Healthscope

Darwin Private Hospital

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Epidural Anaesthetic Information Form

What pain relief to have?

As you experience the pain of labour and childbirth, there may be a number of options open to you for pain relief. These range from breathing techniques, active birth positions, massage, TENS machine and water to alternative remedies and various drug treatments. Drug treatments include Entonox gas, pethidine or an epidural.

Whatever you may have planned for your labour, things can change quickly in labour and you may request or have recommended to you, an epidural anaesthetic. Your maternity carer and/or obstetrician will help you make a decision.

There are risks and benefits to you and your baby with most options of pain relief. This leaflet will concentrate on the epidural.

An epidural involves an injection in the lower back and placement of a thin tube, called a catheter, in the epidural space. This space lies just outside the membrane (called the 'dura') which encloses the spinal cord and spinal fluid. Local anaesthetic medicine placed in this space numbs the nerves which pass through this space, reducing pain sensation from reaching the brain.

Placement of the Epidural

For the placement of the epidural, you will be asked to sit or lie on your side, in a *curled up* position.

Your back will be washed with an antiseptic solution and local anaesthetic injection will be given to numb the skin.
The placement of the epidural needle will cause a feeling of pushing in your back and will sting a little, but it usually only takes a few minutes.

The first dose of pain-killing local anaesthetic is then given which may take up to 15 minutes before good analgesia is obtained. For this reason, and because the on-call anaesthetist will often need to come in from outside the hospital, you should not leave it too late to make the decision about having an epidural.

Questions you may have

There is no evidence of any harm by exposure to the small amounts of drugs that reach the baby.

The epidural will not have any important effect on the labour. In some cases the labour may speed up a little and in others the epidural may slow it a little.

There is a slightly increased chance of needing an assisted birth (suction or forceps), although with today's epidurals that is far less likely than a few years ago.

Occasionally the epidural may not work completely and may leave a "missed patch". This can usually be managed by positioning changes or additional local anaesthetic in the epidural.

To maintain the 'epidural block' you will be given a device, which will deliver more local anaesthetic when *you* press the plunger. It is almost impossible to overdose since the device can only deliver a certain amount of medicine every 15 minutes.

There may be a *'gap' payment* or *'out-of-pocket'* expense for having the procedure. This will vary according to many factors including the time of day (or night) and the health fund you are with. Top level cover *does not* remove this gap. The *maximum gap* is *unlikely* to be more than $300.00 for epidurals out of hours (8 pm – 8 am) and weekends, less for epidurals in hours, on week-days. The account will be mailed separately.

If you have raised blood-pressure (pre-eclampsia), a multiple pregnancy, or some other conditions, your obstetrician will probably recommend an epidural as part of your labour.

Side effects and complications

Epidurals are performed by specialist doctors (anaesthetists) and are extremely safe. Like all medical procedures there are some potential side effects:

- Low blood-pressure. Usually mild and easily treated.
- Shivering. About 20% of women develop this. It usually settles after a few minutes.
- Skin itch and nausea. Uncommon and both easily treated.
- Heavy legs. This is not a major problem these days, but the heaviness may be enough to confine you to bed for the rest of your labour.
- Problems with passing urine. You *may* need to have a catheter inserted into your bladder. This may be necessary even without an epidural.
- Headache. 1 in 200 women will have a complication of the epidural needle going in one layer/membrane too far. This causes a very severe headache, usually the next day, which can be easily treated.
- Backache. This is common during and after pregnancy and birth even without an epidural and is no more common with an epidural.
- There is some disputed evidence in the literature that epidurals may interfere with early newborn behaviour and the initiation of breastfeeding.

Rare but severe complications – these occur in less than 1 in 20,000 cases

- Bleeding / infection near the spinal cord resulting in temporary or permanent nerve damage including paralysis, loss of bladder/bowel function or loss of sexual function.
- Allergic reactions, a high block, seizures, cardiac arrest.

Acknowledgement

I acknowledge that I have read the above information about epidurals including the informed financial consent.

Patient Name: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____