

### Anaesthesia Information

#### Epidural Anaesthesia for Labour Pain

##### Introduction

Epidural anaesthesia is an anaesthetic that provides pain relief during contractions. A needle is inserted between the bones of your spine into the epidural space, a fine plastic tubing (catheter) is then passed through this needle. Local anaesthetic will be injected into the catheter, which numbs the nerves that cause pain coming from the womb and birth canal. The anaesthetic should start working within 5-10 minutes and provide effective pain relief within 20 minutes.

##### Procedure

1. Your midwife will set up an intravenous drip on the dorsal of your hand. You will be instructed to lie on your side with your knees drawn up and chin tucked in, or to sit on a bed. You should keep still during the procedure, which takes around 15-20 minutes.
2. Epidural anaesthesia will be carried out by an anaesthesiologist. Anaesthesiologists are medical doctors who are trained and specialized in providing anaesthesia. Anaesthesiologist will disinfect your back with anti-septic solution. Local anaesthetic will then be injected into the skin area around the epidural insertion site. This can effectively reduce pain at the back during the procedure.
3. An epidural needle is then inserted at your lower back into the epidural space. Please remember to keep still during the procedure.
4. A fine catheter is threaded through the epidural needle into the epidural space. The needle is then removed and the catheter is left in place and taped to your back for the duration of your labour and delivery. During the threading of the catheter, please inform your doctor if you feel a transient tingling sensation in your legs. This sensation is short-lived and will not cause harms.
5. Local anaesthetic is injected into the catheter. The skin area between your groin and belly button becomes numb. Your legs may feel warm, tingly and sometimes a bit heavy.

##### Possible Risks and Complications

An epidural procedure is usually safe and has few side effects on you and your baby. Although all medical procedures have some risks, serious problems are very rare.

###### Common risks (1%)

- Headache
- Back pain
- Transient difficulty in passing urine
- Itching associated with morphine

###### Uncommon risks (0.01 – 0.1%)

- Spinal or epidural haematoma (blood clot)
- Epidural abscess and infection
- Nerve damage and paralysis
- Local anaesthetic toxicity
- Cardiac arrest

## **Frequently Asked Questions**

### ***1. What are the possible risks and complications related to epidural anaesthesia?***

Epidural anaesthesia will not increase the possibility of Caesarean Section or the risk of chronic back pain.

During epidural anaesthesia, your blood pressure may drop, which can make you feel sick and dizzy. Your blood pressure will be closely monitored. If blood pressure drops, you may be given fluid or injection through the drip to bring the blood pressure up again.

Occasionally (< 1%), the epidural needle accidentally goes into the space that holds the fluid surrounding your spinal cord. If this happens, you may get a headache (spinal headache) a day or two after the epidural procedure. If you think you may have a spinal headache after your epidural, you should seek advice from your anaesthesiologist.

You may feel itchy, shivery, and difficulty in passing urine after epidural anaesthesia. These side effects are common and usually resolve without treatment.

Very rarely, epidural can cause nerve injury (0.01%). Permanent paralysis is exceedingly rare.

### ***2. Are there any conditions that make me unsuitable for epidural anaesthesia?***

Your anaesthesiologist will determine whether you are suitable or not after assessing your medical condition. Some conditions may make you unsuitable for epidural anaesthesia:

- If you have bleeding disorder: ease of bruising / prolonged bleeding.
- If you receive anticoagulant or anti-platelet treatment: medications to “thin” your blood to prevent clotting.
- If you have infection over your back around the proposed insertion site.
- If you have operation of the back before, especially with the presence of implant.
- If you have history of hypersensitivity to the local anaesthetic drugs etc.

Remarks: If you have any other questions or concerns about the anaesthetic, you should ask your anaesthesiologist before your surgery.

#### **Reference**

Hospital Authority – Smart Patient (Website: [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html))

Compiled by Union Hospital Consent Form Taskforce

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