

Frequency of Back Pain and Headaches After Spinal Anesthesia Versus General Anesthesia for Caesarean Sections

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COMMENTARY

In the field of obstetrics, Cesarean Section (CS) stands as the most prevalent procedure, with anesthesia being a crucial aspect to ensure both maternal and fetal safety while minimizing pain during surgery. The two primary types of anesthesia used in CS are regional and general anesthesia. Our study aimed to investigate the occurrence of headaches and back pain following regional anesthesia versus general anesthesia in Cesarean Sections.

Cesarean Section is globally recognized as a common medical procedure, particularly in obstetrics. The two main types of anesthesia employed in CS are spinal and general anesthesia, both designed to alleviate postoperative discomfort. Spinal anesthesia, however, can lead to two common complications: Post-Operative Headaches (PDH) and back pain. Headaches, more frequent after spinal surgery, often result from the leakage of cerebrospinal fluid through puncture holes in the spinal cord membrane. Following anesthesia, these headaches typically manifest within two to three days. Back pain, a prevalent issue after general surgery, occurs more frequently than headaches.

In our study, spinal anesthesia was administered to 230 patients (82%), while only 49 patients (18%) received general anesthesia. Fentanyl was the most commonly used anesthetic. Back pain was observed in 96 patients (34%), with varying characteristics such as acute, dull, diffuse, localized, or stabbing pain. However, there was no significant correlation between the type of anesthesia and the occurrence of headaches; 41 percent of patients experienced headaches with general anesthesia, compared to 56 percent with spinal anesthesia (P value=0.051).

Both regional and general anesthesia options exist for Cesarean Sections. General anesthesia offers better hemodynamic stability than regional anesthesia. Although regional anesthesia, administered through the spinal cord or dura mater, improves surgical outcomes by eliminating the need for mechanical ventilation and

reducing blood loss, it can still pose complications, especially in older patients. General anesthesia can exacerbate post-surgical issues such as hypotension, pulmonary complications, and nausea and vomiting. In specific cases, like severe aortic stenosis and coagulation defects, regional anesthesia is contraindicated due to the risk of hypotension, headaches, and neuronal injury.

The choice of anesthesia in CS is pivotal for ensuring the safety of both the mother and the fetus. Despite advancements, surgical procedures still carry risks. Postdural headache, a common complication of spinal anesthesia, arises from cerebrospinal fluid leakage due to accidental dural puncture. Interestingly, our study found no significant correlation between the type of anesthesia and the occurrence of back pain or headaches, emphasizing the complexity of these complications in the context of Cesarean Sections.