

What is an Epidural Infusion?

An Epidural infusion is a way of giving you pain relief via a small catheter placed in the epidural space in your back. . It can be used during and after surgery. The Doctor (Anaesthetist) responsible for managing your pain passes a small plastic tube (catheter) into your back, into the space around your spinal cord called the Epidural space. Pain relieving medicine is then given continuously through this tube via a locked pump. The tube (catheter) is secured to your back with a special see through dressing.

How does an Epidural Infusion work?

Nerves that transmit pain signals to the brain lie in the Epidural space. Pain medicine is given into this space to temporarily block these signals and therefore reduce your pain. The two medicines that are used are - local anesthetics (numbing agents) and a pain relieving medicine (Opioid).

What are the benefits of having an Epidural Infusion?

- An Epidural Infusion can offer very effective pain relief
- It often means you will be able to move around sooner after surgery without it hurting as much
- There are fewer side-effects associated with the use of local anesthetics and pain medication in Epidural Infusions and therefore the risk of postoperative complications is reduced.
- Effective pain relief can ease your recovery.

Is an epidural suitable for all patients?

An Epidural Infusion is not suitable for every patient and every type of surgery. It may not be suitable if the risks outweigh the benefits, or if you have any of the following:

- A blood clotting abnormality
- Take blood thinning medication
- An allergy to the medications used in the Epidural Infusion
- Broken or infected skin on your back
- A reduced immune system
- Certain spinal conditions

What if I am unable to have an Epidural Infusion or I decide I do not want to have one?

Having an Epidural Infusion for your pain management after surgery is a decision to be made with your Anaesthetist, who will discuss with you all the advantages and disadvantages. There are alternate pain relieving methods that can be used. Your Anaesthetist will discuss these with you.

Who looks after the Epidural Infusion?

The staff nurses looking after you will closely monitor your Epidural Infusion to ensure it is working safely and effectively. The nursing staff will carefully monitor your blood pressure, heart rate, temperature and pain score while you are receiving epidural analgesia and will also regularly check the movement and sensation in your legs. The nursing staff have close contact with the Pain Management Team and Anesthetic Department, who are always on hand for advice and support with your pain management.

Are there any side-effects?

Side-effects may result as secondary effects from a treatment. They can usually all be well managed. The common side-effects from an Epidural Infusion are:

- **Itching, feeling sick or vomiting:**
This usually occurs if an opioid medication is used in the Epidural Infusion. Nausea and vomiting can be treated with anti-sickness medications or in some cases the opioid medication can be removed from the Epidural Infusion.
- **Inability to pass urine:**
The Epidural Infusion can have an effect on the nerves that supply the bladder which may affect your ability to pass urine; a catheter (a thin tube) may be passed into the bladder to allow urine to drain away. This catheter may be placed during your surgery, when you are asleep. The ability to pass urine normally should return once the Epidural Infusion is stopped and the catheter has been removed.
- **Sedation/drowsiness**
This usually occurs if an opioid has been used in the Epidural Infusion. You will be monitored closely and the Epidural Infusion will be adjusted accordingly to reduce drowsiness if required.
- **Heavy, numb or wobbly legs**
This is a common side-effect of having an Epidural Infusion and gradually wears off by the time the Epidural Infusion is stopped. Regular position changes and movement can help alleviate these sensations. . If necessary the amount of medication in the Epidural Infusion can be reduced so that you can mobilize with ease, whilst still ensuring that you are comfortable.

- **Inadequate pain relief**

Inadequate pain relief whilst receiving an Epidural Infusion usually occurs if the Epidural was unable to be placed effectively at the site of pain or the local anesthetic does not spread adequately to cover the exact area required. In some cases the Epidural catheter can leak, dislodge, or even fall out and an alternative mode of analgesia will be required.

Could there be any complications?

Serious complications following an Epidural Infusion are **rare**, but they can include:

- Infections at the Epidural catheter site and closer to the spinal nerves and cord
- Damage to the nerves in the back
- Spinal bleeding (collection of blood which presses on the spinal cord)
- Severe headaches

When will the Epidural Infusion be stopped?

Most patients will have their Epidural Infusion running for up to five days. After this time, the infusion will be stopped and alternative analgesia prescribed as required. Before your epidural catheter is removed you will have a blood sample taken and once your blood coagulation status is within the normal range, the Epidural catheter will be removed. Once the Epidural Infusion has been stopped and removed, you will continue to be monitored closely for 24 hours and you will also be prescribed other forms of pain medicine.

Does it hurt to remove the Epidural Infusion?

Removing the Epidural Infusion catheter does not hurt. Your nurse will ask you to lie flat on your side while the catheter is being removed. A small dry dressing will then be placed over the insertion site.

If you have any queries about your Epidural Infusion, please do not hesitate to ask your nurse who will contact the Pain Management Team if required.

Should you have any queries or questions please do not hesitate to contact the Pain Management Team **during office hours (Monday – Friday).**

(01) 809 2069

The Patient Advice and Liaison Service (PALS) are happy to receive all feedback.

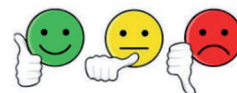
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**Pain Management
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**Continuous
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