

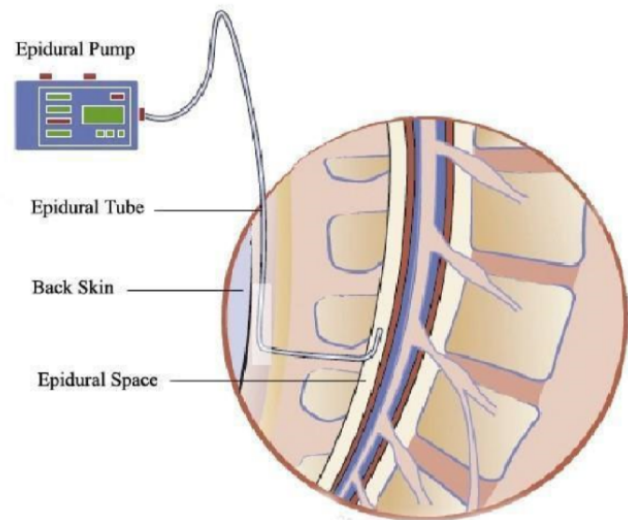
EPIDURAL INFORMATION CARD

This card is for information purposes only.

Please ask a member of the **Anesthesia Team** or your **Nurse** if you have any questions.

What is an Epidural?

- Epidural medication temporarily numbs the nerves carrying pain signals during labor and delivery; you should still be able to move your legs and push but the goal is to minimize pain
- An Anesthesiologist will insert a special needle into your lower back that will be used to thread a small plastic tube in your *Epidural Space* (the area that contains nerves just *outside* the spinal cord). The needle is removed once the tube is in the right spot while the tube stays in
- Pain medications are given through this tube
- Not every women can have an epidural
 - some medical conditions make epidural insertion impossible or risky



What is needed for an Epidural?

- An IV to give you fluid
- A detailed history and physical examination by an Anesthesia Team member
- Consent for the procedure
- The ability to sit in the proper position during the procedure
- Time: it usually takes 20 minutes to place the epidural, then an additional 5 – 15 minutes for the medications to take full effect

What are the Advantages of an Epidural?

- The best form of continuous pain relief during labor
- Proven safe for you and your baby
- If an epidural is already in place, stronger medications can be put through it if you need a caesarean section

RISKS OF EPIDURAL ANALGESIA

No anesthetic or analgesic is risk free. Most patients however do not suffer any serious complications. It is important to review the information below and please ask a member of the Anesthesia Team if you have any questions.

Common Side Effects

- Pain and bruising where the epidural was inserted. Backpain is not caused by epidural analgesia but is common after pregnancy and delivery.
- Insufficient pain control (1 in 8 patients) (4)
- Temporary difficulty in passing urine – in some cases requiring a urinary catheter
- Temporary leg weakness
- Insufficient pain control that may need extra medication through the epidural, removing and re-trying the epidural in a different location, or extra intravenous medications (1 in 7 patients)
- Temporary fever of unknown origin- in some cases requiring admission of the baby to the pediatric ward.

Uncommon Side Effects

- Significant drop in blood pressure (1 in 50 patients)
- Severe Headache (1 in 100 patients)

Rare Side Effects

- Temporary nerve damage (such as leg weakness or a numb patch on your leg/foot) (1 in 1000 patients)
- A higher than expected spread of medication which can affect breathing muscles (1 in 13,000 patients)

Very Rare Side Effects

- Epidural abscess (1 in 50,000 patients)
- Meningitis (1 in 100,000 patients)
- Accidental unconsciousness (1 in 100,000 patients)

- Blood clot with spinal cord damage (1 in 170,000 patients)
- Permanent nerve damage with possible paralysis (1 in 250,000 patients)

Comparison: Risk of death from a motor vehicle collision (3) (1 in 10,000 people) -

Sources:

(1) Lobato, E., Gravenstein, N., Kirby, R. *Complications in Anesthesiology*.

(2) Obstetric Anaesthetists' Association. (3) Statistics Canada.

Informatiekaart Epidurale Verdoving, NVA (4)

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