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3rd YEAR

SUBJECT:Principles of Anaesthesia II

TOPIC:Backache

Introduction

- Post-operative backache is a relatively common but often overlooked complication following anaesthesia, especially regional techniques.

- It can affect patient satisfaction and recovery, even though it’s usually self-limiting.

Incidence

- Reported in up to 25% of patients after spinal or epidural anaesthesia.

- Less commonly associated with general anaesthesia unless positioning or other factors are involved.

Causes

a) Regional Anaesthesia Related

Multiple attempts at spinal/epidural needle insertion

Injury to ligaments, muscles or intervertebral structures

Local bleeding or haematoma

Use of large or traumatic needles

b) General Anaesthesia Related

Poor positioning during surgery (hyperextension, inadequate padding)

Long-duration surgeries causing strain on muscles or joints

Risk Factors

- Pre-existing back problems
- Obesity
- Inadequate muscle relaxation during positioning
- Prolonged surgery
- Use of hard or unpadded operating tables

Clinical Features

- Dull, aching pain in the lower back
- Usually starts within 24–48 hours post-op
- May radiate to buttocks or thighs but typically no neurological deficits

Prevention

- Proper positioning with adequate padding and support
- Minimizing needle passes during regional anaesthesia
- Using appropriate needle size and technique
- Preoperative identification of patients with back pain history

Management

- Reassurance – Most cases are mild and self-limiting
- Analgesics – NSAIDs or paracetamol for pain relief
- Physiotherapy if symptoms persist
- Rarely requires imaging unless symptoms worsen or persist beyond 1–2 weeks

THANK YOU