Possible Side Effects and Complications of Epidural Anaesthesia

Epidural anaesthesia is very safe and effective, but does have risks.

Common side effects for the mother:

- Legs may feel heavy, weak and numb, leading to restricted mobility during later stages of labour.
- Difficult passing urine, which may require a bladder catheter. This carries a small risk of urinary infection.
- A decrease in blood pressure. This will be treated with intravenous fluids and medication, if necessary.
- If the patient is short or obese, precise placement of the epidural catheter may be difficult.
- Approximate 1% of patients having an epidural will develop a headache afterwards, which occasionally can be severe. This will usually resolve over time, however if it is causing distress there are other procedures which can treat it sooner.

Serious Complications

Serious complications are extremely rare. Specialist Anaesthetists are trained to recognise and promptly treat situations with the potential to be life threatening or permanently debilitating.

- Infection at the site of the puncture and the region surrounding the spinal cord. This condition requires treatment with antibiotics.
- 1 in 3000 women experience temporary damage to spinal nerves. Virtually all of these cases recover within a few weeks or months. Temporary nerve damage can also be caused by the labour rather than by the epidural.
- In 1 in 10000 cases some permanent nerve damage may occur.
- The local anaesthetic may inadvertently be injected into a blood vessel. This may cause dizziness, and a metallic taste in the mouth. In extreme cases, convulsions and heart problems may occur.
- Very rarely, breathing may be affected by the epidural.

Some common questions regarding Epidural Anaesthesia

- *Will my labour be longer?*

An epidural will usually not effect the duration of first stage labour, however the second stage may be slightly longer.

- *Will my epidural cause backache?*

Backache is common after pregnancy and labour, whether or not an epidural is given. An epidural does not make it any more likely to occur.

- *Will it increase my chances of needing a Caesarean Section?*

An epidural will not increase your chances of needing a Caesarean Section, however it may make the use of forceps at delivery more likely. Conversely, if your Obstetrician expects that you might need forceps or a Caesarean Section, they may also suggest an epidural.

- *Is there any reason not to have an epidural?*

An epidural is not advised if there is infection present over the lower back, where there is a history of bleeding disorder, or where there is significant spinal abnormality which may make insertion difficult. Severe pre-eclampsia, a complication of pregnancy, can also sometimes make an epidural unsafe.

IMPORTANT FINANCIAL INFORMATION

You will receive an account from your anaesthetist if he/she is involved in providing anaesthesia pain relief. In some instances this account will be sent directly to your health fund for processing. Any GAP amount over the health fund rebate will be your responsibility. The amount of the GAP will vary depending on your health fund.

MORE QUESTIONS? If you require any further information regarding pain relief during childbirth, or wish to see an anaesthetist to discuss options for your forthcoming childbirth, or would like a detailed estimation of cost please contact the Hobart Anaesthetic Group on 6223 1610.

The Hobart Anaesthetic Group

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PAIN RELIEF DURING CHILDBIRTH

During childbirth, every woman's experience is unique and although having a baby is a natural process, it does cause significant pain and discomfort. Each woman will have a varying need for pain relief.

Modern Obstetric care has seen the development of a range of options for pain relief. It is important to have an understanding of the pain relief options available during childbirth, as your need for pain relief may change as your labour progresses.

A different level of pain is associated with each stage of labour. Pain is due to uterine contractions, stretching of the birth canal tissues, and pressure on the bladder, bowel and cervix as the baby moves through the birth canal. Contraction pains are usually felt as cramping sensations in the abdomen, groin and back. They increase in frequency and severity as labour progresses.

Many factors are involved in determining the pattern and intensity of the pain. These include:

- size of the baby
- size of the mother's pelvis
- length of labour
- fatigue, anxiety and fear
- intensity and effectiveness of the contractions
- position of the baby

For women whose labour progresses well and have little or no complications, pain can often be managed using techniques learned during pregnancy such as relaxation exercises, breathing techniques, massage, heat packs and changing positions during contractions, such as squatting, or walking.

If the labour pains are very intense or the labour is not progressing smoothly, medical intervention may be necessary.

ENTONOX (Nitrous Oxide & Oxygen)

The gas is inhaled through a facemask or mouth piece. It is most effective if inhaled at the commencement of a contraction. Its effect wears off quickly and can be safely used throughout labour. It is not known to have any effect on the baby and does not usually cause drowsiness, but may make you feel slightly nauseous. Although not a strong pain reliever Nitrous Oxide helps women cope with short periods of intense pain.

INJECTION OF OPIOID

Another method of pain relief is injection of opioid given intramuscularly into the thigh or buttock, or intravenously into a drip. The most common drugs used are morphine and pethidine. Opioids do not slow labour or affect contractions, but may cause nausea vomiting and drowsiness. The baby's breathing may be slow as a direct result of the opioid. The obstetric nursing staff are trained to deal with the baby's response to opioids. Pain relief from an opioid lasts approximately two hours and although it doesn't completely block the pain it is usually very effective.

PAIN RELIEF REQUIRING AN ANAESTHETIST

EPIDURAL ANAESTHESIA

Your obstetrician may recommend an epidural for pain relief during labour. Epidural analgesia has been used for the last 40 years for millions of women and has an excellent safety record when administered by a specialist anaesthetist. It is regarded as the most effective and reliable method of pain relief during labour. It relieves backache and contractions pains but may allow the mother to feel some sensation during labour and at the time of delivery when her cooperation may be required.

TECHNIQUE:

Before the epidural is inserted, the anaesthetist will place a drip in your arm. You will then be positioned, either sitting up or lying on your side, for the insertion of the epidural. After cleansing the skin on your back, the anaesthetist will numb a small area of the lower back by injecting a little local anaesthetic under the skin. Using a special needle a thin plastic tube (catheter) is fed between two vertebrae (bones of the spine) and through the ligaments of the spine before the needle is removed and the outer end of the catheter is taped to your back.

Made of soft flexible plastic, the catheter will not injure the spinal cord or nerves and is left in place in the epidural space throughout labour . The patient is able to lie in any position that is comfortable for her. The pain relief medication (usually a mixture of local anaesthetic and opioid) is then injected through the catheter into the epidural space. The pain medicaton can be tailored to provide the best level of pain relief for your particular circumstances, including the option to self administer (PCEA).

An epidural allows the anaesthetist to inject local anesthetic over a longer period of time that is possible with a single spinal injection.

Pain relief usually occurs within 10 to 30 minutes.

SPINAL ANAESTHESIA

Spinal anaesthesia involves injecting local anaesthetic directly into the fluid surrounding the spinal nerve roots beneath the spinal cord. The anaesthetist will numb a small area of the lower back with local anaesthetic injected just below the skin. Local anaesthetic is then injected more deeply and numbs the nerves. Like an epidural, the lower body feels numb from the waist down. This will make the legs heavy and difficult to move. A spinal works quickly and lasts for several hours, but it cannot be "topped up" in the same manner as epidural anaesthesia is.

COMBINED EPIDURAL AND SPINAL ANAESTHESIA

There are times when a combined spinal and epidural anaesthesia are used (CSE). Pain relief is achieved quickly with the spinal, but is able to be topped up via the epidural catheter.

ADVANTAGES:

- An epidural or spinal block causes little or no drowsiness to mother and baby.
- Lower incidence of nausea and vomiting.
- Pain relief is usually excellent resulting in a reduction of the stress-related responses of the body to the pain of childbirth, such as over-breathing, muscle spasm and high blood pressure. This may also improve blood and oxygen supply to your baby.
- Flexibility. It can be used for pain relief for any other procedures that may be necessary, such as forceps delivery, removal of retained placenta or Caesarean section.
- The success rate of epidurals in reducing pain during labour and delivery is 95% or greater.