

Information for patients and visitors

Post epidural Infusion or Injection Instruction Leaflet

**Anaesthetics / Surgery and Critical Care
Deputy Chief Executive's Office & Directorate of Operations**

**This leaflet has been designed to
give you important information
following your epidural insertion.**



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Introduction

This leaflet has been designed to give you information to help you to identify any issues following epidural analgesia. Serious complications from epidural analgesia are rare (1 in 10,000). Because the epidural space is close to the spinal cord a collection of pus or blood can cause pressure on the spinal cord. In the unlikely event that there is pressure on the spinal cord it is crucial to diagnose and treat it as quickly as possible; this must be done by expert hospital doctors to initiate treatment and prevent long lasting damage. This leaflet tells you what to look for and what action you need to take if you have a problem.

Assessment before the removal of the epidural catheter

At the end of treatment with your epidural infusion the Doctors and nurses caring for you will examine you to ensure that you do not have any residual numbness or weakness of your legs and examine you to make sure that the sensation in your legs is as it was before your admission. It is important to remember that some operative procedures can cause altered sensation in the legs. Therefore any changes experienced may be as a result of the surgery and not the epidural.

If you experience any signs and symptoms (listed below) as an inpatient after your epidural infusion has been stopped inform the nurse looking after you, who will contact the Acute Pain Team or the on call anaesthetist immediately.

If you have been discharged and these signs and symptoms occur it is important you must attend the A&E department of your closest hospital. State that you have had a recent epidural. They will contact an anaesthetist to review you.

Signs and Symptoms

- Redness, tenderness, or pain at the epidural wound site
- Feeling generally unwell despite the fact that all seems well with the surgical wound
- High temperature, neck stiffness
- Numbness and or weakness in your legs/inability to stand up
- Difficulty passing water / incontinence of faeces

Further information

For further information on this subject, please contact the Acute Pain Specialist Nurse for your relevant hospital with in this trust:

Grimsby 03033 304422 – Ask for Acute Pain Specialist Nurse.

Scunthorpe and Goole 03033 302541– Ask for Acute Pain Specialist Nurse.



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Reference section

Royal College of Anaesthetists' 3rd National Audit Project (NAP3): <http://www.rcoa.ac.uk/nap3>

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: nlg-tr.PALS@nhs.net

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.

Northern Lincolnshire and Goole NHS Foundation Trust

**Diana Princess of Wales Hospital
Scartho Road
Grimsby
DN33 2BA**

**Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH**

**Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX**

03033 306999

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