

Does it hurt to remove the epidural?

Removing the epidural catheter is not painful at all. Sometimes removing the dressings is uncomfortable. There are things we can do to minimise this discomfort, such as using a special spray to make dressings less sticky.

What happens afterwards?

When the epidural infusion is stopped, your child will still need regular pain relieving medicines by mouth or rectally (in the back passage). Any numbness from the epidural should disappear over the next few hours.

How can I help?

You can help your child by supporting them through their recovery period. You know your child best and are in a good position to help the nurses make an assessment of your child's pain. You should also encourage your child to take the medicines prescribed for them.

You can reduce your child's pain experience by simple distraction methods such as cuddles, playing games, reading, watching videos and just by talking to them.

What if I or my child does not want an epidural?

You and your child have a choice. Your child does not have to have an epidural. Following major surgery, an intravenous infusion of morphine or other method of pain can be used for pain relief. You and your child's anaesthetist will decide what is best for your child.

Where can I get more information?

Ask the nursing staff, Nurse Specialist in pain management or anaesthetist. Information about anaesthetics generally and epidurals for pain relief in adults can be found on www.rcoa.ac.uk

Things to look out for after discharge from hospital

Serious complications from epidural analgesia are very rare. In the unlikely event that an infection or a blood clot puts pressure on the spinal cord it is essential to diagnose and treat it as quickly as possible.

- *Signs of numbness and/or weakness in your child's legs, inability to weight bear(walk or stand) or neck stiffness*
- *Redness and or tenderness or pus (a yellow or green discharge) from the site where the epidural was.*
- *A High Temperature*
- *Difficulty in passing water or new incontinence of urine or faeces.*

If your child experiences any of these symptoms at home after an epidural, it is very important that you bring your child to closest Emergency Department without delay to be assessed by the anaesthetist on-call.


Bring this leaflet with you.

References


1. Llewellyn N, Moriarty A; The National Paediatric Epidural Audit, Paediatric Anaesthesia 2007; 17(6): 520-33.
2. Ecoffet C, Lacroix F, Giaufre E, et al (2010) Epidemiology and morbidity of regional anesthesia in children : a follow-up one-year prospective survey of the French- Language Society of Pediatric Anaesthesiologists (ADARPEF). Pediatric Anesthesia; 20:1061-1069

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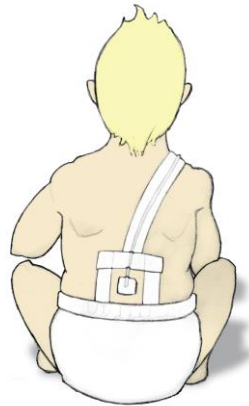


Our Lady's
Children's Hospital,
Crumlin



Temple Street
CHILDREN'S UNIVERSITY HOSPITAL

Epidural Infusion for Pain Relief after Surgery



Pain relief is important following major surgery, and your child's anaesthetist may suggest the use of an epidural infusion for pain control.

This leaflet, is provided to help you understand the benefits of epidural pain relief for your child.

**Pain Services Our Lady's Children's Hospital
Crumlin and Temple Street Children's University
Hospital**

What is an epidural?

An 'epidural' is a way of providing pain relief. It can be used to provide pain relief during and after your child's operation. The nerves in the back pass through an area in the back close to the spine, called the "epidural space". When your child is under [unconscious from the] general anaesthetic, the anaesthetist uses a needle to place a small plastic tube (the epidural catheter) into the epidural space, the needle is removed leaving only the catheter in your child's back.

What sort of medicine is used?

Two types of medicine are commonly used:

- a local anaesthetic drug on its own or
- a combination of a local anaesthetic drug and another pain relief drug

As a result, pain sensations are blocked. The local anaesthetic may also cause some numbness as well as providing pain relief. Other pain relieving medicines will be given while the epidural infusion is running.

The medication is delivered continuously using a special infusion pump. The pain relief lasts as long as the pump is running. When the pump is stopped, full feeling returns within a few hours.

How long will the epidural be in place?

Depending on the type of surgery it is usually in place for 2-3 days. Occasionally they are continued for longer.

Can everyone have an epidural?

No, some children cannot have an epidural. If your child has problems with blood clotting, or is taking blood thinning medicine, has an allergy to local anaesthetics, a spinal deformity or specific infections, then an epidural is not possible.

What are the benefits?

When the epidural is working properly studies show that it can provide better pain relief particularly when your child takes a deep breath, coughs or moves about in bed after an operation when compared with other pain relieving methods e.g. a morphine infusion¹.

Your child may need less alternative strong pain relief medicine, there should be less nausea and vomiting and your child is likely to be more alert.

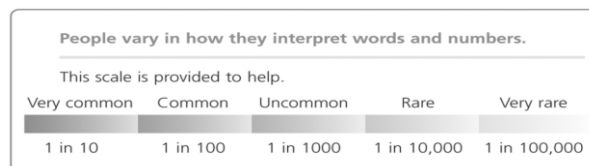
How will my child feel?

In the first few hours after surgery, your child may feel that their legs are very weak and heavy or tingling. This is common and usually lessens after 12-24 hours. This happens because anaesthetists often use stronger local anaesthetic during the operation than later on the ward. Because of these sensations it is important that your child does not get out of bed without help from nursing or physiotherapy staff.

Depending on the surgery your child may be able to sit up and move around in bed.

Are there any side-effects?

There are side effects associated with all methods of strong pain relief.



Common side effects with epidural infusions include numb or tingling legs and not being able to pass urine easily. It is often necessary to put a catheter (small tube) into the bladder to allow the urine to drain away. For some types of surgery this is essential.

Nausea, vomiting and itch can be side effects if pain relief drugs are added to the epidural. These side effects can be managed by giving your child anti-sickness or other medicines.

Rare or very rare complications

Occasionally children get a headache which is worse if your child sits up and gets better if your child lies flat, drinks some fluids and takes simple analgesia medication. If this happens the anaesthetist or pain nurse will explain why it happened and how it will be managed.

Temporary nerve damage is uncommon and can cause loss of feeling or movement in a large or small area of the lower body. In most children this gets better after a few days, weeks or months.

Serious complications, such as convulsions (fits), cardiac and breathing difficulty or permanent damage to nerves are **very rare**.

Because the epidural space is close to the spinal cord a collection of pus (epidural abscess) or a blood clot (haematoma) can cause pressure on the spine. In the unlikely event that there is pressure on the spinal cord it is crucial to diagnose and treat it as quickly as possible; this must be done by experts to prevent delays in treatment and long lasting damage. In comparison, your child is more likely to be injured from an accident on the roads or in the home than suffer permanent damage from an epidural. These risks can be discussed further with your anaesthetist and more detailed information is available.

What of my child is still in pain with an epidural?

Sometimes an epidural does not work well and may need to be adjusted by the anaesthetist or nursing staff. If that does not help, then your child will be given an alternative pain relief drugs for example intravenous morphine.