TAKING CARE OF AN EPIDURAL

The nurses on the ward are trained to take care of children with epidurals in place. Your child needs frequent checks on blood pressure, oxygen levels and heart rate. The Acute Pain Team will see your child every day when the epidural is in place. We will ask your child about their pain and make sure they can wiggle the toes and bend their knees. A cold spray is used to check the numbness.

A catheter (tube) will be placed in your child's bladder when they are under general anaesthesia to help them pee. This is removed when the epidural has been stopped. Some children feel nausea or itchy from the epidural infusion. Medicines can reduce these symptoms. Heavy or "wobbly legs" are common after epidural and care is taken when getting in and out of bed with an epidural in place.

Simple painkillers such as paracetamol and ibuprofen are given regularly. It is common to need a small amount of strong painkillers such as morphine along with the epidural. An IV cannula will be needed at all times when an epidural is in place.



GOING HOME AFTER AN EPIDURAL BLOCK

After 24 hours the plaster covering the epidural site can be removed. You will need to be reviewed urgently by your GP, or in A&E if your child:

- Has any signs of redness, swelling or discharge from the epidural site Develops new or worsening back pain
- Feels that their legs are numb or weak, or they are not able to stand and walk as usual
- Is not able to hold in their wee or poo, when they are usually able to
- Is unwell with a high temperature

Please tell the nurse or doctor that your child has recently had an epidural.

CONTACT US

If you have any questions or concerns regarding an epidural the acute pain team can be contacted through CHI-C Switch board at **Tel: 01 409 6100** and ask for **Pager 8300** (Pain Management Nurse) from Monday to Friday 9am-5pm or **Pager 8528** (Anaesthesiologist on call) outside of these hours to tell them your child has had a recent epidural block.

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Pain Relief after Epidural Insertion

Information for Parents & Guardians



WHAT IS AN EPIDURAL BLOCK?

An epidural is a way to give pain relief after certain surgeries. Usually a small tube (catheter) is inserted into your child's back when they are under general anaesthesia. The tube will sit in the space around the spinal cord, in the epidural space. A pump will provide pain relief by giving a local anaesthetic (numbing medicine) continuously. Sometimes an extra strong painkiller like fentanyl will be added to the solution.

WHY HAVE AN EPIDURAL BLOCK?

Epidural blocks give one of the best forms of pain control. Having a nerve block means your child is less likely to need strong painkillers like morphine. Strong painkillers have many unpleasant side effects such as feeling sleepy, seeing or hearing things that do not exist (hallucinations), feeling sick, finding it harder to poo (constipation) and breathing slower.

Avoiding these side effects often means a faster recovery and earlier discharge home. The numbness following an epidural block stops pain when the area is moved after surgery. This helps make physiotherapy easier after surgery.

WHEN IS AN EPIDURAL BLOCK USED?

An epidural can be used for pain relief after major surgery to the hips/legs, after bowel surgery and after some chest surgeries.

An epidural block may not be suitable for some children for example those with bleeding problems or on blood thinning medicines, children with spinal abnormalities or with evidence of infection either in the blood stream or at the skin where an epidural would be placed

HOW IS THE EPIDURAL CATHETER INSERTED?

After your child is under general anaesthesia, they will be placed lying on their side. The skin around the injection site is cleaned with antiseptic solution. A needle will be inserted by an experienced anaesthesiologist and a small tube (catheter) will be passed into the epidural space. Safety checks will be performed and then the tubing will be secured with see through sticky dressings and soft tape. An epidural can be used safely for up to 5 days after an operation. The length of use will depend on the type of surgery your child has.

Sometimes, a "single shot "epidural, with no catheter, is injected and this provides pain relief and numbness for 6-18 hours post operatively

RISKS OF EPIDURAL BLOCKS

Mild bruising or mild bleeding where the epidural block was performed is often seen, but usually does not need treatment. Sometimes the epidural block may fail to provide complete pain relief. If this happens, extra pain medication will be given to your child. Other risks, usually only last for a few hours if they happen. These include:

Drug allergy or Toxicity.

These are very rare but potentially serious complications. Your child will be monitored closely for any signs of these issues and treated immediately by their anaesthesiologist if they happen.

Nerve Damage

This is very rare and usually will resolve with time without needing any further treatment. Your child will be checked frequently while the epidural is in place. Permanent damage to nerves from the needle or catheter is extremely rare.

Bruising/Bleeding at the injection site

This is treated by applying pressure to the area and rarely requires any further treatment. Sometimes, the epidural sites leaks a little around the insertion point and extra tapes will be used to keep the dressing in place.

Headaches

Headaches after any type of surgery are not uncommon. If your child develops a severe headache especially when they are sitting up, please inform the nurse taking care of them.

Low Blood Pressure/Slow breathing

This can be treated with giving extra fluids to your child and lowering the rate of the epidural. If your child's breathing is very slow, the rate will be reduced and any strong painkillers (like fentanyl) will be stopped

Epidural infection

Extreme care is taken to avoid infection when putting in and caring for an epidural catheter. Infection at the epidural injection site is rare. If it happens the epidural will be removed. Very rarely, infection can develop around the spinal cord and this needs treatment with antibotics if it happens