

Dr. Muir of Dalhousie University in Canada, mentions the following in her review( [\[i\]](#) ):  
"neurologic problems ranging from headache to paralysis" and she includes adhesive arachnoiditis in her list.

### SHORT-TERM COMPLICATIONS: ( [\[ii\]](#) )

- Post dural puncture headache (commonest)
- Total spinal anaesthesia
- Meningitis (infective or chemical)
- Extradural haematoma
- Extradural abscess
- Anterior spinal artery syndrome (paraplegia)
- Intravascular injection
- Cauda equina syndrome(CES)
- Transient radicular irritation(TRI)
- Cranial nerve lesions/Horner's syndrome (v. rare)

Hampl et al( [\[iii\]](#) ) suggested that transient neurologic symptoms are "common after spinal anesthesia" and may occur in up to "one third of the patients receiving 5% lidocaine."

Dahlgren ( [\[iv\]](#) ) wrote about Transient Radicular Irritation(TRI) having an incidence of 15-37% in those patients receiving lidocaine, procaine and mepivacaine (but not bupivacaine). He ascribes the symptoms to hemolyzed blood in the subarachnoid space.

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[\[i\]](#) Muir HA Department of Anaesthesia, Dalhousie University, Nova Scotia, Canada, "Epidural Misadventures; A review of the risk and complications."

[ii] With reference to: University of Queensland Internet site &quot;Neurological Complications of epidurals&quot;

[iii] Hampl KF, Schneider MC, Pargger H, Gut J, Drewe J, Drasner K *Anesth Analg* 1996 Nov;83(5):1051-4 A similar incidence of transient neurologic symptoms after spinal anesthesia with 2% and 5% lidocaine.

[iv] Dahlgren N, *Acta Anaesthesiol Scand* 1998 42(4):389-390 Lidocaine toxicity: a technical knock-out below the waist?