

# Epidural pain relief (Post-operative)

May 2024

## 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 go to 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 and anaesthetists-in-training, known as registrars. You may choose to have the anaesthetic specialist attend to 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” is necessary for hydration. The anaesthetist will explain the procedure to you and gain your consent.

A small amount of local anaesthetic is injected under the skin on your lower back, then the epidural catheter is placed into the epidural space via a needle.

The needle is then removed, and a soft catheter (fine tube) is left in the epidural space and is taped to your back.

It is important to always keep still during the insertion.

A bladder catheter is recommended as you will find it difficult to pass urine.

## After Insertion of the epidural

An epidural may be used for either Anaesthesia or post operative pain relief or both.

### Anaesthesia during the operation:

If an epidural is used for anaesthesia, a solution of local anaesthetic will be injected into the epidural space which will make your lower abdomen, legs and feet completely numb and pain free.

### Post operative pain relief:

If the epidural is to be used ONLY for post operative pain relief, you will be given a general anaesthetic for your operation where you will go to sleep. The epidural will be used later.

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 nurses to ensure you are receiving adequate pain relief and are observed for any complications.

## Potential complications

### Minor

- A drop in blood pressure which can be treated with intravenous fluids.
- Your legs may 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.
- Shivering, which is a frequent and expected minor complication that resolves with time.
- Itch, sometimes the medication may make you itchy.

- Localised soreness or some minor bruising on your back for a day or two afterwards. There is no association with long-term back pain and 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 80% of these women will have a headache within 1 day to 1 week of the epidural.
- “Spinal block” - resulting in a drop 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 – rare complication and is usually temporary such as a patch of numbness. Mostly heals spontaneously within few 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 very rare and is 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 the risks and benefits of an epidural.

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

SIGNATURE \_\_\_\_\_

Approved by District DTC 02/11/2023 & endorsed at Gynae Quality Committee. Reviewed by APS, September 2023.  
Reviewed by clinicians and consumers in development stage.

Should you wish to discuss any aspect of this information please send an email to [RHWfeedback@health.nsw.gov.au](mailto:RHWfeedback@health.nsw.gov.au)