

## Epidural Anaesthetic

This information is a summary, but hopefully it will give you some idea about Epidural Anaesthesia. Labour is a natural event which women experience very differently. In many cases no pain relief is necessary, in other cases women will use some form of pain relief. Epidural is one of the options available.

### What is Epidural Anaesthesia?

Epidural is an anaesthetic which is injected through a fine plastic cannula that has been placed between the vertebrae in a space near the spinal cord. This has the effect of numbing the nerves which cause pain in labour.

Most women get very good pain relief (93%)

### Why choose Epidural?

Epidural is the most effective pain relief available in labour. This pain relief is not essential for all women, and it is best to try other forms of pain relief which have less intervention, such as relaxation techniques, massage, hot/cold compresses, changing position, bath, acupuncture, TNS, Entonox (gas and air).

In certain circumstances, the midwife or doctor will recommend an epidural, for example with high blood pressure, twins, or if the labour is not progressing satisfactorily.

### Effects of the Epidural

Recent research shows that epidural does not increase the likelihood of caesarean, but can prolong the second stage of labour and also increase the likelihood of an instrumental delivery.

### Disadvantages and side effects

- Slight blood pressure fall after the medication is given. Therefore the midwife will monitor the blood pressure and give an intravenous infusion if necessary.
- Epidural has very little effect on the baby. The commonest effect is that the heart rate drops a little, following the reduction in the blood pressure of the mother.
- Some women complain of itching. This is due to the medication used. This also resolves after the epidural is taken.
- It is quite common that you will need some contraction stimulating medication, as one of the effects of epidural is reduction of contractions.
- Some women experience weakness in the legs. This resolves after the medication is stopped. For this reason we want you to have someone with you when you get out of the bed.
- Difficulty in passing urine in and immediately after labour. Sometimes a catheter has to be inserted into the bladder to empty it.
- Backache. It has not been proved that epidural and backache after delivery are connected. It is normal to feel some tenderness around the epidural insertion area.
- Sometimes the anaesthesia does not work as well as it should, the numbness only present on one side or certain areas in which it doesn't work.

- Serious side effects are very rare. They include infection at the insertion site or in the epidural space, bleeding and serious blood pressure fall.
- On rare occasions it is not possible to insert the cannula between the vertebrae, in which case it is not possible to perform an epidural.
- Headache after epidural is a rare but distressing side effect. The needle can sometimes accidentally make a small hole in the membrane around the spinal cord which allows some of the fluid to leak out. This can cause a very bad headache which worsens when you stand up and lessens when you lie down. It's possible to reduce the pain with pain killers and intravenous fluid. Usually it resolves in a few days. In some severe cases a blood patch is done to treat this. This is done by injecting some of your own blood into your back which seals the hole in the membrane.

## Contraindications

If a woman has had a serious back injury, this could prevent her having an epidural. The anaesthetist will assess this.

In the cases of serious Pre-eclampsia which can sometimes cause problems with the clotting of the blood, that could prevent an epidural being administered.

It is not possible to have an epidural if there is an open sore on the area on the back.

## Preparation

If the woman has had a normal pregnancy with no risk factors, there is no special preparation needed except for the midwife assessing the dilatation of the cervix and the progress of the labour.

The midwife will insert an I.V. cannula and measure the blood pressure, pulse and temperature.

Approval of the obstetrician should be obtained.

Occasionally the results of latest blood tests need to be available.

It is recommended that the bladder is emptied before epidural.

## The procedure

The epidural is carried out by an anaesthetist.

You have to lie on your side or sit up and hunch your back as much as possible. This enlarges the space between the vertebrae and makes it easier for the anaesthetist to insert the needle.

The anaesthetist cleans the area with alcohol and examines the back. He begins by applying a local anaesthetic to the skin and this can sting a little. Next he uses a needle to go into the space between the vertebrae. It is important to be as still as possible at this time. He/she will try to do this in between contractions. Next, a thin plastic cannula is threaded into the space and the needle removed. The cannula is left in situ until the labour is over, and fixed to the back with plaster. The anaesthetic and pain medication are injected into this cannula.

It is possible to repeat the medication every 1-2 hours, or as necessary.

The midwife will monitor your blood pressure in the beginning.

## Mobilisation

Immediately after the anaesthetic has been given you may experience muscle weakness in the legs.

Therefore it is important to have someone with you when you get out of bed and take it slowly to begin with. Mobilisation is, for most women, good for the progress of the labour.

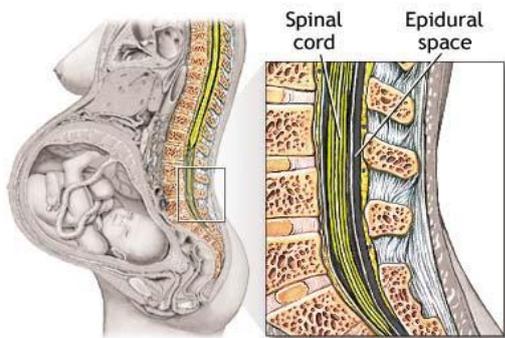
## The birth

Most women feel the urge to push when the cervix is fully dilated. In the few cases when this doesn't happen, it is possible to wait until the anaesthetic wears off and the baby's head descends onto the pelvic floor to begin to push.

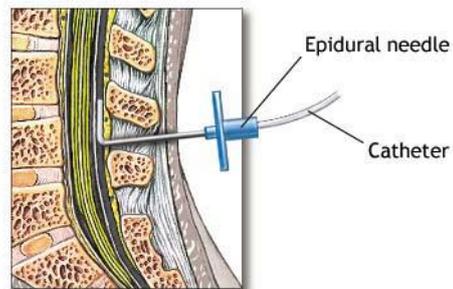
In cases in which we have to perform a caesarean section, it is possible to use the epidural anaesthetic, but we have to add more anaesthetic.

Sometimes the feeling of having a full bladder is diminished after epidural, so we have to ensure that you pass urine normally.

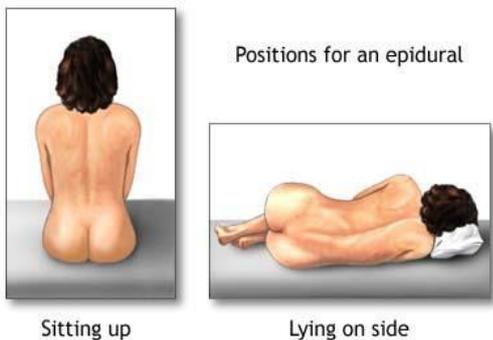
If you would like more information, you should ask your midwife in the antenatal clinic or on the maternity ward. There are also many articles on the internet, for example under the search words epidural anaesthesia, labour pain etc.



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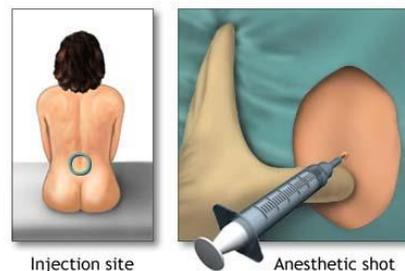
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Sitting up

Lying on side

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Injection site

Anesthetic shot

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Þýtt úr bæklingi um efnið á íslensku, Jean Cambray þýddi.  
Hestu heimildir: Nice guidelines 2014 og Update.com 2014.

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