

PÔLE ANESTHÉSIE - RÉANIMATIONS

Service
d'Anesthésie-Réanimation Chirurgicale I

Hôpitaux Bretonneau & Clocheville

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PATIENT INFORMATION ON EPIDURAL ANALGESIA DURING LABOUR

Madam,

During labour you may be offered an epidural, should you so wish and if there are no contra-indications. This pain-relief procedure is performed by an anaesthetic doctor.

To help you in your choice, we have laid out below some information on epidural analgesia.

What is epidural analgesia?

The epidural space surrounds the entire length of the spinal cord, the spinal cord's lining (the meninges) and the spinal roots.

A local anaesthetic medication injected into the epidural space will come in contact with the spinal roots and will result in pain relief. You may feel the uterine contractions but without them being painful.

How is an epidural performed?

Once you have reached a certain stage in labour, a needle can be introduced into the epidural space between two lumbar (lower back) vertebrae, after the skin has been disinfected and numbed with local anaesthetic. The needle then allows injection of local anaesthetic into the epidural space and also the insertion into the space of a very fine tube (catheter). The needle is removed and the catheter remains in place for the duration of labour, allowing further injections of anaesthetic as required.

The epidural is inserted into the lower back, below the level of the spinal cord in order to avoid damaging it, should the needle go in too far. The epidural is quick to perform and not painful provided you cooperate fully. For this you will need to:

- Sit still and slump slightly forward, rounding out your lower back
- Tell the anaesthetist if you feel a contraction coming
- Tell the anaesthetist if you feel any pain or unusual sensation

The first injection is effective within ten minutes. The duration of the pain-relief is very variable depending on factors such as, the speed of the cervical dilation, the position of the baby's head and your own pain threshold. The anaesthetist will have different options to maintain the analgesia throughout the labour, depending on his/her habits and what equipment is available at the time:

- he/she may come back and inject more anaesthetic medication through the catheter when the contractions feel painful again

- he/she may set up a continuous infusion of local anaesthetic through the catheter, using a syringe-driver
- he/she may offer you a patient-controlled epidural analgesia device: you will be given a pump with a button to press when you want more epidural medication injected.

If a Caesarean section becomes necessary it can be performed under epidural anaesthesia (except in cases of extreme urgency). A more concentrated solution of the local anaesthetic is injected into the epidural space, using the catheter already in place. This avoids complications and unpleasant effects during the recovery phase that can be associated with general anaesthesia. This technique also allows you to see your baby sooner.

You should know that, depending on your health at the time or on blood test results, you may not be given an epidural. This can be the case, for example, if you have a fever, or disorders of your blood clotting or if you have a skin infection on your back...

Ultimately, whether you receive an epidural will depend on the decision and the availability of the anaesthetist on duty when you are in labour.

Is epidural analgesia always effective?

For technical or anatomical reasons, it may happen that epidural insertion is not successful or that the local anaesthetic injected has little or no effect. The failure rate of epidural analgesia for labour is around 5%.

What are the complications?

- Pain at the needle insertion point or lower back pain that usually fade quickly, either by themselves or with pain-killers.
- Difficulty in passing urine. You may need a urinary catheter. This settles down when the action of the local anaesthetic wears off.
- Headaches. They occur in 0.5 to 2% of epidurals. They can sometimes be adequately relieved by pain-killer medication but they may need specific treatment if they are too bothersome.
- Neurological complications in the lower limbs: paraesthesia (numbness, pins and needles, electric shocks) or muscle weakness.

These problems are, most times, temporary. Their frequency is between 1 per 1000 and 1 per 10,000 epidurals.

If you would like more information, we can answer your questions during the anaesthetic out-patient visit or during labour.

The appointment for the pre-birth anaesthetic visit must be booked with the Secretary of the Obstetrical Out-patient Clinic on **02.47.47.47.40** or **02.47.47.69.92**