

Epidural analgesia

Pain relief is important. It helps to reduce complications and can reduce the length of time you stay in hospital. Epidural analgesia is a form of pain relief that can be very effective.

This leaflet will give you information about the risks and benefits of epidurals so that you can make an informed choice, following discussion with your medical team.

What is an epidural and how does it work?

An epidural involves injecting drugs into an area called the epidural space, which surrounds the spinal cord.

A fine plastic tube (catheter) is inserted into the epidural space in your back by an anaesthetist. Nerves pass across this space. Local anaesthetics and morphine-like drugs are injected down the tube. Local anaesthetics work by blocking the nerves which convey the feeling of pain. Morphine-like drugs are strong painkillers which work in a different way. Using the two together means we can get the benefit of both, without using as much of either.

These drugs can be given continuously, thereby giving consistent pain relief - for instance after an operation. When the drugs are discontinued, full sensation is restored within a few hours.

Can anyone have an epidural?

There are certain conditions where your anaesthetist may be unwilling to consider epidural pain relief. Blood clotting abnormalities, dehydration, certain heart conditions, infection of the skin of your back, allergy to any of the drugs or deformities of the spine are some of the conditions where epidurals may not be advisable.

Alternatives will be suggested by your anaesthetist should you decide against an epidural.

What will I feel?

The local anaesthetic stings briefly, but allows the procedure to be carried out more comfortably.

Occasionally, you may get an electric shock-like feeling or tingling sensation in your back, trunk or legs during insertion of the needle or catheter tube. This should wear off quickly.

Insertion of an epidural catheter should not be painful, although it may be uncomfortable. If you feel pain, tell the anaesthetist. You can help by keeping very still.

What are the benefits of an epidural?

- Better quality pain relief than other methods, particularly when you cough or move.
- Less drowsiness and nausea compared to other methods of pain relief.
- Possible reduced length of stay in hospital.

How long will I need to have the epidural?

This varies enormously and depends on your condition. The epidural will be discontinued when it is no longer required for pain relief. The amount of drug being given by the pump will be gradually reduced. You will then receive an alternative method of pain relief.

The epidural catheter is usually removed a few hours after the pump is stopped.

What are the risks and complications?

Minor side-effects can occur and are usually easy to treat. Serious complications are very rare.

Epidural failure

Sometimes pain relief is not adequate, despite careful management. If this happens, you will either be offered a repeat insertion of a new epidural, or an alternative method of pain relief.

Low blood pressure

Whilst the epidural is working, your blood pressure will be monitored regularly by nursing staff (low blood pressure caused by the epidural is easily treated with intravenous fluids and/or drugs).

Feeling sick and vomiting

These problems are less common with an epidural than with other methods of pain relief and can be treated with anti-sickness drugs.

Inability to pass urine

This can occur because the nerves to the bladder are numbed. You may require a tube to be passed into the bladder (urinary catheter) to drain the urine away. It is common to have such a catheter following major surgery.

Headache

Mild headaches are fairly common after any type of surgery. Occasionally, a spinal fluid leak can result in a particular type of headache. This headache can vary from mild to severe and may require further treatment measures. Your anaesthetist can give you more information.

Itching

This can occur as a side-effect of the morphine-like drugs. Certain drugs can be used to treat the itching. Alternatively, the morphine-like drug can be removed from the epidural.

Leg weakness (heavy legs)

This is fairly common and can vary in severity. If it is causing a problem, the epidural can be adjusted to make your legs more mobile. It will go away when the epidural is stopped.

Backache

It is common to have a bruised feeling in the area where the epidural was inserted. This will settle and is unlikely to cause long-term problems.

Uncommon complications

Infection

Should the catheter entry site on the skin become infected, the catheter will be removed and antibiotics given as necessary.

Rare complications

Temporary or permanent damage to nerves can occur following an epidural, but this is exceedingly rare. Ask your anaesthetist if you require further information on these complications.

Summary

An epidural can provide a safe effective form of pain relief. Risks and complications may occur. Knowing about them will help you make an informed choice about your chosen method of pain control and will also help with early detection and treatment.

If you have any queries, or require further information, please speak to your anaesthetist.

Your ward nurse will also be happy to discuss your pain relief with you and contact a member of the Acute Pain Team should further advice be necessary.

Useful website

<http://www.rcoa.ac.uk/document-store/epidurals-pain-relief-after-surgery>