

3. The epidural space is very small. If the needle is pushed a little too far it may pierce the membrane around the spinal nerves, which may result in a headache. If this happens, the headache may resolve by itself or may require further treatment later. The chance of this happening is about 1%.
4. Backache may occur after pregnancy whether an epidural was inserted or not.
5. The epidural may cause the baby's heart beat to initially slow down, however this is usually transient and relieved by repositioning you and increasing your intravenous fluids to adjust your blood pressure.
6. In second stage you may be able to push more effectively as you are pain free, however there is a possibility that the decreased sensation may decrease your ability to push, and may increase the chances of you needing an assisted delivery using forceps or vacuum extraction.
7. Very rarely the local anaesthetic used for the epidural may effect the muscles of respiration requiring temporary assistance with breathing. Other extremely rare complications with epidurals include permanent nerve damage, seizures, paraplegia and death. Your anaesthetist and the midwifery staff are trained to prevent and treat complications should they arise.

### Caesarean Section performed under an Epidural Anaesthetic

Most times a caesarean section can be performed under an epidural anaesthetic with your partner present. However, there are a few situations in which an epidural may be unsuitable or inappropriate. If a baby needs to be delivered urgently there may be insufficient time to wait for an epidural to be effective for a caesarean section. Occasionally the epidural is insufficient pain relief for a caesarean section. In these situations, a general or spinal anaesthetic would be required. Should you require a caesarean section and are contemplating an epidural or spinal anaesthetic, you will need to discuss this in detail with your obstetrician and your anaesthetist.



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Part of Ramsay Health Care

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Patient Information

# Epidurals & Spinals for Childbirth



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## Welcome to Kareena Private Hospital

On behalf of all our staff, we extend a warm welcome and thank you for selecting Kareena Private Hospital. Your care and comfort are our primary concern and we are pleased to provide you with important information on our services.

We invite you to take a few minutes to read this information brochure. Please do not hesitate to contact any member of our staff should you have any questions or require any further information.

### Introduction

There are a number of methods available to relieve the pain experienced during labour and delivery. The type of pain relief provided for labour needs to be determined on an individual basis. Epidural anaesthesia is the only method that can routinely provide complete pain relief for all stages of labour while not interfering with the mother's conscious level. An epidural may be utilised for a caesarean section if that should be indicated.

### What is an Epidural Anaesthetic?

An epidural involves the injection of drugs (local anaesthetics and possibly opioids) at the lumbar level into the epidural space which surrounds the spinal cord and the traversing spinal nerves. The drugs are taken up by the spinal nerves affecting the passage of most sensations including the blocking of pain. The area from the level of umbilicus to the top of the thighs and lower legs will become quite numb. An epidural may be used for post operative analgesia with the injection of opioids after caesarean sections.

### What is a Spinal Anaesthetic?

A spinal needle is a finer needle and involves one injection and then the needle is removed. The advantage of a spinal anaesthetic is that the onset of the anaesthetic is much faster and more complete. It is more commonly used for caesarean sections, however, can be used during labour.

### Epidural Insertion

Prior to the epidural insertion an intravenous drip will be commenced to keep your blood pressure normal and in case the anaesthetist needs to give you any medication. Your blood pressure will be taken frequently after your epidural has been inserted. Some patients experience nausea and shivering or shaking after an epidural injection. This usually lasts for a short time only and is not serious. It is very important that you do not lie on your back while you are in labour as this can cause your blood pressure to drop.

You will be positioned either on your side or sitting up with your back curled to make the spaces between the bones larger so the epidural needle can be inserted into the epidural space. Local anaesthetic is injected into the skin prior to the epidural. It is most important that you do not move during the insertion of the epidural. If you have a contraction while the epidural is being inserted, tell your anaesthetist so that they can wait for the contraction to pass before proceeding. A fine tube (a catheter) will be threaded through the epidural needle into the space. The needle is then withdrawn from your back leaving the catheter in place. The local anaesthetic is injected through the catheter as top-ups or as a regulated continuous infusion. The epidural will take approximately 20 minutes to have its full effect. The catheter will be taped to your back so that you can move from side to side in bed.

Your baby will be continually monitored with a fetal monitor after your epidural has been inserted.

We advise you not to get out of bed by yourself until your epidural anaesthetic has fully worn off. Nursing staff will assist you when you first mobilise.

### Who Performs the Epidural Anaesthetic and What Does It Cost

All epidurals are performed by specialist anaesthetists who are accredited at Kareena Private Hospital and are members of the Division of Anaesthesia and who hold a Fellowship awarded by the Australian and New Zealand College of Anaesthetists (FANZCA) or equivalent college.

Kareena Private has a specialist anaesthetist rostered out of hours, to support surgical and obstetric anaesthetics.

You may choose your anaesthetist, however, that person may not be available at the time that you require their services. The anaesthetist will usually need to be called from the operating theatres or out of hours from home. As a result, there may be a delay before the anaesthetist is able to be in attendance. If your labour becomes painful and you anticipate that you may need an epidural please consider the above factors.

Your anaesthetist's fee for attendance and performance of your epidural will be calculated on factors such as after hours attendance and the duration and complexity of the procedure. After Medicare and your private health fund have rebated their portions of the anaesthetist's fee, there is still a significant "gap" which you will be required to pay yourself to meet the full fee for your epidural.

### What Complications are associated with Epidurals

Epidurals are very safe for both mother and infant HOWEVER your anaesthetist needs to know if you have any of the following:

- Any problems with your back
- High blood pressure during this pregnancy
- Problems with excessive bleeding
- Any abnormal sensation, weakness or neurological problem
- Any allergies or other health problems
- Localised skin infections
- Previous epidurals

### Complications of Epidurals can include the following:

1. The epidural decreases the sensation of your bladder and your ability to pass urine, therefore a urinary catheter may need to be inserted whilst your epidural is effective. Transient bladder problems occasionally occur post delivery.
2. Epidurals fail to provide adequate analgesia in approximately 3 – 5% of cases and may require re-insertion.