



# *Epidural*

*Here is some information for you to take home*

Thinking about and understanding the choices of pain relief are an important part of getting ready for the birth of your baby. During the actual birth, your needs for pain relief may change, so it is very important that you have a flexible attitude so that the birthing experience is as comfortable as possible. There are several options offered at Bluewater Health in addition to epidurals and they include nitrous oxide gas, patient controlled Fentanyl (narcotic analgesia) administered through an intravenous (IV) drip as well as strong pain relieving injections.

Some women, if possible, want to avoid taking any medication. There are many non-medical choices available to help support with the pain. These include breathing exercises, massages, hot baths, or showers, walking around and relaxation techniques.

## **The epidural will be given by anesthesiologist who will:**

- Assess your health and discuss the risks of having an epidural
- Agree to a plan for your pain control
- Be responsible for giving your epidural and managing your pain relief for your delivery

Please be aware that not every woman can have an epidural. Problems with your back, blood clotting and infection may mean that you need a different pain relief option.

An epidural is given into what is called the “epidural space” of your back by means of a very fine plastic tube which is inserted through an epidural needle (the needle is removed after the tubing is in place). Local anesthetic (freezing medication) and other pain relieving medications are given through the tubing to decrease pain. It works by blocking the pain signals from reaching your brain. The fine plastic tube is taped on your back and the medication can be given through this fine tube until your baby is born. The anesthetic take approximately 15-30 minutes to work.

## **Your epidural can be managed in several ways:**

- You may be given a button that you can push to give yourself doses of medications when you need it.

- You may have constant flow infusion, typically done when you need to sleep.
- Your nurse may give a “top up” when you need it.

### **Not all epidurals are the same strength**

Epidurals used for cesarean section or forceps delivery are stronger so you don't feel any pain. A normal labour does not require such a strong block so you can still move around and be able to push when the time comes yet feel little or no pain.

### **Advantages of an epidural**

- Best from of continuous pain relief especially for backaches and contraction pains.
- You may be awake and participate in your baby's birth.
- Requires less medication than other forms of pain relief.
- Does not make you sleepy.
- With a low-dose or light epidural, you can still walk around between contractions.
- If needed, a stronger epidural can be used as the anesthetic for cesarean sections. While you will be pain free during the operation, you may feel strange pressure sensations. This avoids a general anesthetic, where you are in a very deep sleep.

### **Disadvantages of an Epidural Anesthetic**

- It can slow down the second stage of your labour.
- You may need forceps or a vacuum extraction to help the baby out.
- Your legs may feel very heavy and numb, sometimes making it unsafe to walk around.

An IV is always put into your vein before the epidural is done.

Once the epidural is in place it is very important that you do not lay straight on your back as it can cause a considerable drop in your blood pressure. Your nurse will instruct you to sit up, lie on your side or walk around.

### **What are the Risks of Epidural Anesthetic?**

Every anesthetic has a risk of side effects and complications. While these are usually temporary, some of them may cause long-term problems. The risk will depend on:

- Whether you have any illness.
- Personal factors, such as whether you smoke or are overweight.

### **Common Side Effects and Complications of Epidural and Spinal Anesthetic**

- Nausea, vomiting, itching and shivering.
- A drop in your blood pressure.
- Pain, backache and/or bruising at injection site.
- Sometimes the epidural or spinal anesthetic only partially works.
- Problems in passing urine. This is usually temporary.
- Hematoma or bleed, if you take blood thinning medicines you are more likely to get a hematoma as it may affect your blood clotting. Your anesthesiologist will discuss this with you.

## Less Common Side Effects and Complications of Epidural and Spinal Anesthesia

- Severe headache – if this happens you may need to have bed rest for several days
- A change to general anesthetic for caesarean section may be necessary if the epidural/spinal is not adequate.
- Temporary nerve damage.

## Uncommon Side Effects and Complications of Epidurals and Spinal Anesthesia

- Infection around the injection site.
- Nerve damage due to the needle.
- Overdose of drugs.
- Cardiac arrest.
- An existing medical condition getting worse.

## Very Rare Risks

- Permanent nerve damage with paralysis.
- Blood clot with spinal cord damage.
- The blocs may go higher than planned and affect breathing by paralyzing the breathing muscles.
- Breaking of needles, catheters, etc, requiring possible surgery to remove them.
- Epidural abscess
- Meningitis
- Death

## Risks to Your Baby

- The medication used by the Anesthesiologist in an epidural can cross the placenta but appear to have little or no affect on the baby.
- Your recovery after an epidural
- The numbness/weakness may take several hours to wear off. During this time do not attempt to walk without a person to assist you.
- If after you are discharged, you have numbness, weakness, headache or severe back pain please contact your Obstetrician or Midwife.

## Questions:

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**Maternal, Infant, Child Program, Ext. 8440**

**Bluewater Health, Sarnia**

89 Norman Street, Sarnia, Ontario N7T 6S3

Telephone: 519-464-4400