



Epidurals for pain relief after surgery

Information for patients

Department of anaesthesia and pain medicine

Epidurals for pain relief after surgery

This information sheet explains what to expect when you have an epidural anaesthetic for pain relief after your operation.

What is an epidural?

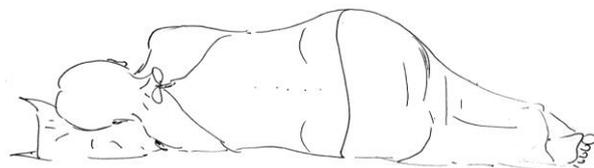
An epidural is a way of giving pain relief into the epidural space in your back. The nerves from your spine to your lower body pass through an area in your back close to your spine, called the epidural space.

- An epidural is performed by injecting local anaesthetics through a fine plastic tube called an epidural catheter into this epidural space. As a result, the nerve messages are blocked. This causes numbness.
- An epidural pump allows local anaesthetic to be given continuously.
- Other pain-relieving drugs can also be added 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. The pump is usually set to allow only one extra dose in each twenty minute period. Hence, overdose is extremely rare.
- When the epidural is stopped, full feeling will return.
- Epidurals may be used during and/or after surgery for pain relief.

How is an epidural performed?

Epidurals can be put in when you are awake.

- 1 We will ask you to sit up or lie on your side, bending forwards to curve your back.
- 2 Local anaesthetic is injected into a small area of the skin of your back to numb it before the epidural catheter is put in.
- 3 The anaesthetist will put a fine plastic tube into the epidural space in your back.



Your epidural

What will I feel?

- The local anaesthetic stings briefly, but usually allows an almost painless procedure.
- Occasionally, a sensation like an “electric shock” occurs during catheter insertion. If this happens, tell your anaesthetist **immediately**.
- If you are having an operation you usually have a general anaesthetic straight away after the epidural.
- After your operation you may feel a sensation of numbness. You may still be able to feel touch, pressure and movement.
- Your legs may feel heavy after your operation.
- Overall, most people do not find these sensations unpleasant, just a bit strange.
- The degree of numbness and weakness may gradually decrease during the first day after the operation.
- While you are asleep the doctor will insert a catheter into your bladder to drain the urine, so you don't need to worry about going to the toilet.

What are the benefits?

- Better pain relief than other methods, particularly when you move.
- Reduced complications of major surgery, e.g. nausea/vomiting, leg/lung blood clots, chest infections, blood transfusions, delayed bowel function.
- Quicker return to eating, drinking and full movement, possibly with a shorter stay in hospital compared with 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. You will be asked to score your pain on a scale from 0 to 10 (0 = none, 10 = worst ever).
- They may also check the movement in your arms and legs, look at your back where the epidural is inserted and test how it is working by using a cold spray on your skin.
- They may adjust the epidural pump.
- 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 pain relief nurses will visit you to check that your epidural is working properly.
- The nurse or doctor will continue to see you regularly after your operation to check your progress and assess how effective your pain relief is.

When will the epidural be stopped?

- The epidural will be stopped when you no longer need this type of pain relief. This is usually after two to five days. You will then be given tablets for pain relief, or sometimes patient-controlled analgesia (PCA).
- A few hours after the pump is stopped the ward nurses will remove the epidural tubing.
- The epidural catheter will be removed if it is not working properly. Another epidural catheter can be re-inserted 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
- 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
- you are taking recreational drugs.

Side effects and complications

- Side effects are common, are often minor and are usually easy to treat. Serious complications are fortunately rare.
- For major surgery, the risk of permanent nerve damage is about the same, with or without an epidural.

Common side effects and complications:

Passing urine

While the epidural is working you will have a tube (catheter) to drain urine into a bag. Bladder function returns to normal when the epidural wears off and the catheter is removed.

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 morphine-like drugs used in combination with local anaesthetic. It is easily 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, with or without an epidural and is often caused by lying on a firm flat operating table.

Pain relief is not adequate

It may not be possible to place the epidural catheter, or the local anaesthetic may not spread adequately to cover the whole surgical area, or the catheter can fall out. For most patients, epidurals usually provide better pain relief than other techniques. Other methods of pain relief are available if the epidural fails.

Headaches

Minor headaches are common after surgery, with or without an epidural.

Uncommon complications:

Slow breathing

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

Limb weakness

Please let the staff know if you experience any weakness in the legs. This is uncommon and is usually due to the effect of the local anaesthetic on the nerves. It will promptly disappear when epidural pump is slowed down or stopped.

Severe headache

Occasionally 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 leaks out and causes low pressure in the brain, particularly when you sit up. 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. It is almost always immediately effective.

Rare complications

- convulsions (fits)
- breathing difficulty
- temporary nerve damage
- permanent nerve damage
- epidural abscess (infection)
- epidural haematoma (blood clot)
- cardiac arrest (stopping of the heart).

You can discuss these risks with your anaesthetist. More detailed information is available.

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 morphine that work well; injections given by the nurses or by a pump into a vein which you control by pressing a button (Patient Controlled Analgesia, 'PCA').
- There are other ways in which local anaesthetics 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 can I get further information?

Ask the nursing staff, pain team or your anaesthetist.

Some people are worried about using morphine-like drugs as a pain killer. You cannot become addicted to these drugs as a result of having an epidural during the short period following your operation.

Contacts

If you have any questions you may in the first instance ask the nurses and doctors on the ward. Further assistance may be obtained from the acute pain nurse. Phone the hospital switchboard on **0161 446 3000** pager **12051** or **12567**. If the pain nurse is not available, contact the critical care doctor on extension **3481**.

Contacts for the pain team

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If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

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