

Back Pain and Headache Frequency Following Spinal Anaesthesia versus General Anaesthetic for Caesarean Sections

Rahul Biswas*

Department of Anesthesia, Bharati Vidyapeeth Deemed University, Maharashtra, India

DESCRIPTION

In obstetrics, the most common procedure is a Cesarean Section (CS). Regional and general anesthesia's are two common types used in CS to ensure the safety of the fetus and mother as well as minimize pain during surgery. We want to see how common headaches and back pain are after regional anesthesia versus general anesthesia in our study. Cesarean area is one of the most widely recognized medical procedures overall and is the most well-known a medical procedure in obstetrics. Spinal and general anesthesia's are two common types of anesthesia used for CS. These procedures aim to minimize postoperative discomfort and pain as much as possible. Following a cesarean section, spinal anesthesia can result in two common complications Post-Operative Headaches (PDH) and back pain. Headaches are not uncommon after general surgery, but they are more common following spinal surgery. A common complication of general surgery, back pain occurs more frequently than headaches. Leakage of cerebrospinal fluid through a puncture hole in the membrane that surrounds the spinal cord results in spinal headaches, which typically begin two to three days after anesthesia. In terms of the type of anesthesia that was used the most frequently, spinal anesthesia was used by 230 patients (82%), while general anesthesia was only used by 49 patients (18%). Fentanyl was the most common anesthetic that was used during surgery. Back pain was found in 96 (34%) of the patients who had surgery, but it was not found in 183 (66%) of the patients. Acute back pain was reported by 13 (5%), dull pain by 20 (7%), diffuse pain by 16 (6%), localized pain by 17 (6%), and stabbing pain by 30 (11%) patients. There was also no

correlation between the type of anesthesia used and the frequency of headaches; patients who had headaches while undergoing general surgery were 41 percent, while spinal anesthesia was used by 56 percent, according to a P value of 0.051. Regional or general anesthesia are both options. Hemodynamic stability is better with general anesthesia than with regional anesthesia. All of our descriptive variables were subjected to descriptive analysis. Quantitative data were represented by the mean and standard deviation, while qualitative data were represented by percentages and frequencies.

The correlation between quantitative data was examined using the Chi-square test. By administering anesthetics through the spinal cord or the dura matter, regional anesthesia improves surgical outcomes by avoiding mechanical ventilation and reducing blood loss. However, both forms of anesthesia can result in complications in older people. After surgery, hypotension, pulmonary complications, and nausea and vomiting can all be exacerbated by general anesthesia. In cases of severe aortic stenosis and coagulation defects, regional anesthesia is contraindicated because it can result in hypotension during surgery, headaches, and neuronal injury. The choice of anesthetic for CS ensures the fetus's and the mother's safety. Although surgical procedures have become safer over time, there is still mortality and morbidity that can affect both the mother and the fetus. Postdural headache is a common iatrogenic complication of spinal anesthesia and is caused by a leaky cerebrospinal fluid and an accidental dural puncture. Despite the fact that the majority of the participants received regional anesthesia, there is no correlation between the anesthetic procedure and the occurrence of back pain or headaches.

Correspondence to: Rahul Biswas, Department of Anesthesia, Bharati Vidyapeeth Deemed University, Maharashtra, India, E-mail: rahulbsw0098@gmail.com

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