Your epidural anaesthetic

Translations are available for this leaflet: **www.rcoa.ac.uk/translations**.

This leaflet explains what to expect if you are offered an epidural for pain relief during and after your operation. It has been written by anaesthetists, patients and patient representatives, working together.

Contents

This leaflet explains:

- what an epidural is
- when it is used
- why you could benefit from having an epidural for your operation
- how it works and what you can expect
- risk and shared decision-making.

What is an epidural?

An epidural is a type of regional anaesthetic. A regional anaesthetic makes a part of your body numb so that you do not feel pain during an operation. With an epidural, you can stay awake during certain operations.

An epidural can often be used on its own or with a general anaesthetic for different types of surgery, for example, cancer surgery (especially lung cancer) and urology surgery (eg kidneys and bladder).

An epidural involves inserting a fine, flexible tube (catheter) into your back, through which local anaesthetics and pain-relief drugs can be given.

The catheter can remain in your back after surgery and be used for pain relief. The medication is usually delivered by a pump. Some epidural pumps have a button that lets you give yourself extra doses of pain relief if you need them. The pump has safety limits programmed in to reduce the chance of you receiving too much medicine. The healthcare team will check on you regularly if you are using an epidural pump.

Epidurals are often used for pain relief in childbirth. For information on the use of epidurals during labour please visit the Obstetric Anaesthetists' Association's public information website: **www.labourpains.org/during-labour/pain-relief-and-anaesthesia-choices-during-labour**.

What are the benefits of an epidural?

Epidurals can reduce the risks of complications from the surgery, including blood clots in the legs or lungs, chest infection and the need for a blood transfusion.

For some operations an epidural provides better pain relief than other methods. It will make it easier for you to take a deep breath, cough or move about in the bed after the surgery and help you recover quicker.

An epidural may reduce the need for strong pain-relief medicines such as morphine or similar drugs, known as opioids. These medicines can have side effects including nausea, sleepiness, constipation and confusion. They can also cause addiction if used for a long period of time.

Can anyone have an epidural?

Not everyone can have an epidural. It is appropriate to have an epidural only for certain operations and for some patients it may not be possible to have one. Your anaesthetist will discuss this with you and help decide what is safest and best for you.

An epidural may not be suitable for you if:

- you take blood-thinning drugs, such as warfarin, and have not stopped taking them before the operation
- your blood does not clot properly
- you have significant deformity of the spine
- you have an infection in your back
- you have had previous surgery on the spine, especially if you have metalwork in your back
- you are allergic to local anaesthetics.

How is an epidural done?





This section explains what usually happens if you are awake or sedated when your epidural is put in. If you are also having a general anaesthetic, your anaesthetist will explain when the epidural will be inserted.

Epidurals can be put in:

- when you are fully awake
- with sedation (drugs that make you sleepy and relaxed). For more information about sedation please see our Sedation explained leaflet, which can be found on our website: **www.rcoa.ac.uk/patientinfo/sedation-explained**.

Your anaesthetist will discuss with you which method might be best for you.

Usually, the steps for having an epidural are as below.

- You will be connected to monitors to measure your heart rate, blood pressure and oxygen levels and any other equipment as required.
- A cannula, a thin plastic tube, is placed in a vein in your hand or arm for giving fluids and drugs.
- You will be asked to sit curving your back as much as you can or lie curled up on your side.
- The area of the injection will be cleaned with antiseptic.
- A small injection of local anaesthetic is given to numb the skin.
- A needle is used to insert the catheter in your back. The needle is removed, leaving only the catheter in place, secured with tape. A few attempts may be required in some cases.

- A urinary catheter is often needed to drain urine from your bladder. If you need one, it will usually be inserted after the epidural has started working.
- A screen will usually be positioned so that you do not see the operation being performed.

Your anaesthetist will check that the epidural is working as well as it should before surgery begins. If it does not work well enough, they may give more anaesthetic or adjust or reposition the epidural. In some cases you may need to have a general anaesthetic so that you do not feel pain during the operation.

What does it feel like?

You will briefly feel pressure and tingling when the local anaesthetic is injected into the skin. You may then feel some pushing or tugging in your back while the epidural is inserted, but this should not usually be painful.

Occasionally, you may feel a sharp sensation, like an electric shock. If this happens, tell your anaesthetist straight away. They may ask you where you felt it.

A sensation of warmth, tingling or numbness may gradually develop after the local anaesthetic is given through the catheter. For some types of epidurals, your legs may feel heavy and become difficult to move. This is normal. Feeling and movement will return to normal after the epidural has been stopped.

The anaesthetic team will look after your safety and wellbeing throughout. You may be aware of sounds and activity in the operating theatre, but you should not feel pain.

After the epidural is stopped

When you no longer need the epidural, the medicine will be stopped and the catheter removed from your back. This is usually quick and should not be painful.

Feeling and movement will gradually return as the epidural wears off, usually over the next few hours. You may feel some tingling as sensation returns.

As the epidural wears off, you may become more aware of discomfort from the operation. Please tell the staff looking after you if you are in pain, so that they can give you other pain relief.

You may be unsteady on your feet at first, so please ask staff for help before getting out of bed.

When to ask for help

Tell the healthcare team if numbness, weakness or tingling does not improve after the epidural has been stopped, or if it gets worse. You should also ask for help if you develop severe back pain, a severe headache, or problems passing urine.

The preoperative assessment clinic (preassessment)

If you are having a planned operation, you might be invited to a preoperative assessment clinic a few weeks or days before your surgery. Sometimes, for more minor surgery, a nurse will arrange a telephone call to go through some questions with you.

The preassessment team will ask about your general health, your medicines and any previous anaesthetics that you have had. If an epidural is being considered, they may also ask about anything that could affect whether an epidural is suitable for you. This may include blood-thinning medicines, bleeding or clotting problems, infection, allergies to local anaesthetics or previous surgery or problems with your back or spine.

Please bring the following with you:

- a list of your current medicines or your medicines in their full packaging
- details of any medicines that you take to thin your blood, because these may need to be stopped or changed before surgery
- any information that you have about tests and treatments that you've had at other hospitals
- information about any problems that you or your family may have had with anaesthetics
- information about any previous back or spine surgery
- any recent blood pressure measurements.

You may meet an anaesthetist at the preassessment clinic. Otherwise, you will meet your anaesthetist in hospital on the day of your surgery. They will discuss whether an epidural is suitable for you and explain the benefits, risks and alternatives.

Risk and epidurals

Epidurals are commonly used and are generally very safe. There are some common side effects and risks, which are temporary and not serious.

The risks vary between individuals and depend on your health and the type of procedure or treatment for which the epidural is being used.

There are some common risks associated with epidurals, including:

- low blood pressure
- difficulty passing urine
- itchy skin
- feeling sick – see our leaflet on Feeling sick and being sick: **www.rcoa.ac.uk/patientinfo/feeling-sick**
- headache – see our leaflet on Headache after a spinal or epidural injection: **www.rcoa.ac.uk/patientinfo/headache-spinal-epidural**.

In rare cases epidurals can cause nerve damage or damage to the spinal cord, which can be temporary or permanent – see our leaflet on Nerve damage after a spinal or epidural anaesthetic: **www.rcoa.ac.uk/patientinfo/nd-after-spinal-epidural**.

Your anaesthetist will discuss with you the risks that they believe to be more significant for you. They will only discuss less common risks if they are relevant to you.

If you wish to read more detail about risks and side effects associated with epidurals, please visit Epidural anaesthetics – risks and side effects (**www.rcoa.ac.uk/patientinfo/epidural**).

Shared decision-making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together:

- the clinician's expertise, such as treatment options, evidence, risks and benefits
- what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.

Find out more on the National Institute for Health and Care Excellence (NICE) website: **https://bit.ly/NICE-SDMinfo**.

Below are some tools that you can use to make the most of your discussions with your anaesthetist or preoperative assessment staff:

- Choosing Wisely UK BRAN framework – use this as a reminder to ask questions about treatment (**www.aomrc.org.uk/projects-and-programmes/choosing-wisely**)
- Centre for Perioperative Care – an animation to explain shared decision-making (**www.cpoc.org.uk/patients/shared-decision-making**).

Questions you might like to ask

If you have questions about your anaesthetic, write them down (you can use the examples below and add your own). If you want to speak to an anaesthetist before the day of your operation, contact the preoperative assessment team, who may be able to arrange for you to speak to an anaesthetist on the phone or to see them in a clinic.

- **Why are you recommending an epidural for me?**
- **What are the advantages and disadvantages of an epidural for me?**
- **What are the alternatives to an epidural for me?**

Disclaimer

We try very hard to keep the information in this leaflet accurate and up to date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose. For full details, please see our website: **www.rcoa.ac.uk/patientinfo/resources#disclaimer**.

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged because these tend to be low-quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website.

Tell us what you think

We welcome suggestions to improve this leaflet. If you're a patient or carer, we'd love to hear from you. Please complete this short survey: **www.rcoa.ac.uk/patientinfo/epidural-anaesthesia#tell-us** or you can scan the QR code below with your mobile.

If you have any general comments, please email them to: **patientinformation@rcoa.ac.uk**.

Your feedback helps us understand who is using our information, how useful it is and how our resources have helped you. Thank you.

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This leaflet will be reviewed within three years of the date of publication.

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