



Epidural for Anesthesia and Pain Relief

FREQUENTLY ASKED QUESTIONS

What is epidural anesthesia?

Epidural anesthesia is used to reduce pain during and after surgery by numbing part of your body. Along with general anesthesia, epidural anesthesia may be used for surgery of the chest, abdomen, pelvis, or legs. Many women choose epidural anesthesia to reduce the pain of labor.

Why should I have epidural anesthesia?

Compared with the same surgery done without epidural anesthesia, epidural anesthesia can provide:

- BETTER PAIN RELIEF compared with medications through your IV
- REDUCED NEED FOR STRONG PAIN MEDICATIONS and fewer side effects like nausea, vomiting, itching, constipation, and even confusion
- LESS BLOOD LOSS during surgery
- LOWER RISK OF BLOOD CLOTS
- LESS STRESS ON YOUR BODY
- QUICKER RECOVERY OF YOUR BOWEL FUNCTION
- FEWER LUNG COMPLICATIONS like pneumonia

Are there any risks or side effects to having epidural anesthesia?

Epidural anesthesia is very safe. Depending on the location of your surgery, you may have leg weakness and a bladder catheter to drain your urine while you are receiving epidural anesthesia.

Risks include low blood pressure (usually treated with medication or fluids through your IV) which will get better when the epidural catheter is removed. Rarely, a treatable "spinal headache" may occur. Very rare

complications include bleeding, infection, and permanent nerve damage. Please rest assured that we take very specific steps to ensure your safety during the procedure and at all times.

How is an epidural anesthetic placed? How long does it last?

Epidural anesthesia is provided through a catheter placed in your back. The epidural catheter is placed while you are awake or sedated. (Epidural catheters for pediatric patients are placed under general anesthesia.) After numbing your skin, a specialized needle is used to help place the *catheter* (a small tube) into the *epidural space*, which is outside the spinal cord. Numbing medicine is given continuously through the epidural catheter for several days, giving you excellent pain relief. After several days, the epidural catheter is removed.

Is there anyone who *shouldn't* have epidural anesthesia?

People with certain neurological diseases, widespread infection, or other medical conditions, or who are on certain blood thinners should not have epidural anesthesia. Your anesthesia provider will talk with you on the day of surgery to let you know if you should have epidural anesthesia.

What happens after my epidural catheter is placed?

An anesthesiologist from the Acute Pain Service will see you every day while the epidural catheter is in place. He or she will work with your primary team to coordinate your pain management to keep you as comfortable as possible after surgery.

This information is not intended to take the place of medical advice or care you receive from your physician or other health care professional. If you have any questions, please ask your physician. If you have questions or need more information about the medications mentioned above, please speak to your pharmacist.

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