

# Epidural

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. There are several options offered at Bluewater Health in addition to epidurals, such as nitrous oxide gas (laughing gas), patient-controlled fentanyl (narcotic analgesia) administered through an intravenous (IV) drip, or a strong pain-relieving injection.

## The Epidural Will Be Given By the Anaesthesiologist Who Will:

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

Please be aware not every woman can have an epidural. Problems with your back, blood clotting and infection may mean 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, inserted through an epidural needle (the needle is removed after the tubing is in place). Local anaesthetic (freezing medications) 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 tube until your baby is born. The anaesthetic takes approximately 15 to 30 minutes to work.

## Your Epidural Can Be Managed Two Ways:

- You may be given a button to push to give yourself doses of medications when you need it; or
- You may have constant flow infusion, typically done when you need to sleep.

## Not All Epidurals Are Equal Strength

Epidurals used for caesarean section are stronger so you don't feel any pain. A vaginal delivery 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 to no pain.

## Advantages of an Epidural Anaesthetic:

- Best form 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; and
- If needed, a stronger epidural may be used for some deliveries going to cesarean sections but this will be determined by the physician involved in your care and discussed with you.

## Effects of an Epidural Anaesthetic:

- It can slow down the second stage of labour by only a few minutes;
- You may require assisted vaginal birth to help the baby out; and
- Your legs may feel very heavy and numb, making it unsafe to walk around.

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 blood pressure. Your nurse will help you make frequent position changes.

## Common Side Effects and Complications of Epidural:

- Nausea, vomiting, itching and shivering;
- A drop in blood pressure;
- Pain, backache and/or bruising at the injection site;
- Sometimes the epidural only partially works;
- Problems in passing urine, so a catheter may be used to drain the bladder occasionally (this is usually temporary);
- If you develop severe back pain, numbness, weakness or high fever in the first few days after an epidural go straight to the Emergency Department.

## What Are the Risks of Epidural Anaesthetic?

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

- If the patient moves during the procedure the substantially higher their risk of complications such as bleeding and nerve damage and so you must be able to sit still for a period of time;
- Whether you have any illness; and
- Personal factors, such as whether you smoke or are overweight.

## Less Common Side Effects and Complications:

- Severe headache – if this happens you may need to have bed rest for several days or another procedure;
- A blood patch is another procedure similar to the epidural to help treat the small percentage of headaches that do not resolve after more conservative treatments; and
- Temporary nerve damage.

## Uncommon Side Effects and Complications:

- Infection around the injection site;

- Nerve damage due to the needle;
- Overdose of drugs;
- Cardiac arrest; and
- An existing medical condition getting worse.

## Very Rare Risks:

- Permanent nerve damage with paralysis;
- Blood clot with spinal cord damage;
- The blocks 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; Bleeding or infection in the spine can be life-threatening and may require emergent spinal surgery to resolve;
- Hematoma or bleed (if you take blood-thinning medicines you are more likely to get a hematoma as it may affect your blood clotting and the anaesthesiologist will discuss this with you);
- Death

## Procedure

- The epidural in most cases will be inserted in a seated position and can take anywhere from 10 to 30 minutes or more;
- Local anaesthetic will be used to numb the skin for the procedure and this can sting or burn for a few seconds.

## Risks to Your Baby

- The medication used by the anaesthesiologist in an epidural can cross the placenta but appears to have little or no effect on the baby.
- The numbness/weakness may take several hours to wear off. During this time do not attempt to walk without a person to assist you.

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, water therapy, walking around, and relaxation techniques.