

A Guide for Patients and Families

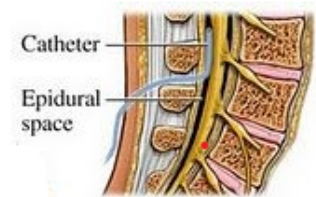
Epidural Analgesia

What is epidural pain relief?

Epidural is a common form of pain relief method amongst mothers delivering babies in hospital settings. It is also used to provide pain relief after some types of surgery.

How is epidural administered?

A fine and thin tube (catheter) is inserted into your back via a needle to reach a bundle of nerves supplying pain and touch sensation to your surgery site. Epidural can be used for pain relief for most operations on the chest, abdomen and the legs all the way down to your feet.



When is the epidural administered?

The anaesthetist will administer the epidural before the start of your surgery, while you are awake or lightly sedated. In a small proportion of cases, epidural may be performed under general anaesthesia provided you consent to do so before surgery.

You will be asked to lie down on your side or sit up for the procedure. Local anaesthetic will be given to numb your back before the epidural tube insertion. A fluid drip will also be set up in your hand or arm before the procedure.

How do I get pain relief?

Pain medication is injected through the fine tube via an epidural pump. The medication is a combination of local anaesthesia and morphine-like drugs. It numbs the nerves to stop post-operative pain. Epidural may be used during the surgery and later on continued after the operation. The pump is electronically driven and carefully programmed by your anaesthetist.

What are the benefits of an epidural?

- Good pain relief without undue drowsiness.
- Reduced need to administer intravenous morphine-like medication.
- Reduced risk of developing chest infections because you are able to cough effectively and breathe deeply.
- Less nausea and vomiting.
- Early eating and drinking depending on the type of surgery.
- Early "out of bed" activity with comfort as early walking prevents clotting of blood in your legs.
- Active participation in physiotherapy for rehabilitation.
- Faster return of normal function resulting in a shorter hospital stay.

What are the side effects of epidural pain relief?

- Numbness, heaviness and sometimes weakness in the legs.
- Itching, nausea and vomiting due to morphine-like drugs in the epidural medication.
- Inability to pass urine may be the direct result of epidural medication.
- Temporary soreness at the site of epidural injection.

All the above-mentioned side effects are treatable and must be reported to your healthcare provider as soon as you experience them.

What are the possible risks and complications with an epidural?

Partial or inadequate pain relief

If the epidural is found to be ineffective, the catheter tube will be removed and you will receive some other form of pain relief.

Dural puncture

In 1:100 cases, the fluid sac of your spine may be accidentally punctured by the epidural needle. This may result in severe headache, which is treatable. When this happens, another epidural will be performed, and some of your own blood will be injected into your back to plug the puncture.

Numbness and dizziness

Numbness and tingling around the lips, dizziness or light-headedness should be reported to ward staff immediately. Dizziness may be the result of slight drop in your blood pressure. Tingling around your lips and numbness could be due to the absorption of local anaesthesia into your blood.

Very rare complications include nerve injury (1:100,000 chance), fits and convulsions, severe breathing difficulty, epidural infection or blood clots. Long term backache is not commonly associated with epidural use.

Who will look after me in the ward?

Ward nurses will monitor you for pain, breathing, blood pressure, heart rate and temperature. You will also be monitored for itch, nausea, vomiting and excessive drowsiness. You will be reviewed by the pain team daily and they will ask you about your pain relief and satisfaction with the epidural.

When do you stop the epidural?

Normally an epidural stays for between two to four days or longer if necessary. It will be removed once you no longer need it and you will be given oral painkillers.

Who is not suitable to have an epidural?

There are a few conditions that should not get an epidural. We strongly advise you to inform your anaesthetist if you are:

1. Taking blood thinning medication such as aspirin and warfarin.
2. Having blood clotting disorders.
3. Allergy to local anaesthetic.
4. Having serious blood infection.

Please inform your anaesthetist if you suffer backache before the operation so that it can be documented in your case notes.

What if I decide NOT to have an epidural?

The epidural procedure is performed only with your consent. If you decline an epidural, we will offer other forms of pain relief. Oral painkillers, local anaesthetic infiltration, short acting nerve blocks and intravenous morphine-like medications are some of the available options.

Maintenance of epidural pain relief

Please inform the ward staff if your pain is not controlled to your satisfaction or you experience side effects. You will be given oxygen. To prevent falls, please inform us if you wish to get out of bed. Your legs may be slightly numb or weak because of the epidural and the nursing staff will help you sit out of bed if it is safe to do so.

If you have further questions about epidural pain relief, please call your respective healthcare provider during office hours or speak to your anaesthetist on the day of operation.