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EPIDURAL INFORMATION AND CONSENT

- Thoracic Epidural
- Lumbar Epidural
- Labour Epidural
- Post-operative infusion through epidural catheter

An epidural injection (a type of neuraxial anaesthesia) can be given for one of the following possible reasons:

1. On the recommendation of a spinal surgeon or neurologist in the management of back pain.
2. As pain relief after thoracic, abdominal or lower limb surgery.
3. As pain relief for labour pain.

Epidural injections are safe and very effective in controlling pain after a procedure. They are administered by an anaesthesiologist who will also explain the technique to you.

You can expect to experience complete/partial numbness of the affected area (chest or abdominal wall, or lower limbs) for a period of 4-12 hours after a single injection, depending on the medication that is used.

A computerized infusion pump that continuously supplies the local anaesthetic drug via an epidural catheter can also be used in the longer term management of pain after a procedure, usually for a period of no more than 3 days.

Please ask the anaesthesiologist during the pre-operative visit to clarify any uncertainty you may have. **It is your right to refuse consent to a neuraxial procedure.**

Anaesthetists exercise extreme care in administering the epidural injection but, as with any medical procedure, complications may occur. The following complications are possible:

Common complications:

1. **Cardiovascular:** Your blood pressure may drop and you may feel lightheaded or dizzy. It is easy to treat this quickly and effectively.
2. **Nausea:** This is also easily treated.
3. **Shivering**
4. **Difficulty in passing urine:** Patients who have had an epidural are not permitted to leave the hospital before they are able to pass urine. Occasionally patients require a urinary catheter and have to be kept in hospital overnight. Patients with an epidural catheter for a constant infusion usually have their bladders catheterized until the epidural is stopped.

Rare complications:

1. **Failed block:** In rare cases the epidural injection may give unsatisfactory pain relief. The dosage of epidural drugs can then be adjusted or alternative methods of pain relief can be employed.

2. **Headache:** In some cases the outer covering of the spinal cord is inadvertently punctured and spinal fluid can leak through the defect caused. This can lead to headache which can respond to bed rest for a few days. If this is not effective a sample of your own blood can be withdrawn and injected aseptically into the space around the spinal cord to stop the leak.
3. **Backache:** You may suffer superficial pain of variable duration at the injection site.
4. **Prolonged or dense block:** We strive to give the minimum amount of local anaesthetic needed to provide satisfactory analgesia without interfering with limb movement. However, sometimes a block can have a prolonged or even a temporary paralyzing effect.

Very rare complications:

1. **Haematoma (bleeding):** Small blood vessels can be damaged during insertion of the epidural needle. In rare cases this can cause continuous internal bleeding. The resultant pressure on the spinal cord can lead to neurological damage and paralysis if not diagnosed and treated timeously. This treatment involves urgent surgical drainage of the haematoma. It is important that the attending anaesthetist is made aware of any medication, including herbal products, that you are taking and that may interfere with blood clotting and thus may increase the risk of a spinal haematoma forming.
2. **Spinal block/high block:** If the unlikely event of the injected local anaesthetic entering the spinal fluid a very dense block that temporarily paralyzes the arms and the muscles of breathing can occur.
3. **Sepsis:** In spite of the strict aseptic techniques used, superficial skin infections or even an abscess close to the spinal cord are possible.
4. **Neurological damage:** This can occur during insertion of the epidural needle or catheter. Any undue discomfort during the procedure must be communicated to the anaesthetist immediately.
5. Rarely during removal of the epidural catheter it can be sheared off with a piece being retained in the epidural space. This may require surgical removal.
6. A few other extremely rare complications have also been documented in literature.

HOSPITAL STICKER

Please sign here to confirm that you have read and understood the information above:

I, , hereby agree / do not agree

to have an epidural done as part of my anaesthesia.


I have read the above information and all my further questions have been answered.

Date

Signature (Patient/Guardian/Guarantor)

If you have any further questions or concerns, please do not hesitate to contact your anaesthesiologist:

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