



A lifetime of specialist care

Royal Brompton & Harefield



NHS Foundation Trust

# Epidurals for pain relief after surgery





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*This leaflet gives you general information on epidurals for pain relief after surgery. It does not replace the need for personal advice from a healthcare professional. Please ask us if you have any questions.*

## Introduction

This booklet describes what happens when you have an epidural, together with any side effects and complications that can occur. It supports information that will be given to you by staff while

you are in hospital. This leaflet aims to help you and your anaesthetist make a choice about the best method of pain relief for you after your surgery. If you have any questions, please ask.

## What is an epidural?

An “epidural” is a painkilling injection placed into your back, which numbs your nerves. This stops you feeling pain.

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 set up an epidural, an anaesthetist injects a local anaesthetic through an epidural catheter (fine plastic tube) into your epidural space. This causes numbness, which varies according to the amount of local anaesthetic you have been given.
- An epidural pump allows local anaesthetic to be given continuously through the epidural catheter.
- Other pain-relieving drugs can also be used in small quantities.
- The amounts of drugs given are carefully controlled.
- When the epidural is stopped, full feeling will come back.
- Epidurals may be used during and / or after surgery for pain relief.

## When is an epidural done?

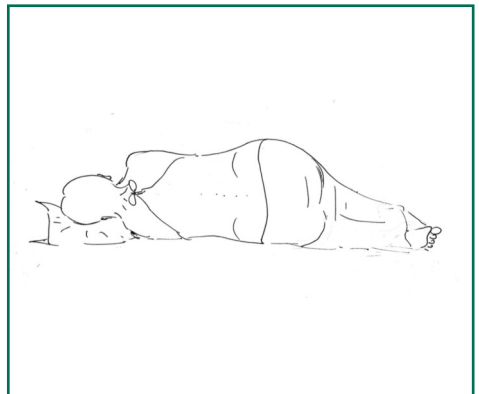
Your epidural will be put in at one of the following times:

- When you are conscious.
- When you have been given a drug to make you drowsy and relaxed.
- When you are fully asleep during a general anaesthetic.

You can discuss these choices further with your anaesthetist.

## How is an epidural done?

1. A cannula (thin plastic tube) is placed into a vein in your hand or arm for fluids (a "drip").
2. If you are conscious, you will be asked to sit up bending forwards or lie on your side (as pictured). It is important to keep still while the epidural is put in.
3. Local anaesthetic is injected into a small area of the skin on your back. This will numb the area where the epidural goes in.
4. A special hollow epidural needle is passed through this numb area and the epidural catheter is passed through the needle into your epidural space. The



needle is then taken out, leaving only the catheter in your back.

5. A dressing will be placed on the area where the catheter

passes into your skin. This will help to prevent infection, and stop the catheter from moving. Pain relief will then be given to you through the catheter.

## Your epidural

### Can anyone have an epidural?

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

To make sure that you are not at risk, your anaesthetist will ask you if:

- You are taking blood-thinning drugs, such as warfarin
- You have a bleeding disorder, such as haemophilia
- You have an allergy to local anaesthetics
- You have severe arthritis or deformity of your spine
- You have an infection in your back
- You have had surgery on your spine

### What will I feel?

- The local anaesthetic stings slightly, for a few moments, but usually allows an epidural to be carried out almost painlessly.
- It is common to feel slight discomfort in your back as the catheter is inserted.
- Occasionally, an electric shock-like sensation or pain occurs when the needle or catheter goes in. This happens because the end of the catheter has touched a nerve or a nerve ending. If this happens, you must tell your anaesthetist **immediately** so that they can draw back the catheter and make you comfortable before continuing. When you feel ready, the catheter will be passed back into the needle and the epidural will continue.

- A sensation of warmth and numbness gradually develops, like an injection at the dentist. You may still be able to feel touch, pressure and movement.
- You may only notice these effects for the first time when you wake up after surgery, particularly if your epidural was put in when you were under anaesthetic.
- Most people do not find these sensations unpleasant, just a bit strange.

### **What are the benefits?**

- If your epidural is working properly, you will have better pain relief than with other methods, particularly when you move.
- You may have fewer complications linked to major surgery, such as nausea / vomiting, leg / lung blood clots, chest infections and constipation.
- You may be able to start eating, drinking and walking more quickly, 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?**

- The nurses will take your pulse and blood pressure regularly.
- They will also ask you about your pain and how you are feeling.
- They may adjust the epidural pump and treat any side effects.
- They will check that the pump is working correctly.
- They will encourage you to move around, eat and drink.
- Members of the pain management team may also visit you, to check that your epidural is working properly.

### **When will the epidural be stopped?**

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

- The amount of pain-relieving drug being given will be reduced gradually.

- As long as you are still comfortable, the epidural catheter will be removed, a few hours after the pump is stopped.
- The epidural catheter will also be removed if it is not working properly. It may be possible to insert another epidural catheter, if necessary.

## Side effects and complications

All the side effects and complications described here can happen even if you do not have an epidural.

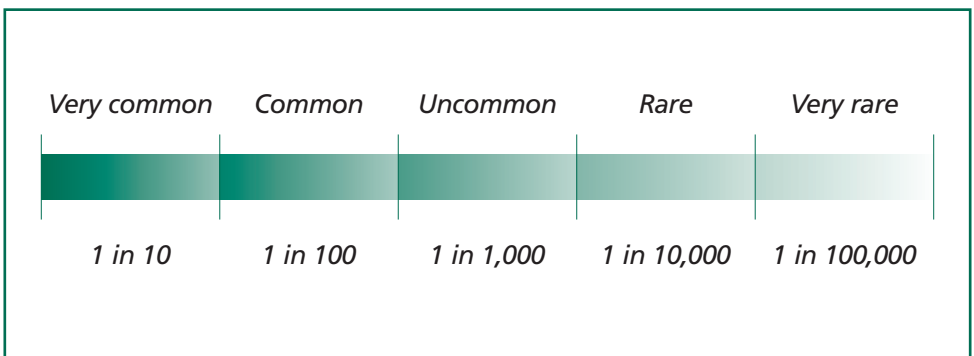
**Side effects:** These are secondary effects of a treatment. They are common and may be unavoidable. Although they may be unpleasant (for example, feeling sick), they are not usually dangerous.

**Complications:** These are unwanted and unexpected events that occur occasionally,

due to treatment. Serious complications are rare or very rare.

The risk of complications should be balanced against the benefits. Your anaesthetist can help you make a decision.

You can use the scale below to learn more about what we mean by descriptions such as “Very common” through to “Very rare. Use this scale when you read through the information on the following pages.





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## Very common or common side effects and complications

**Inability to pass urine:** If this happens a catheter may be inserted to drain urine away. A catheter is often necessary after major surgery, even if you do not have an epidural, because it helps us to keep a close check on how much urine you are producing.

**Low blood pressure:** The local anaesthetic may cause blood pressure to drop 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 be a side effect of pain-relieving drugs. It can be treated with anti-allergy drugs.

**Feeling sick and vomiting:** These can be treated with anti-sickness drugs. Patients tend to feel sick and vomit less often 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 may be caused by lying on a firm flat operating table.

**Inadequate pain relief:** The catheter can fall out, or it may be impossible to put the epidural catheter in place. The local anaesthetic may not spread to enough cover the area of your body where your surgery has taken place. So while epidurals can provide better pain relief than other techniques, other methods are available if your epidural does not work. There is more information on other methods of pain relief on page 9.

**Headaches:** Minor headaches are common after surgery, with or without an epidural. Sometimes a severe headache happens after an epidural. If it does, it may be necessary to inject a small amount of your own blood into your epidural space. This will cure the headache in the majority of cases.

For more information, please see the Royal College of Anaesthetists' leaflet called "Headache after an epidural or spinal anaesthetic". You can ask your anaesthetist for a copy of this leaflet.



## 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. You may have to take antibiotics. It is very rare for the infection to spread further than the area where the catheter passes into your skin.

## Rare or very rare complications

Other complications, such as convulsions (fits), difficulty in breathing and damage to nerves, are rare. Permanent nerve damage, epidural abscess (infection), epidural haematoma (blood clot) and

cardiac arrest (stopping of the heart) are very rare indeed.

You can find out more about how to access further information about risks on page 10.


## What if I decide not to have an epidural?

It is your choice. You do not have to have an epidural. There are other ways local anaesthetics can be given, including the ones described below:

Your anaesthetist or surgeon may suggest a paravertebral block (also known as a PVB). This is an infusion of local anaesthetic given to you

through a fine plastic tube, into an area close to your spine. This type of pain relief can be very effective.

There are several alternative methods of pain relief with morphine that work well. This includes injections given by the nurses or you may be offered a machine that allows you to control your pain relief



yourself (patient controlled analgesia, also known as a PCA). You may be able to take pain-relieving drugs by mouth.

Whichever method of pain relief you decide on, every effort will always be made to ensure your comfort.

## What if I have more questions?

Royal Brompton & Harefield NHS Foundation Trust has a team of nurses and anaesthetists who specialise in pain relief after surgery. You can ask to see a member of the pain management team to ask questions at any time.

You can ask the nursing staff or your anaesthetist for more information.

Some suggestions are:

- Who will give me 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?

The pain management team has leaflets available about pain relief and discharge advice for patients. Please ask a member of staff for a copy of any of the following leaflets, which are produced by Royal Brompton & Harefield NHS Foundation Trust:

- Managing your pain at home after your lung surgery
- Managing your pain at home after your heart surgery
- Epidurals: Discharge advice for patients

Also available is a selection of information leaflets and a collection of articles about specific risks etc. These are produced by the Royal College of Anaesthetists. You can read them on the Royal College of

Anaesthetists' website, at [www.youranaesthetic.info](http://www.youranaesthetic.info).

Titles include:

- Anaesthesia explained
- You and your anaesthetic
- Your child's general anaesthetic
- Headache after an epidural or spinal anaesthetic
- Your child's general anaesthetic for dental treatment
- Your anaesthetic for aortic surgery



## Useful organisations

### The Royal College of Anaesthetists

The Royal College of Anaesthetists is the organisation responsible for standards in anaesthesia, critical care and pain management throughout the UK. If you would like copies of the Royal College of Anaesthetists' leaflets mentioned here, contact:

Tel: **020 7092 1500**  
Email: **info@rcoa.ac.uk**  
Website: **www.rcoa.ac.uk**

### Association of Anaesthetists of Great Britain and Ireland

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

Tel: **020 7631 1650**  
Email: **info@aagbi.org**  
Website: **www.aagbi.org**

### The British Pain Society

The Society is an alliance of healthcare professionals which develops better pain management techniques for the benefit of patients.

Tel: **020 7269 7840**  
Email: **info@britishpainsociety.org**  
Website: **www.britishpainsociety.org**

## Your notes



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## Your notes

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If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call PALS on

- 020 7349 7715 – Royal Brompton Hospital
- 01895 826 572 – Harefield Hospital

You can also email [pals@rbht.nhs.uk](mailto:pals@rbht.nhs.uk). This is a confidential service.



Royal Brompton Hospital  
Sydney Street  
London  
SW3 6NP  
tel: 020 7352 8121  
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Harefield Hospital  
Hill End Road  
Harefield  
Middlesex  
UB9 6JH  
tel: 01895 823 737  
textphone: (18001) 01895 823 737

Website: [www.rbht.nhs.uk](http://www.rbht.nhs.uk)

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercemesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercemenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

