

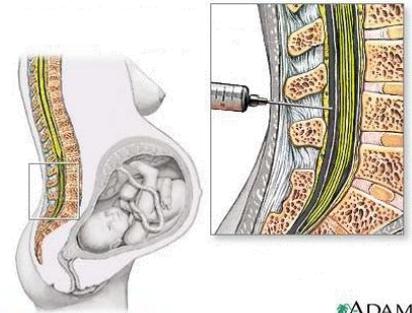


## Anaesthesia Information

### Epidural Analgesia for Labour Pain

#### Introduction

Epidural analgesia is an anaesthetic that provides pain relief during uterine contractions. A needle is inserted between the bones of your spine into the epidural space and 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 starts working in about 15 minutes and reduces pain in about 20 minutes.



ADAM.

Source:

<https://www.fvhospital.com/learn-more/epidural-analgesia-in-labour-2/>

#### Outcomes

Generally, you will be fully conscious with limited lower limbs sensations including feelings of heaviness and numbness during the labour process. This relieves your feeling of fear and anxiousness.

#### Procedures

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 analgesia 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 an antiseptic 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 into 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 harm.
5. Local anaesthetic is injected through 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 (1-10%)**

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

### **Uncommon risks (0.001 – 0.01%)**

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

## **Pre-procedure Preparations**

1. The anaesthetic procedure and possible complications will be explained by the anaesthesiologist and a consent form must be signed prior to the procedure.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Routine tests such as blood tests, ECG or X-ray may be performed if necessary.
4. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
5. Please empty your bladder before the procedure.

## **Post-procedure Care**

1. Please rest on bed for 6 hours and seek help from ward nurse if necessary.
2. After recovery from anaesthesia with motor function returned, please move your lower limbs as tolerated to prevent blood clotting in the lower limbs.

## **Frequently Asked Questions**

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

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

During epidural analgesia, 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 (post-dural puncture headache) a day or two after the epidural procedure. If you think you may have a post-dural puncture headache after your epidural analgesia, you should seek advice from your anaesthesiologist.

You may feel itchy, shivery, and have difficulty in passing urine after epidural analgesia. 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 analgesia?**

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

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

Should there be any enquiries or concerns, please consult the attending doctor or anaesthesiologist before the procedure.

We wish you all the best for your labour and delivery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification