment of this will be your responsibility. If you would like a cost estimate or have any billing queries, please discuss these with the anaesthesiologist prior to the procedure.

If you are planning to have a Spinal Anaesthetic and are not yet admitted to hospital, please kindly contact Cape Anaesthetics Inc. for a cost estimate or any information queries.

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Medical Aid Details

Medical Aid:

Scheme:

Number:

Gap Cover: YES ___ NO ___

Consent

I hereby confirm that I have read and understood the information in this form and that I have been given an opportunity to have any questions answered by the anaesthesiologist.

I accept that payment for the procedure is ultimately my responsibility should my medical scheme not cover the full amount invoiced.

I hereby give my consent to receive a Spinal Anaesthetic. I am fully aware that I cannot be guaranteed an incident free anaesthetic but that every effort will be made to ensure that safe practices are followed.

Patients full name:

Patient's signature:

Date:

