

# Epidural Pain Relief for Older Children

(Eastern Services)

## Other formats

If you need this leaflet in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, contact the Patient Advice and Liaison Service:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- [rduh.pals@nhs.net](mailto:rduh.pals@nhs.net)

## Reducing your pain

If you have had an operation, you may experience some bad pain. One of the ways of managing this pain better is through using an epidural.

## What is an epidural?

An epidural is a way we can give pain relieving medicine into an area just outside the spinal cord (in your back) known as the epidural space.

The nerves for carrying pain signals to the brain are present in the epidural space, and so by giving you small quantities of pain-relieving medicine into this space we can block pain signals and control your pain.

Medicine is given through a small tube which is inserted into the epidural space by the anaesthetist (doctor who looks after you while you are asleep) during your operation. The tube is taped to your back and shoulder to secure it. It is then connected to a special pump which controls the amount of medicine you have.

You should not find the epidural tube uncomfortable, but if you do, please tell your nurse.

## Medicines used for epidurals

A local anaesthetic such as bupivacaine and a morphine-like drug (opioid) called fentanyl are used in the epidural, for pain relief.

The epidural will not stop you from moving around, but please remember to be careful not to pull the tube out.

## Side effects of medicines

Sometimes the medicines used in epidurals can cause side effects.

### Bupivacaine (local anaesthetic)

Can cause numbness to the legs. Please tell your nurse if you have any numbness in your legs. Please do not try to get out of bed on your own while you have an epidural. You should let your nurse know if you cannot move one or both of your legs or if you have numbness above your chest.

### Fentanyl (opioid)

- Can cause nausea. We can give you medicine for this problem if it does not go away.
- Can cause itching. Again, we can give you medicine to help with this.
- Can cause drowsiness. Sometimes drowsiness is normal, so please do not worry. If drowsiness is a problem, we can reduce the amount of medicine you have. We will then give you other medicine to make you more comfortable.
- Can make it difficult to pass urine. A urinary catheter (tube going into your bladder) may be inserted during your operation to prevent this problem.
- Respiratory depression (slow/shallow breathing) is the most serious possible side effect of opiate medicines. For this reason, your nurse will check on you frequently while you are having this type of medicine to make sure that this is not a problem. There is a medicine available to give to you if you do find it difficult to breathe. This is known as an antidote and makes using this type of medicine safer.

Your anaesthetist will be happy to discuss these effects and other possible side effects of epidurals with you and your parents.

## Complications

Serious problems with epidurals are rare or very rare, but side effects and problems can occur, so it's important to be aware of them. It's also important to be aware that alternatives to an epidural have many similar risks and side-effects.

Side effects that are very common include: feeling sick or itchy, legs feeling heavy or numb, or local anaesthetic solution leaking around the epidural at the skin which requires a new dressing. Less commonly, the epidural may fall out or not work properly. If either of these happens, different pain medicines will be given instead.

Skin infection can occur at the site of the epidural. This is also uncommon, but the epidural would be removed, and antibiotics might also be given.

Rarely or very rarely, damage to nerves can occur; this could be from when the epidural was put in, from a blood clot (haematoma) pressing on the nerves, or from a serious infection in the epidural space. All of these are very rare. If suspected, an MRI scan to

investigate the problem (possibly under a general anaesthetic) might be needed and treatment with antibiotics and/or surgery, depending on the cause.

Nerve problems resulting from an epidural are rare. If they do occur, altered feeling or strength that persists after the epidural has been removed is possible. Symptoms range from altered feeling in a small patch of skin to numbness and/or weakness in one or both legs; any effects usually get better over days or weeks. It is very rare for this to be permanent. Long term nerve damage (a problem lasting more than 6 months) occurs in less than 1 in every 10,000 epidurals.

Other very rare problems that can occur include high levels of local anaesthetic in the blood (local anaesthetic toxicity), or slowing of breathing due to the morphine in the infusion.

All these risks must be mentioned, but are very low risks indeed. An epidural will only be offered or recommended if your medical team (anaesthetist and surgeon) believe that the benefits outweigh the risks for your child. As mentioned above, alternatives to epidurals (including nerve blocks or morphine infusions) have many similar risks and side effects.

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The most common complication is a headache caused by a small puncture in the membranes surrounding the spinal cord. The headache can be severe and is worse when you sit or stand up. If this happens, pain relieving medicine can be given. A small amount of your blood may also be used to seal the 'puncture'. The relief of the headache is usually very quick.

Other complications are even less common and the risk of them occurring is 1 in 10,000 patients. They are:

- An infection or collection of blood around the epidural space which surrounds the spinal cord.
- Nerve damage which is usually temporary, but can be permanent. It can affect legs, bladder or bowel function.
- Increasing numbness in the legs and arms, difficulty in breathing and shock.

**It is therefore important to tell the nurse if you:**

- Feel hot and shivery.
- Have increasing or sudden back pain.
- Have numbness or weakness in the legs when the epidural has stopped.
- Are unable to move one or both of your legs.
- Experience difficulty or any changes in going to the toilet.

**If you develop any of these symptoms after you go home, you must tell your GP as soon as possible. The anaesthetist can be contacted on 01392 402474 during office hours.**

## **Other information**

Your nurse will keep a close check on you while you have an epidural to make sure you are okay.

Epidurals usually stay in for between 2-4 days, depending on how well you are doing.

Your nurse will take the epidural tube out while you are awake. This is simple and should not hurt.

While you have an epidural, and for a short time after it has been removed, you will probably be visited by one of our pain management specialist nurses. The pain management specialist nurses are there to work with you and the ward staff to make sure you are as comfortable as possible.

Remember to tell your nurse if you are feeling sore. We can only make you feel better if we know about your pain.

*We hope this leaflet will be of some help to you. If you have any questions, or need any other help to be more comfortable, please do not hesitate to ask us.*

## **Your notes**

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## PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact PALS:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- [rduh.pals@nhs.net](mailto:rduh.pals@nhs.net)

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You can also share your feedback on the Care Opinion website at [www.careopinion.org.uk](http://www.careopinion.org.uk) or freephone 0800 122 3135.



Scan the QR code to visit the Care Opinion website →

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