

Epidural

Thinking about and understanding the choices of pain relief are an important 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 and they include 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 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 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 fine tube until your baby is born. The anesthetic takes approximately 15 to 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.

Not All Epidurals Are the Same Strength

Epidurals used for cesarean section 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 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 can be used as the anesthetic for caesarean sections.

Disadvantages of an Epidural

Anaesthetic:

- It can slow down the second stage of labour;
- 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 and Spinal Anaesthetic:

- Nausea, vomiting, itching and shivering;
- A drop in blood pressure;
- Pain, backache and/or bruising at the 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. The anaesthesiologist will discuss this with you.

What Are the Risks of Epidural Anaesthetic?

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; 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 called a blood patch to reverse the headache;

- A change to general anaesthetic for caesarean section may be necessary if the epidural/spinal is not adequate; 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; and
- Death.

Risks to Your Baby

- The medication used by the Anaesthesiologist in an epidural can cross the placenta but appear to have little or no effect 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.

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.