Epidural Anaesthetic

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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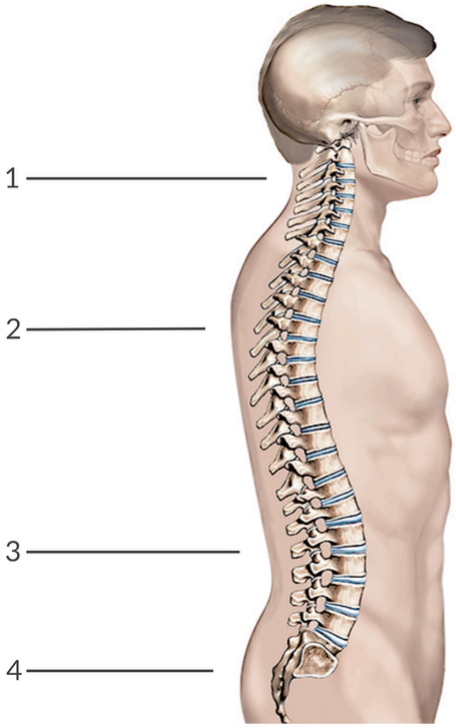
What is an epidural anaesthetic?

An epidural anaesthetic involves injecting local anaesthetics and other painkillers into the epidural space (an area near your spinal cord). This numbs your nerves to give pain relief in certain areas of your body.

Different types of epidural



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1. Cervical
2. Thoracic
3. Lumbar
4. Caudal

What will happen if I decide not to have an epidural?

There may be clinical reasons not to use an epidural, such as having an allergy to the type of anaesthetic or materials used, or an infection at the site where the epidural catheter will be inserted.

If you decide not to have an epidural, your anaesthetist may suggest other methods of pain relief.

How is an epidural given?

To insert the epidural catheter, your anaesthetist will ask you to either sit up or lie on your side.

Your anaesthetist will insert the epidural catheter using a needle.

Your anaesthetist will inject a small amount of anaesthetic through the catheter to check the position. Once they have completed this check, they will give more of the anaesthetic until the epidural is working properly.

The effect of the epidural can be varied by changing the type and amount of medication given. The more anaesthetic you are given, the more numb you will be.

How can I prepare myself for the procedure?

Keeping warm

It is important to keep warm around the time of the procedure. The healthcare team will take steps to keep you warm when you are having the procedure.

The hospital may be colder than your home, so bring extra clothing or a dressing gown.

Lifestyle changes

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help you prepare for the procedure, help you recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had an epidural anaesthetic. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some

risks are higher if you are older, obese, have other health problems or you smoke. Health problems include diabetes, heart disease or lung disease.

A serious complication happens in about 1 in every 10,000 epidurals. There is a small risk of significant permanent harm from an epidural.

- The epidural not working properly.
- Low blood pressure. The risk depends on your medical condition, the site of the epidural and the surgery being performed.
- Headache. There is a particular type of headache that can happen after an epidural if the fluid around your spinal cord leaks.
- Shivering after your procedure.
- Allergic reaction to the equipment, materials or medication.
- Respiratory depression, where your breathing slows down too much.
- Itching. The itching always goes away.
- Difficulty passing urine. You will usually have a catheter (tube) in your bladder to help you to pass urine.
- Temporary leg weakness.
- Backache. It is common to have a bruised feeling for a few days where the epidural was inserted.
- Seizures caused by the local anaesthetics.
- Unexpected high block, if the local anaesthetic spreads beyond the intended area. This can make it difficult for you to breathe, cause you to have low blood pressure and cause you to become unconscious.
- Infection around your spine causing permanent damage.
- Cardiovascular collapse (where your heart stops).
- Nerve damage. Sometimes the damage can be permanent.
- Blood clot around your spine.
- Damage to nerves supplying your bladder and bowel.
- Paralysis or death.

Late complications

A complication may happen after the epidural has been removed.

- Pus, redness, tenderness or pain.
- A high temperature.
- Feeling unwell.
- Discomfort when in a bright room or sunlight.
- Neck stiffness.
- Difficulty moving or feeling your legs.
- Difficulty passing urine.
- Bowel incontinence.

What happens after the procedure?

An epidural can affect your reactions. Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) until you have fully recovered feeling, movement and co-ordination.

Summary

An epidural anaesthetic can be used for most people, usually giving a safe and effective form of pain relief both during and after a procedure.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

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Illustrator

