Epidural for Back Surgery
(Microdiscectomy, ALIF)

There are 2 options for your anesthetic for microdisc or ALIF back surgery. They are
general anesthesia or an epidural. Either is safe and proper for the surgery. The
differences will be talked about below. Your wishes and those of your surgeon are
important in choosing the type of anesthesia and pain relief you will receive. Your
medical condition will also affect the choice.

General Anesthesia

- You will be checked in by nurses. You will talk about your health and anesthesia
  plan with your anesthesia doctor.
- An IV will be placed in the pre-operative holding area.
- You will be brought back to the operating room (OR) after getting some sedation
  through your IV.
- Once in the OR you will move onto a bed and have monitors placed.
- We will verify your name, birthday, surgery, and allergies.
- You will take some deep breaths of oxygen. Next you will get some IV medicine
  that will make you sleep for your surgery. After falling asleep, a breathing tube
  will be placed. You will be moved onto your stomach.
- Your arm, neck, and legs will be well supported and cushioned.
- Once surgery is complete you will wake up. The breathing tube will be pulled.
  People often do not remember anything until the recovery room.
- Once in the recovery room, a nurse will help manage any issues that arise.

Epidural

- An IV will be placed in the pre-operative holding area.
- You will be checked in by nurses. You will talk about your health and anesthesia
  plan with your anesthesia doctor.
- An epidural is a small tube placed in the lower part of your back. It delivers
  numbing medicine to nerves. These nerves exit your spinal cord and go through
  the epidural space. When we deliver numbing medicine to the epidural space we
  make you “numb” from about the belly button down to your feet. This means you
  will not feel any of the surgery because you will be numb.
After that you will be moved to the block room. You will receive sedation when you have the epidural placed. You will be sitting up for placement. Before we place it, we put numbing medicine in the site where the epidural will be placed. You won’t feel the placement. That may burn a little bit. After that numbing medicine is placed, the epidural shouldn’t hurt.

We place the epidural catheter through a needle, but only a tiny tube is left in place. It is smaller than IV tubing. No needles are left in your back.

We will tape the tube in place. You will lie back down. It is okay to lie on your back after this is placed. We will put a numbing medicine through this catheter.

After the medicine is in, you will go to the operating room. In the OR you will help the nurses and doctors place you in a comfortable position. After that you will become quite sleepy with sedatives. Ideally, you will take a “nap” during the procedure. Most people do not remember anything after getting onto the OR table.

After the case is done you will head back to the recovery area. Often you can skip the first part of recovery and go right back to your room. That is because people wake up from sedation more quickly than they do from general anesthesia.

Risks for Either Anesthetic

- Both of these types of anesthesia are very safe and effective.
- With general anesthesia there may be a higher risk of nausea. You may also feel sleepy for a longer time.
- With epidurals there is always the risk of causing nerve damage, bleeding, infection, and a bad headache afterwards. The risk of these things is very small. We take a lot of safety measures to keep the risk low. In the recovery room, you will probably be awake faster than you would with a general, but have to wait a little bit for the epidural to wear off.
- Both anesthetics carry similar risks. Both are quite safe.