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Spinal, epidural and nerve blocks

> **The short version.** A block numbs the part of you being operated on, so you need less general anaesthetic — or none at all. You may feel warmth, heaviness and numbness rather than nothing at all, and you may still feel pressure or tugging. It wears off over hours, and **you must not walk on a numb leg**.

The three common types

TYPE	WHAT IT INVOLVES
Spinal	A single injection of local anaesthetic into the fluid around the spinal cord, in your lower back. It gives a dense numb block from the waist down for a few hours. Used for caesarean section, hip and knee surgery, and many urological and lower-limb operations.
Epidural	A fine plastic tube (catheter) placed near the spinal cord, through which more local anaesthetic can be added — "topped up" — as needed. It can run for days, which is why it is used for labour, and for major abdominal or chest surgery where pain lasts longer than a single shot.
Peripheral nerve block	Local anaesthetic placed around a nerve in the arm, shoulder, leg or torso under ultrasound guidance. Often used with a catheter for shoulder or knee surgery, so the limb stays comfortable for a day or two after you go home.

What it feels like

- Warmth, then heaviness and numbness spreading over the area, usually within minutes.
- You will often still feel **pressure, pulling or movement** — that is normal. You should not feel sharp pain; tell us if you do.
- You can be awake for the operation, lightly sedated, or fully asleep. The block is what provides the pain relief afterwards.

While it is wearing off

- Your leg may feel heavy or unreliable for several hours. **Do not try to walk without help**, and do not put weight on a numb limb — you can injure it without noticing.
- Protect a numb arm or leg from heat, hot water bottles and pressure, and keep it supported as you were shown.
- You may not feel when your bladder is full, so you may need a catheter until the block has worn off. Tell staff if your lower back or bladder feels uncomfortably full and you cannot pass urine.
- A single-shot block usually lasts 12–24 hours. A catheter can be topped up or removed when the pain has settled.

> **Urgent — contact the hospital immediately if you develop:** new or worsening leg weakness, numbness around the groin or saddle area, inability to pass urine, loss of bowel control, or severe back pain. These are uncommon but must be assessed straight away, not in the morning.

Risks, honestly

- **It may not work completely** — this is not rare; we can supplement with other pain relief or convert to a general anaesthetic.
- **Low blood pressure** as the block takes effect, which we treat with fluids and medicine.
- **Headache** after a spinal or epidural (post-dural puncture headache): a severe headache, worse sitting or standing, better lying flat. Most settle with fluids, caffeine and simple pain relief; a persistent one can be treated with a blood patch. Tell us — it is treatable and should not be endured for a week.
- **Bruising or bleeding** around the injection site, and rarely a collection of blood near the spinal cord. This is why we ask in detail about blood thinners and antiplatelet medicines, including supplements.
- **Nerve damage** is uncommon. Most episodes are temporary tingling or numbness that recovers over weeks to months. Permanent nerve injury is rare. If you already have nerve disease, a narrow spinal canal, or previous spinal surgery, tell me, because it changes the decision.
- **Infection** at the site is very rare but serious; report redness, swelling, fever or worsening back pain.

Before the day

Tell me about every blood thinner and antiplatelet medicine, and every supplement — fish oil, garlic, ginkgo, turmeric, vitamin E — because the timing around a spinal or epidural matters. Also tell me about back surgery, scoliosis, a known narrow spinal canal, nerve disease, or a previous difficult or failed block.

On your phone: anaesthesia.herman.au/p/10
Prepared by Dr Herman Lim for patients of his anaesthetic practice · version 1.0, 27 November 2026.
Types, complications, consent requirements and the management of post-dural puncture headache follow ANZCA **PG03 Major regional anaesthesia and analgesia (2026 pilot)** and its background paper.
This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.

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