

Epidural or spinal anaesthetic – aftercare information

Surgery and Anaesthetics Patient Information Leaflet

Introduction

You have had an epidural or spinal anaesthetic for pain relief. During labour and/or delivery an epidural or spinal anaesthetic is often used to control pain. These are different but similar techniques are used:

- **Epidural** – an epidural consists of a fine plastic tube inserted into your back through which pain-relieving drugs are given.
- **Spinal anaesthetic** – if you had a caesarean section or had any procedures in the operating theatre, you may have received a spinal anaesthetic (an injection in the back to numb the lower half of the body).

Complications after an epidural or spinal are rare but it is important that you know about them. Both techniques have similar complications. In hospital, the midwives and anaesthetists will observe you until you go home. The information in this leaflet is to help you recognise any complications after you have gone home.

What are the complications?

Headache

Minor headaches are common after surgery and childbirth, with or without an epidural or spinal anaesthetic.

Occasionally, a severe headache occurs after an epidural or spinal anaesthetic. This typically occurs between one day and one week after having the epidural or spinal anaesthetic. It is usually a severe headache, felt at the front or back of your head, which gets better when lying down and worse if you are sitting or standing.

Along with the headache, you may experience neck pain, sickness and a dislike of bright lights. It may be severe enough to prevent you from carrying out normal activities.

Lying flat and taking pain-relieving drugs such as paracetamol and ibuprofen may help. You may need to take both of these painkilling drugs and take them regularly every six hours. You should drink plenty of fluid and avoid lifting or straining. If the headache is severe, or does not improve after 24 hours, you should seek medical advice:

Ring Russells Hall Hospital on 01384 456111 and ask to speak to the on-call obstetric anaesthetist.

Explain that you have had an epidural or spinal anaesthetic recently. You may need to come back to hospital and be treated with an injection in your back.

Nerve damage

Minor nerve damage resulting in numb or tingly patches is common following childbirth. It can be caused by the epidural or spinal anaesthetic but is more often caused by pressure from the baby's head on the nerves during delivery, pressure from suction or forceps delivery, or from fluid retention. It usually recovers completely within six months but occasionally may not recover completely.

Permanent disabling nerve damage is a serious but also very rare complication of having an epidural or spinal. It is usually caused by either infection or bleeding within the spine.

Infection

Very rarely, an infection may develop where the epidural or spinal was inserted. This may occur on the surface of the skin or more deeply, close to the spinal cord and nerves. The infection may develop into an abscess within the spine which may press on the spinal cord and nerves and cause damage. It needs urgent treatment with antibiotics, and sometimes surgery, so you should contact your GP for advice.

Bleeding

Very rarely, bleeding within the spine may cause a collection of blood, called an epidural/spinal haematoma. This may press on the spinal cord and nerves, and cause damage, and urgent surgery may be needed to release the pressure.

What should I look out for at home?

It is important that you are aware of anything that may suggest that you have a complication from the epidural or spinal. You should, therefore, look out for:

- Redness, swelling or pus around the site on your back where the epidural or spinal was inserted.
- Fever.
- Neck stiffness.
- Changes in the feeling and/or strength in your legs.
- Any new moderate to severe pain around the site on your back where the epidural or spinal was inserted.
- Difficulty passing urine or loss of control of your bowels or bladder.

These serious complications from epidurals or spinals need to be treated urgently; therefore, if you have any of these symptoms, you must seek medical advice immediately by:

- Ringing Russells Hall Hospital on 01384 456111. Ask to speak to the on-call obstetric anaesthetist or
- Going to the nearest Accident and Emergency Department.

Explain that you have had an epidural or spinal recently.

Can I find out more?

Further information about epidurals and spinals can be found on the Royal College of Anaesthetists website:

www.rcoa.ac.uk

Search under information for patients.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact Russells Hall Hospital on 01384 456111. Ask to speak to the on-call obstetric anaesthetist.

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/anaesthetics/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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