

EARLY AMBULATION AFTER SPINAL ANAESTHESIA IN CAESAREAN SECTION

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SUMMARY

100 obstetrical patients undergoing L.S.C.S. divided into two groups of 50 patients each comprised the material for the present study. All the patients were given spinal anaesthesia with a thin 24 S.W.G. needle. Group A patients were given complete bed rest while group B patients were made ambulant after 6 hours (they were allowed to sit on the bed). Incidence of post apinal headache, difficulty in micturation and breast feeding was noted. It was concluded that institution of bed rest should be abandoned as a prophylaxis against postspinal sequelae.

In a developing country like ours spinal analgesia still maintains its popularity. Post spinal headache is one of the most troublesome complications. Leakage of C.S.F. into extradural space leading to low tension of cerebrospinal fluid is a well established fact causing stretching of the nerve endings attached to dura and venous sinuses causing headache. To minimise the post spinal headache various methods have been advocated. However, the most convincing method to reduce the incidence of post spinal headache is the use of small gauge spinal needle. Tourtelotte et al, 1972; Thornberry, E.A. and Thomas, T.A. (1988).

The purpose of this study was to establish whether bed rest was beneficial in preventing post spinal headache in

obstetrical patients particularly after the use of 24 S.W.G. spinal needle. Difficulties with micturation or breast feeding associated with bed rest were also noted.

Material and Methods

100 patients undergoing L.S.C.S were divided into two groups of 50 patients each. Only thin patients were selected so as to avoid difficulties in the administration of spinal anaesthesia using thin bored needle i.e. 24 S.W.G. All patients were given atropine 0.6 mg. as premedication and a 500 cc. glucose of 5% solution before spinal block. Group A: patients were asked to remain in bed for 24 hours. Group B: patients were allowed only 6 hours bed rest, after that they were allowed to sit and feed their babies.

Approximately 48 hours after spinal block the patients were visited and details of any headache problems, with mictura-

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tion or breast feeding were recorded.

Observations

There were no significant differences between two groups in respect of age, parity. The incidence of headache and of problems with micturition or breast feeding or both are shown in Table I. None of the patients in any group got spinal headache. The difficulty in micturition was less in group B.

TABLE - I
INCIDENCE OF POST SPINAL SEQUELAE
IN PATIENTS IN GROUPS A & B

| | Group A (Bed rested) | Group B (Ambulant) |
|---------------------------------|-------------------------|-----------------------|
| Headache | 0 | 0 |
| Difficulty with micturition | 14 | 10 |
| Difficulty in breast feeding | 4 | 7 |

Discussion

Loss of C.S.F. via the dural puncture site is responsible for causing headache. Pickering G.W. (1984) some people have attempted to reduce C.S.F. loss by increasing the pressure within the extradural space with the application of abdominal binders, Kunkle, E.C. et al (1943) and by extradural infusion of physiological saline (Crawford, J.S. 1972). However the most convincing method to reduce the

incidence of post spinal headache is the use of small sized needles. By using 24 S.W.G. needle we could reduce the incidence of post spinal headache to 0%. Even the early ambulation does not have any effect on the incidence of post spinal headache.

Enforced bed rest in the early post partum period is a great inconvenience to nursing mothers. Difficulty with micturition common in the post partum period, is exacerbated by supine position. Some patients who were made ambulant complained of difficulty during breast feeding, not because of spinal anaesthesia but because of exhaustion and weakness.

So I have confirmed the usefulness of using a small sized spinal needle and it is very clear that the institution of bed rest should be abandoned as prophylaxis against spinal headache.

Bibliography

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