# Epidural Pain Relief (Post-Operative)

**Royal Hospital for Women** **July 2017**

### What is an epidural?

An epidural is an injection of local anaesthetic or pain-relieving drugs (or both) into the lower back to block the nerves that come from the abdomen and the surrounding organs and muscles.

### An Anaesthetist:

An anaesthetist will insert your epidural. An anaesthetist is a medical doctor who requires an additional 5-7 years of post-graduate training and exams to qualify as a "specialist anaesthetist". The RHW has both specialist anaesthetists anaesthetist in training, known as a registrars. You may choose to have the anaesthetic specialist to attend you, this however will incur an additional cost.

### Insertion of an epidural:

Before the operation, while you are in the anaesthetic bay, your anaesthetist will ask you to sit up or lie on your side. An intravenous "drip" will be inserted into your arm which is necessary for hydration. The anaesthetist will explain the procedure to you. A small amount of local anaesthetic is injected under the skin on your lower back, then the epidural catheter is placed into your lower back via a needle. The needle is then removed and the epidural catheter is left in the lower back and is taped to your back. It is important to keep still at all times during the insertion.

### How we use an epidural:

The choice of anaesthetic will be decided by you and your anaesthetist based on your individual needs. The technique will be fully explained to you prior to the procedure.

You may be offered a general anaesthetic (GA) where you will be asleep for the whole procedure of you may be offered neuraxial anaesthesia (e.g. spinal or epidural) where you will be awake and relaxed but be completely numb and pain free in the lower abdomen, legs and feet, for the whole procedure. Sometimes an anaesthetist will insert an epidural prior to a GA. In this case the intention of the epidural is for post-operative pain relief.

After your anaesthetic you will need ongoing pain relief. There are many ways we can achieve this. For the purposes of this fact sheet we will focus on the use of epidural for ongoing pain relief.

If you have had a general anaesthetic (plus insertion of an epidural) or neuraxial anaesthesia you may be given the option of epidural pain relief. There are two different ways we can achieve this:

1. **Continuous epidural infusion**: after the operation pain relieving drugs will be administered through the epidural catheter which may continue from a few hours to several days. Whilst you are receiving the epidural pain relief you will be closely monitored by registered nurse/midwife to ensure you are receiving adequate pain relief and are being observed for any complications.

2. **Single injection of an opioid medication (e.g. morphine or fentanyl)**: toward the end of the procedure your anaesthetist will inject a small amount of opioid into the epidural space. In Recovery the nurse will remove the epidural catheter. The opioid medication will start to work soon after and will provide pain relief for up to 24 hours. You will be closely monitored by the registered nurse to ensure you are receiving adequate pain relief and are being observed for any complications.

## Potential complications:

Minor

- A decrease in blood pressure which can be treated with intravenous fluids
- Legs that feel heavy, weak and numb. This means you will have to remain in bed following insertion of the epidural and until you have gained full feeling in your legs
- You will require a bladder catheter as you will find it difficult to pass urine
- Shivering
- Itching
- Backache – for a day or two afterwards due to bruising from the needle. There is no association with long-term back pain from epidurals

Serious

- Headache – may be seen in about 1 in 100 women with an epidural following an accidental dural puncture (puncture of sac of fluid around the spinal cord). Approximately 48% of the women will have a headache from day 1 to 1 week if they have suffered a dural puncture.
- "Spinal block" resulting in a fall in blood pressure, a decreased level of consciousness and difficulty breathing may be seen. To avoid this the anaesthetist will give a test dose to ensure the epidural catheter is in the right position.
- Nerve damage – affects 1 in 3,000 women (with or without an epidural) with temporary nerve damage resulting in some leg weakness and /or a patch of numbness. Virtually all of these cases heal spontaneously within 4-5 weeks. Permanent nerve damage is rare.
- Abscess/Haematoma – is a collection of pus or blood in the epidural space that can cause nerve damage. This is very rare affecting about 1 in 100,000 women.
- Paraplegia – the incidence of paraplegia in modern practice is now so rare and would be less than 1 in a million.

**TALK TO AN ANAESTHETIST AND ASK QUESTIONS**

You may write down any questions you have at the end of this page.

I _____have read this information and I understand what an epidural entails.

Please note: Signing this form does not make an epidural block compulsory nor will one be performed on you without your agreement.

**SIGNATURE _____**

Endorsed 20/07/2017. Reviewed by consumers in development stage February 2017. Should you wish to discuss any aspect of this information please send an email RHWfeedback@sesiahs.health.nsw.gov.au