

When can I have an epidural?

An epidural is usually placed once your contractions are strong and regular and your cervix is dilating.

What are the advantages of an epidural?

An epidural is the most reliable way to provide continuous pain relief during labour. If an epidural is already in place, it can also be used for anesthesia if you need an unplanned caesarean section.

Research shows that:

- Epidurals don't adversely affect your baby.
- Epidurals don't increase your chance of needing a caesarean section.

What are the disadvantages of an epidural?

- Your blood pressure may drop, causing you to feel light headed or sick to your stomach. Your blood pressure will be checked often while you have an epidural in.
- You may need to stay in bed as your legs may feel heavy and numb.
- You may need a urinary catheter because you won't be able to feel the sensation to urinate.

- The epidural may not always provide total pain relief. This may be addressed by adding more medication or your epidural may need to be repositioned. Epidurals are not perfect.
- The epidural may slow down the pushing stage of labour slightly and may increase the need for a forceps or vacuum delivery.
- The epidural site may be tender for a few days. Backache isn't caused by epidurals but is common after any pregnancy.
- A severe positional headache (worse sitting or standing; better lying down) can occur after an epidural. Less than 1 in 100 women will develop this 'post dural puncture headache'.

How is an epidural put in?

- An anaesthetist will put the epidural in. This takes about 20 minutes.
- An IV will be put in your hand or arm to give you IV fluids.
- We will help you into a sitting position for the procedure.
- Antiseptic will be put onto your lower back to cleanse the skin and local anaesthetic will be injected into your back. This will sting for a few seconds.

- You will feel a pushing sensation in your back while the epidural is inserted. Once the epidural catheter is in it will be taped and secured into place.

It is not painful to have an epidural inserted but you will continue to have contractions during the procedure. It is important that you remain still and breathe through your contractions.

It will take about 20 minutes for your epidural to take full effect. This occurs gradually. Your contractions will feel shorter and less intense.

During your labour there will be an infusion of anaesthetic fluid through the epidural catheter to provide continuous pain relief.

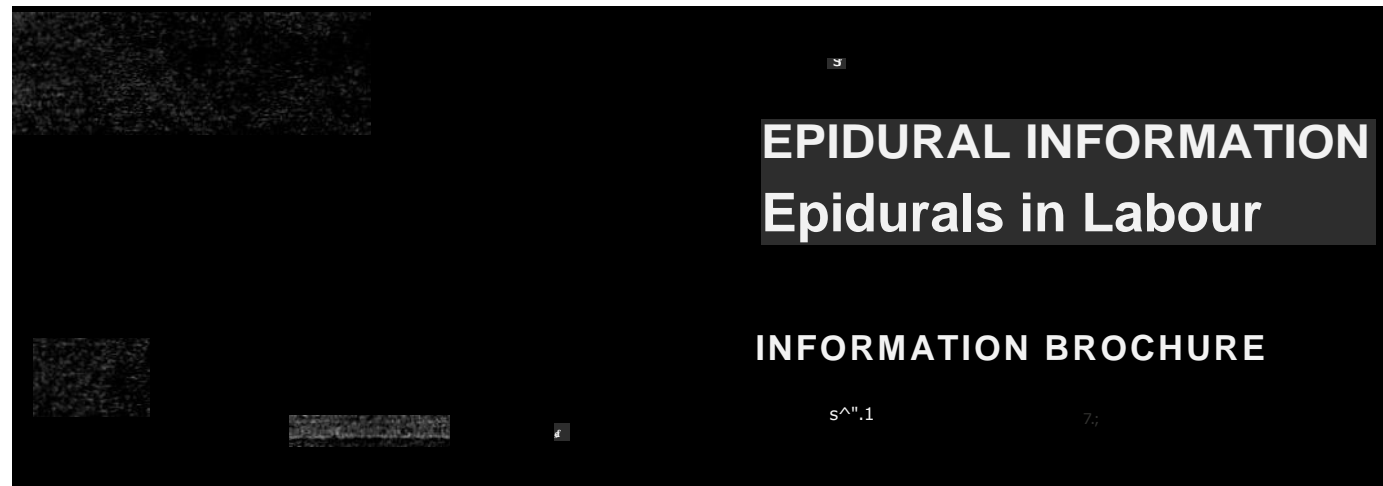
You will be given a button that will allow you to give yourself extra medication through the epidural if the infusion is not providing adequate pain relief.

After your baby is born the epidural catheter will be removed. Your legs may continue to be heavy and numb for one to two hours afterward.

What are the risks of an epidural?

RISK	How often does it happen?
Blood pressure drop	1 in 20
Patchy or inadequate pain relief	1 in 8
Headache	1 in 100
Nerve Damage	1 in 13,000
Epidural Infection	1 in 50,000
Epidural blood clot	1 in 170,000
Unexpected anesthetic spread	1 in 100,000
Severe injury/paralysis	1 in 250,000

**Risks associated with epidurals are so rare that these numbers are estimations.



References

Epidural for pain relief in labour. Anim-Somuah M, Smyth RMD. Cochrane Review. Dec. 7, 2011.

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Epidural Information Card, Obstetric Anaesthetists' Association, 2008. MacIntyre PE, et al.

Handbook of Obstetric Anaesthesia. Norris, Mark C. Lippincott Williams & Wilkins. 2000

What is an epidural?

An epidural is one option used to make your labour less painful. A small plastic tube, called an epidural catheter, is inserted between the bones of your spine. Local anaesthetic is given through this tube, numbing the spinal nerves to your uterus and providing pain relief until your baby is born.



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