



Epidural Analgesia

Information for patients
from the Acute Pain Team



After your operation it is important for you to have good pain relief, both for your own comfort and to allow you to do the deep breathing exercises and leg exercises which are necessary for a speedy recovery. This leaflet explains how the Epidural pain relief (**analgesia**) works, as your Anaesthetist has decided that this is a suitable method for you.

Having read this leaflet your Anaesthetist will be happy to discuss any questions/concerns you may have.

WHAT IS AN EPIDURAL?

A tiny plastic tube (**epidural catheter, figure 3**) is placed within the epidural space in your back (**figure 1**). You get pain relief from drugs given through this tube.

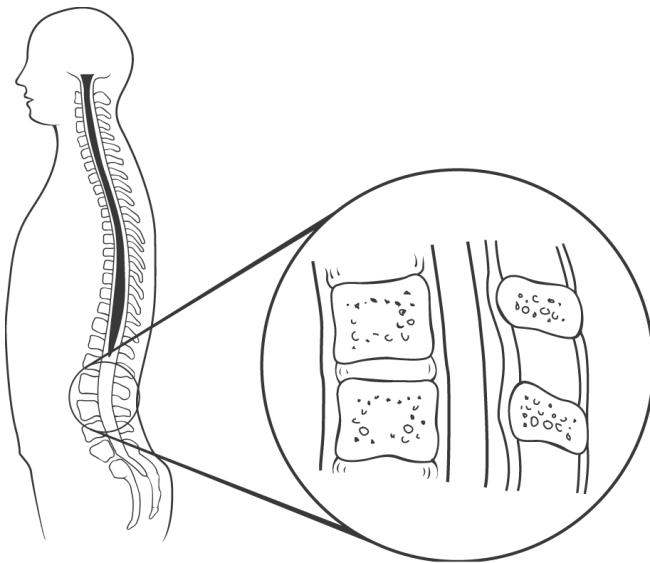


figure 1. Example of the placement of a lumbar epidural

WHEN IS THE EPIDURAL PUT IN?

It is normally put in place at the time of your operation (**figure 3**). We may ask you to either roll up into a ball or sit curled over. These positions bend your spine allowing easier access to the epidural space.

Once you are in the correct position the Anaesthetist will clean your skin with antiseptic and numb the area with local anaesthetic before the epidural goes in (**figure 2**).

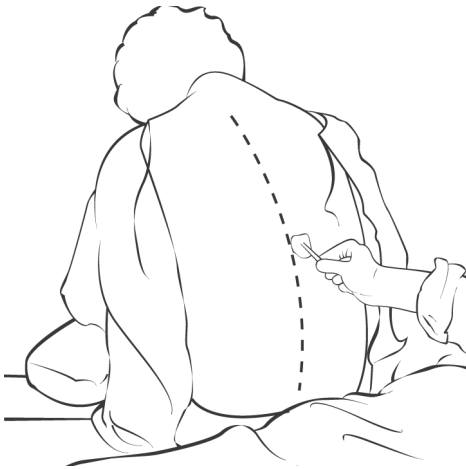


figure 2.
Example of the preparation for a thoracic epidural

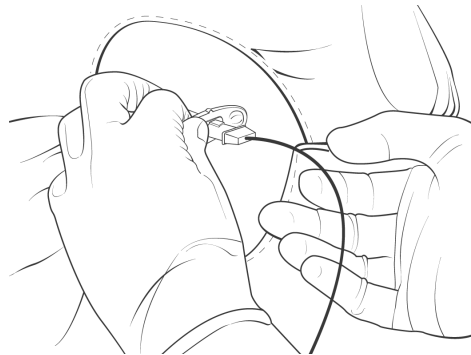


figure 3
Placing of the epidural catheter

WHAT ARE THE BENEFITS OF EPIDURAL PAIN RELIEF?

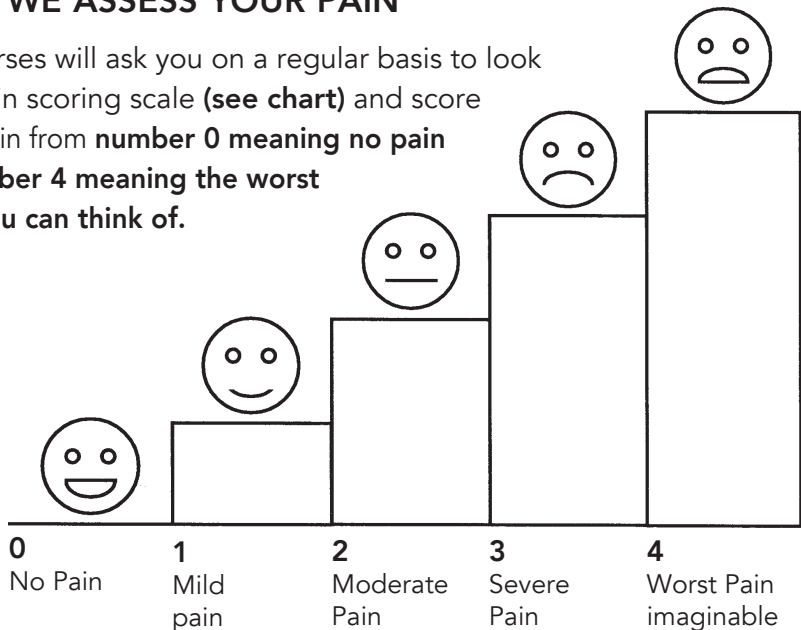
For most people, epidural pain relief is so effective that they feel no pain at all. More commonly, there may be a little discomfort at times but overall pain relief is rated as excellent. Epidural pain relief also improves blood circulation to the legs and is therefore beneficial after certain operations to relieve blocked blood vessels. Other benefits include earlier return of bowel function and reduced risk of chest complications (**for example chest infections**) after major operations.

WILL I BE ABLE TO GET ABOUT?

It would not be safe for you to walk around alone but you will be able to get out of bed to sit on a chair with the help of ward nurses. You should **never** try to get out of bed on your own.

HOW WE ASSESS YOUR PAIN

The nurses will ask you on a regular basis to look at a pain scoring scale (**see chart**) and score your pain from **number 0 meaning no pain to number 4 meaning the worst pain you can think of.**



THE ICE TEST-

WHY DOES IT HAVE TO BE CARRIED OUT?

Epidural painkillers not only numb (**block**) pain nerves, but also nerves which control temperature. To monitor how well the epidural painkillers are working for you the nurse may use an ice cube to find out what nerves are numb.

WHAT ARE THE SIDE EFFECTS/COMPLICATIONS?

Side effects and complications can occur. Knowing about them will help with early detection and treatment.

- 1 itching
- 2 bladder emptying problems
- 3 leg weakness
- 4 backache
- 5 Failure of epidural (alternative pain relief will then be arranged)
- 6 low blood pressure (1 in 30)*
- 7 headache (1 in 100)*
- 8 respiratory depression (slow breathing)/sedation (1 in 400)*

❖ In addition very rarely:-

Because the epidural space is close to the spinal cord a collection of pus, or a blood clot can cause pressure on the spinal cord and cause direct nerve injury.

Serious complications from epidural analgesia are rare (1 in 12000)*

* approximate incidence of risk.

For further information please refer to NAP 3 (2009) Major complications of central neuraxial block in the United Kingdom; Royal College of Anaesthetists

While you have an Epidural infusion running you should let the ward staff nurse know if you suffer from any of the following -

- ❖ Increased pain at your wound
- ❖ itch
- ❖ heaviness in your legs, difficulty in moving your legs
- ❖ pain at your back
- ❖ dizziness
- ❖ headache
- ❖ nausea (**feeling sick**)

THE ACUTE PAIN TEAM

The Acute Pain Sister and/or the Anaesthetist will visit you on a regular basis while your epidural is in place. This visit is to check that you are happy with your pain relief. If you have any further questions about epidural pain relief, they will be happy to answer them.

REMEMBER

People whose pain is controlled tend to make a quick recovery, are less likely to suffer complications, are up and about sooner and therefore may be discharged home earlier.

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QUALITY ASSESSMENT SURVEY (EPIDURAL)

1. Did anyone from the hospital explain how your pain would be relieved during your stay? Yes No
2. Did you understand what they told you? Yes No
3. Did you have to wait too long to get pain medicine? Yes No
4. Were you concerned about bothering the nurse to ask for pain medicine? Yes No
5. Did you feel in control of your pain? Yes No

6. Please rate the worst pain you had during your stay
(tick a number from 0 - 4).

No Pain

Worst Pain imaginable

0 1 2 3 4

7. How satisfied were you with your pain relief during your stay?
 Very dissatisfied
 Dissatisfied
 Neutral
 Satisfied
 Very satisfied

8. Please let us know how we could have improved your pain relief -

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If you wish to discuss your pain control further please include your name and telephone number and a member of our pain team will contact you directly.

Thank you

Personal details (**optional**)

Name

Tel No

For the attention of the Acute Pain Sister

Issue site
Issue date