

# Patient information

# Information for women who are considering an epidural or spinal anaesthetic

#### Introduction

Epidurals and spinals are types of pain relief known as "regional anaesthesia". This leaflet is designed to give you an overview. Your anaesthetist will discuss this information in further detail and answer any questions you may have.

#### **Epidurals**

Epidurals are often used to help relieve labour pain.

A little plastic tube is inserted into the epidural space in your back and pain relief is given through this. It usually takes about 20 minutes to insert and 20 minutes to work.

The epidural is connected to a special pump which you can control in order to be comfortable. You will be able to feel your legs and depending on the strength in your legs, you may be able to move around in your room.

Epidurals can be topped-up for caesarean section or assisted delivery.

#### However:

- Epidurals may slow down the second stage of labour (the time spent pushing baby out), and may increase the chance of needing assistance to deliver your baby.
- You may develop a fever.
- You will not be able to eat. You can drink water or non-fizzy energy drinks.

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 Your back may feel tender for a few days afterwards (where the epidural tube was inserted). Backache is a common problem during pregnancy and after child birth. An epidural or spinal should **not** cause long term backache.

#### Spinal anaesthesia

A one-off injection of pain-relief is given into your lower back. This works very quickly and allows a caesarean section or assisted delivery of your baby in the operating theatre. One of the medicines given will help to reduce your pain after the operation.

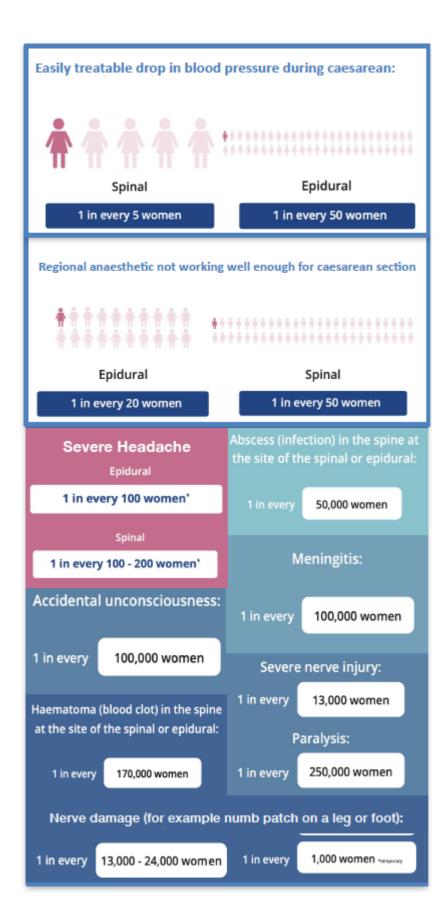
Your birthing partner will be present, and you will be awake for the birth of your baby.

You will still feel pressure sensations. Your anaesthetist will stay with you for the whole procedure. If you find the sensations unpleasant, further pain relief will be given. Occasionally, a general anaesthetic may be needed.

You may feel shivery or sick.

#### Risks of spinal / epidural





## **High BMI**

If you have a high Body Mass Index (BMI), you may need extra support during pregnancy and labour. Because of the higher chance of some pregnancy related problems, you may be offered an epidural early in your labour. Sometimes these take a little longer to insert, but having an epidural early on means there is more time to make sure you are comfortable. The anaesthetist will also need to do some routine checks of your airway, veins and spine to predict whether they will need special equipment to look after you. If your BMI is > 40, you will be given an opportunity to see or talk to an anaesthetist before you go into labour.

## Follow-up

We aim to visit **all** women who have had an epidural or spinal before they go home. If you are discharged within 24 hours this may not be possible.

#### Side effects to report

It is very rare to develop serious problems after regional anaesthesia.

Please contact your midwife or GP **immediately** if you **suddenly** develop any of the following:

- Severe headache worse when standing up and better when lying down
- Leg numbness
- \* Leg weakness
- Loss of bladder or bowel control
- Severe back pain

If you are very concerned please contact ward F11 on 01284 713216

#### For more information

Please scan the QR code



or visit list: www.labourpains.com

This website is run by the Obstetric Anaesthetists' Association (OAA) and provides public information about anaesthesia during pregnancy.

In addition, it provides translations of this information in a wide variety of languages.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <a href="https://www.accessable.co.uk">https://www.accessable.co.uk</a>



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