Epidurals for Pain Relief after Surgery

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

This leaflet is for anyone who may benefit from an epidural for pain relief after surgery. We hope it will help you to ask questions and direct you to sources of further information.

Information for patients and visitors

This booklet explains what to expect when you have an epidural catheter placed for pain relief after your operation. It has been written by patients, patient representatives and anaesthetists, working in partnership.

Throughout this booklet we use these symbols:

 To highlight your options or choices.

 To highlight where you may want to take a particular action.

 To point you to more information.

Introduction

This leaflet describes what happens when you have an epidural, together with any side effects and complications that can occur. It aims to help you and your anaesthetist make a choice about the best method of pain relief for you during and after your surgery.

What is an epidural?

The nerves from your spine to your lower body pass through an area in your back close to your spine, called the "epidural space":

- To establish an epidural an anaesthetist injects local anaesthetic through a fine plastic tube (an epidural catheter) into the epidural space. As a result, the nerve messages are blocked. This causes numbness, which varies in extent according to the amount of local anaesthetic injected
- An epidural pump allows local anaesthetic from a bag to be given continuously through the epidural catheter
- Other pain relieving drugs can also be added to this bag in small quantities
- The amounts of drugs given are carefully controlled
- You may be able to press a button to give a small extra dose from the pump. Your anaesthetist will set the pump to limit the dose which you can give, so overdose is extremely rare
- When the epidural is in progress loss of feeling to the surgical area should occur, this will return when the epidural is stopped
- Epidurals may be used during and / or after surgery for pain relief

How is an epidural done?

 Epidurals can be put in:

- when you are conscious – (safer option)

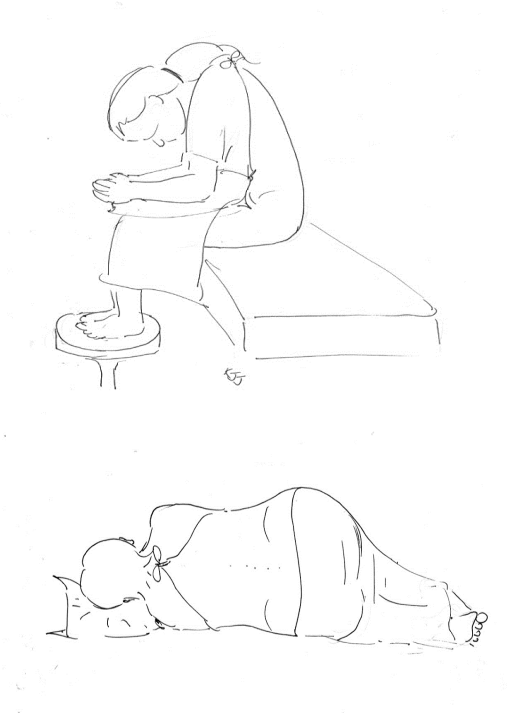
- when you are under sedation (when you have been given a drug which will make you drowsy and relaxed, but still conscious)
- or during a general anaesthetic

1. A needle will be used to put a thin plastic tube (a 'cannula') into a vein in your hand or arm for giving fluids (a 'drip')

2. If you are conscious, you will be asked to sit up or lie on your side, bending forwards to curve your back. It is important to keep still while the epidural is put in

3. Local anaesthetic is injected into a small area of the skin of your back

4. A special epidural needle is pushed through this numb area and a thin plastic catheter is passed through the needle into your epidural space. The needle is then removed, leaving only the catheter in your back



Your epidural

What will I feel?

The local anaesthetic stings briefly, but usually allows an almost painless procedure.

It is common to feel slight pressure / discomfort in your back as the catheter is inserted.

Occasionally, an electric shock-like sensation or pain occurs during needle or catheter insertion. If this happens, you must tell your anaesthetist immediately.

A sensation of warmth and numbness gradually develops, like the sensation after a dental anaesthetic injection. You may still be able to feel touch, pressure and movement.

Initially your legs may feel heavy and become increasingly difficult to move.

You may only notice these effects for the first time when you recover consciousness after the operation, particularly if your epidural was put in when you were anaesthetised.

Overall, most people do not find these sensations to be unpleasant, just a bit strange.

The degree of numbness and weakness gradually decreases after the operation.

What are the benefits?

If your epidural is working properly, you will have better pain relief than other methods, particularly when you move.

There may be reduced complications of major surgery, e.g. nausea / vomiting, leg / lung blood clots, chest infections, blood transfusions, delayed bowel function.

There may be quicker return to eating, drinking and full movement, possibly with a shorter stay in hospital compared to other methods of pain relief.

How do the nurses look after me on the ward with an epidural?

At regular intervals, the nurses will take your pulse and blood pressure and ask you about your pain and how you are feeling.

They may adjust the epidural pump and treat side effects.

They will check that the pump is functioning correctly. They will encourage you to move, eat and drink, according to the surgeon's instructions.

The Acute Pain Team made up of doctors and nurses may also visit you, to check your epidural is working properly.

When will the epidural be stopped?

The epidural will be stopped when you no longer require it for pain relief.

The amount of pain relieving drug being given by the epidural pump will gradually be reduced over 36-72 hours, then alternative pain relief will be commenced.

After the pump is stopped and the alternative pain relief is being tolerated and is effective, the epidural catheter can be removed.

The epidural catheter will be removed if it is not working properly. It may be possible to insert another epidural catheter if necessary.

Can anyone have an epidural?

No. An epidural may not always be possible if the risk of complications is too high.

→ The anaesthetist will ask you if:

- you are taking **blood thinning drugs**, such as warfarin / clopidogrel
- you have a blood clotting abnormality
- you have an allergy to local anaesthetics
- you have severe arthritis or deformity of the spine
- you have an infection in your back or skin

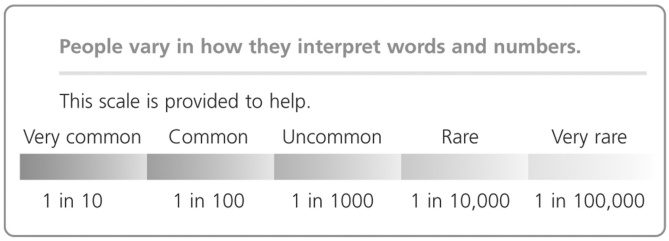
Side effects and complications

All the side effects and complications described can occur without an epidural.

Side effects are secondary effects of a treatment. They occur commonly and may be unavoidable. Although they may be unpleasant (for example, feeling sick), they are not usually dangerous. Complications are unwanted and unexpected events that are known to occur occasionally due to a treatment. Serious complications are rare or very rare.

Permanent nerve damage is a very rare serious complication of having an epidural. It can also happen if you do not have an epidural. You can read more about this in the risk articles on www.rcoa.ac.uk/patientinfo

The risk of complications should be balanced against the benefits and compared with alternative methods of pain relief. Your anaesthetist can help you do this.



Very common or common side effects and complications

Inability to pass urine – The epidural affects the nerves that supply the bladder, so a catheter (tube) will usually be inserted to drain the urine away. A catheter is often necessary after major surgery even if you do not have an epidural, to keep a close check on the rate of urine production. If you have a working epidural, you cannot feel the catheter, which will normally be left in for a few days. Bladder function returns to normal after the epidural wears off.

Low blood pressure – The local anaesthetic affects the nerves going to your blood vessels, so blood pressure always drops a little. Fluids and / or drugs can be put into your drip to treat this. Low blood pressure is common after surgery, even without an epidural.

Itching – This can occur as a side effect of pain-relieving drugs that may be mixed with the local anaesthetic in your epidural. It can be treated with anti-allergy drugs.

Feeling sick and vomiting – These can be treated with anti-sickness drugs. These problems are less frequent with an epidural than with most other methods of pain relief.

Backache – This is common after surgery whether you have an epidural or not. It is not related to having an epidural. It may be caused by lying on a firm flat operating table. The epidural site can sometimes be sensitive to pressure for a week to a month when sitting in a chair.

Inadequate pain relief – May be caused by difficulty in placement of the epidural catheter, the local anaesthetic may not spread adequately to cover the whole surgical area, or the catheter can fall out. Other methods of pain relief methods are available if your epidural fails. e.g. **Intravenous** Patient Controlled System, (IV-PCAS).

Headaches – Minor headaches are common after surgery, with or without an epidural. If a **severe headache** occurs after an epidural because the lining of the fluid filled space surrounding the spinal cord has been inadvertently punctured (a 'dural tap'), the fluid can leaks out and causes low pressure in the brain, particularly when you sit up. If this happens, it may be necessary to inject a small amount of your own blood into your epidural space. This is called an 'epidural blood patch'. The blood clots and plugs the hole in the epidural lining. This will cure the headache in the majority of cases.


For more information please see 'Headache after an epidural or spinal anaesthetic'.

Uncommon complications

Slow breathing – Some drugs used in the epidural can cause slow breathing and / or drowsiness requiring treatment.

Catheter infection – The epidural catheter can become infected and may have to be removed. Antibiotics may be necessary. It is very rare for the infection to spread any further than the insertion site in the skin.

Rare or very rare complications

Other complications, such as convulsions (fits), breathing difficulty and damage to nerves are rare. Permanent disabling nerve damage, epidural abscess (infection), epidural haematoma (blood clot) and cardiac arrest (stopping of the heart) are very rare indeed.


www.roac.ac.uk/patientinfo under this section 'Risks associated with having an anaesthetic'. These risks can be discussed further with your anaesthetist who can take into account your personal circumstances.

What if I decide not to have an epidural?


It is your choice. You do not have to have an epidural.

There are several alternative methods of pain relief with an opioid that work well. This includes intramuscular or intravenous injections given by the nurses or you may be offered a machine which allows you to control your pain relief yourself (IV-PCAS).

There are other ways in which local anaesthetics in the form of regional blocks can be given.

You may be able to take pain-relieving drugs by mouth.

Every effort will always be made to ensure your comfort.

How do I ask further questions?

Ask the nursing staff or your anaesthetist.

Most hospitals have an Acute Pain team of nurses and anaesthetists who specialise in pain relief after surgery. You can ask to see a member of the acute pain team at any time. They may have leaflets available about pain relief. There is also more information about epidurals on the website: www.rcoa.ac.uk/patientinfo.

Useful organisations

Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London WC1R 4SG.
Phone: + 44 20 7092 1500
Fax: + 44 20 7092 1730
Email: info@rcoa.ac.uk
Website: www.rcoa.ac.uk

The organisation responsible for the standards in anaesthesia, critical care and pain management throughout the UK.

Association of Anaesthetists of Great Britain and Ireland
21 Portland Place
London WC1B 1PY
Phone: +44 20 7631 1650
Fax: +44 20 7631 4352
E-mail: info@aagb.org
Website: www.aagbi.org

This organisation works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain and Ireland.

Questions you may like to ask your anaesthetist

- Who will give my anaesthetic?
- Do I have to have this type of pain relief?
- Have you often used this type of pain relief?
- What are the risks of this type of pain relief?
- Do I have any special risks?
- How will I feel afterwards?

Tell us what you think

We welcome any suggestions to improve this booklet. You should send these to:

The Patient Information Unit
Churchill House
35 Red Lion Square
London, WC1R 4SG
Email: standards@rcoa.ac.uk

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The Association of Anaesthetists of Great Britain and Ireland (AAGBI)

The Royal College of Anaesthetists (RCoA)

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

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www.nlg.nhs.uk

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