

Patient Information Leaflet

Epidural Your Choice



As a teaching hospital, we conduct education and research to improve healthcare for our patients. During your visit students may be involved in your care, or you may be asked to participate in a clinical trial. Please speak to your doctor or nurse if you have any concerns.

Chief Executive: Joe Harrison
Chair: Alison Davis

What is an epidural?

An epidural is the most effective pain relief during labour that we can offer. A needle is used to insert a small plastic tube in the lower part of your back near the nerves that carry the pain sensation of labour. It takes about 20 minutes to do an epidural and another 20 minutes for the medications to take effect.

The plastic tube is left in place during your labour and can be used to give continuous pain relief in the form of local anaesthetic or a combination of a local anaesthetic and a small amount of the strong opioid. The dose of the anaesthesia can be adjusted so that you can still feel your contractions, but they will not be painful, and you will be able to push when the time comes. Once your baby is delivered and the plastic tube is removed it can take up to 4-6 hours for all sensations to return to normal.

Who will perform the epidural?

All epidurals are performed by doctors called anaesthetists. They are trained in providing pain relief and anaesthesia for surgery.

Before the epidural is put in the anaesthetist will ask about your general health, current pregnancy and if you are on any medication. Then they will describe the procedure, discuss risks and benefits, and obtain consent. You will be able to ask questions and voice your concerns.

Can anyone have an epidural?

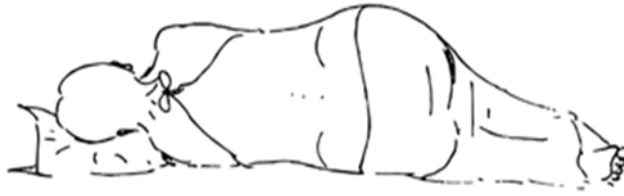
Almost every woman can have an epidural. However, there are certain medical conditions or medications that can make an epidural difficult or risky to insert. This would require a discussion with an anaesthetist.

There are other pain relief options when you are in labour, and you can request an epidural at any time.

We will endeavor to site an epidural as soon as possible. However, on some occasions there may be a delay if an anaesthetist is busy with other patients or there is no available midwife for one-to-one care.

How is an epidural given?

- First a cannula is placed in your arm to allow for the fluid and medications to be given into your veins.
- Vital observations, like blood pressure and heart rate will be taken.
- You will be asked to sit up or lie on your side, bending forwards to curve your back.
- Your back will be cleaned with an antiseptic.
- It is important that you try to keep as still as possible while the epidural is being done. We appreciate that it can be difficult while a contraction is occurring.



- Local anaesthetic is injected into the skin in the middle of your lower back to numb the skin. It briefly stings but then you should only feel pressure where the epidural needle is inserted.
- When the needle is in the correct position a thin plastic tube (catheter) is passed through it into the epidural space. The needle is then removed, leaving only the catheter in your back.
- You should tell your anaesthetist if you feel any pain or pins and needles in your legs or bottom.
- The plastic tube (catheter) stays in place for the duration of your delivery and is secured with tape.
- A low dose anaesthetic mixture medication is given as labour pain relief. It takes about 20 minutes for these medications to start working.
- If the epidural is patchy, one sided or not relieving pain then it may need to be replaced.

Advantages of an epidural

- Usually provides excellent pain relief.
- Sometimes a spinal block can be given first for a quicker effect.
- The dose or type of local anaesthetic can be adjusted according to your clinical needs.
- Epidurals do not affect your baby directly.
- Epidurals can be topped up to give you an anaesthetic for a caesarean section, forceps delivery or any other surgery you may require following delivery.

Things an epidural does not make a difference to

- With an epidural, you do not have a higher chance of needing a Caesarean section.
- There is no greater chance of long-term backache. Backache is common during pregnancy and often continues afterwards. You may have a tender spot in your back after an epidural which, rarely, may last for months.

Understanding risks

Side effects of an epidural

Common

Your legs may feel weak while the epidural is working.

You will probably need to have a tube (catheter) passed into your bladder to drain urine.

You may feel itchy.

You have more chance of having low blood pressure.

Uncommon

Severe headache which requires further treatment.

Slow breathing due to the drugs used in the epidural requiring treatment.

The needle or epidural catheter can damage nerves. This can give loss of feelings or movement in a large or small area of the lower body. In most people this gets better after a few days, weeks or months.

Problems specific to labour epidural

- Repeated top-ups with stronger local anaesthetic may cause temporary leg weakness and increase the risk of forceps or ventouse delivery.
- The epidural may slow down the second stage of labour slightly.
- You may develop low blood pressure, itching or a fever during the epidural.
- The epidural site may be tender but usually only for a few days. Backache is NOT caused by epidurals but is common after any pregnancy.

Summary of risks associated with having an epidural and/or spinal

Type of Risk	How often does this happen?	How common
Itching		Common
Drop in blood pressure	1 in every 50 women	Occasional
Not working well enough to relieve pain	1 in 8 women	Common
Needing a general anaesthetic for a caesarean section if epidural not working well enough	1 in 20 women	Sometimes
Severe headache	Spinal: 1 in every 500 women Epidural: 1 in every 100 women	Uncommon
Nerve damage: patches of numbness or leg weakness	1 in 1000 in women	Rare
Effects lasting 6 months	1 in 13000 women	Rare
Severe injury including paralysis	1 in 250000 women	Extremely Rare
Epidural abscess (infection)	1 in every 50000 women	Rare
Meningitis	1 in every 100000 women	Extremely Rare



Caption

If you have received an epidural and you are concerned that you may have one of the side effects such as severe headache or nerve damage, please contact the anaesthetist on 01908660033, bleep 1876

References:

Epidural Pain Relief, Royal College of Anaesthetist Fifth version 2020
<https://rcoa.ac.uk/patient-information>

Epidural Information Card, Labour pains, March 2021 Edition
<https://www.labourpains.com/Epidural-Information-Card>