

Information for patients

Continuous Epidural



Acute Pain Services

Instruction Leaflet For Patients Who Have Had A Continuous Epidural For Post Operative Pain Management at Rjah

Surgical procedure:

Date of surgery:

Date of removal of the epidural catheter:

Surgeon:

Introduction

What is an epidural?

The nerves from your spine to your lower body pass through an area in your back close to your spine, called the epidural space. To establish an epidural an anaesthetist injects local anaesthetic through a fine plastic tube (an epidural catheter) into the epidural space. As a result, the nerve messages are blocked. This causes numbness, which varies in extent according to the amount of medication injected. An epidural pump allows the medication to be given continuously through the epidural catheter. When the epidural is stopped, full feeling will return. Further information can be obtained from the Royal College of Anaesthetist (rcoa) (2020) Epidurals for pain relief after surgery. www.rcoa.ac.uk/patientinfo

Serious complications from continuous epidural analgesia are rare (1 in 10,000). The scale below is provided to help people interpret the words and the numbers (rcoa 2020):

Very common	Common	Uncommon	Rare	Very rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000

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. In the unlikely event that there is pressure on the spinal cord following removal of the epidural catheter it is crucial to diagnose and treat as quickly as possible. This must be done by expert hospital doctors to prevent delays in treatment and long lasting damage.

Complications can develop days/weeks after removal of the epidural catheter. This leaflet tells you what to look for and what action to take if you think that you have a problem following removal of the epidural catheter.

Assessment Before The Removal Of The Epidural Catheter.

At the end of your treatment with your epidural infusion the team of doctors and nurses caring for you will examine you to ensure that you do not have any residual numbness or weakness of your legs from the action of the medication in your epidural infusion. They will ask you to move your legs and examine you to make sure the feeling in your legs is as it was before your operation. It is important to remember that some operations can cause altered feeling in the legs therefore any changes experienced may be as a result of the surgery and not the epidural. If you do have altered feeling to your legs when the epidural is removed please discuss this with your surgical and nursing teams who will liaise with the acute pain team/anaesthetist.

If you experience any of the listed signs and symptoms (see list below) as a new problem, after your epidural has been stopped as an inpatient, the nurse looking after you must contact the acute pain team or the anaesthetist immediately. Out of hours the nurse looking after you will contact the on call anaesthetist and the on call surgeon.

If you have been discharged from the hospital and you are experiencing some of the signs and symptoms (see list below) as a new problem, it is important that you attend your nearest accident and emergency department as soon as possible, to prevent delays in treatment and long lasting damage. Please take this information leaflet with you.

Signs And Symptoms

- Redness, tenderness, pain or pus at the epidural wound site on your back.
- Feeling generally unwell despite the fact that all seems to be well with the surgical wound.
- High temperature.
- Neck stiffness.
- Numbness or weakness in your legs, difficulty with movement and an inability to take weight through the legs.
- Difficulty in passing urine, incontinence of urine or faeces.

References

- Royal College of Anaesthetist (2020) Epidurals for pain relief after surgery. www.rcoa.ac.uk/patientinfo
- The 3rd National Audit Project of the Royal College of Anaesthetists (2009) Major complications of central neuraxial block in the United Kingdom.
- Royal College of Anaesthetist (2010) Best practice in the management of epidural analgesia in the hospital setting.

If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Feedback

Tell us what you think of our patient information leaflet. Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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