

Epidural Anesthetic FAQs

WHAT IS AN EPIDURAL?

An epidural is an anesthetic technique using a small tube placed in the lower back to deliver local anesthetic or other pain medicines near the nerves that transmit pain in labor. All facets of anesthesia care at Holland Hospital are managed by board certified anesthesiologists and cRNAs from Macatawa Anesthesia.

HOW LONG DOES IT TAKE TO DO?

This can vary widely, and in particular for patients who are obese, have arthritis, or scoliosis, more time might be required to place the epidural. In general, placing the epidural takes about 10-15 minutes, with good pain relief starting in another 10-15 minutes. Once the epidural is in place, medicine will go through the tubing continually to maintain pain relief through the rest of your labor and the delivery of your baby.

WILL IT HURT?

Compared with the pain of contractions, placement of an epidural results in minimal discomfort. As the epidural is placed, you will feel a brief sting on the skin. The remainder of the procedure is then usually quite manageable although not likely pain free. Once completed, the needle is removed entirely and you will feel only the tape on your back that keeps the tubing in place.

HOW IS IT DONE?

Your anesthesia provider will ask you to sit up, keeping the lower part of your back curved towards him/her. You will be asked not to move at all during some parts of the procedure. After your skin is numbed with a local anesthetic, he or she will insert a needle between the bones of your spine into the epidural space and then leave a tiny tube (catheter) in place while the needle is removed. The tube, which stays in place for the duration of labor and delivery, is secured in place with adhesive, and it is okay to move around in bed.

DOES ALL THE PAIN GO AWAY?

Epidurals make the contractions feel less strong and easier to manage, but not everyone is pain free throughout. In particular, some pressure might be felt in the rectum and in the vagina later in labor, especially as you near delivery.

Our epidurals allow the patient to give herself a couple of extra doses of medication each hour, which is called patient-controlled epidural analgesia or PCEA. Some patients utilize these extra doses, some don't. You are always getting continuous medicine either way.

DOES EPIDURAL ANESTHESIA ALWAYS WORK?

The majority of patients experience significant pain relief from an epidural. Occasionally, pain relief is one-sided or patchy, but the anesthesiologist can often do something about this, most often without needing to repeat the procedure. Very rarely there are technical problems that prevent the anesthesiologist from getting the needle into the epidural space. These patients may not receive adequate pain relief.

ARE THERE ANY SIDE EFFECTS?

Common side effects:

- a. Your legs might tingle or feel numb and heavy. This is normal and will disappear soon after delivery.
- b. Your blood pressure might fall slightly but, in general, this is usually easily managed with IV fluids and occasionally IV medicines.
- c. Some back tenderness might occur at the site of the insertion, and it might last for a few days. However, no evidence exists that epidurals cause chronic back pain.
- d. Headache can occur after delivery in <1% of patients, due to unplanned puncture of the lining containing spinal fluid. This headache can be moderate to severe, but is not permanent or life-threatening. Specific treatment is available for severe headaches.
- e. It is possible to inject medicine into blood or cerebrospinal fluid (the fluid around the spinal cord). Either can lead to more serious side effects. We will test your catheter with a specific medicine to identify this concern.
- f. You might have temporary temperature elevations that are not significant. No evidence exists that the increased temperature is due to an infectious source.

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DOES AN EPIDURAL AFFECT THE PROGRESS OF LABOR?

There is no evidence that epidurals cause any clinically significant difference in the progress of labor.

DOES USING AN EPIDURAL FOR PAIN RELIEF IN LABOR INCREASE MY CHANCES FOR A CESAREAN SECTION?

There is no evidence that epidurals increase the risk of cesarean section. This is also supported by the American College of Obstetrics and Gynecology (ACOG), who state that “fear of unnecessary cesarean delivery should not influence the method of pain relief women choose during labor.”

ARE THERE ANY PATIENTS WHO CANNOT HAVE AN EPIDURAL CATHETER?

Yes. For example, patients with the following conditions:

- a. blood clotting problems, or the use of blood thinning medications
- b. heavy bleeding
- c. neurologic disorders
- d. patients who have had certain types of lower back surgery

WHEN IS THE BEST TIME TO HAVE AN EPIDURAL PLACED?

It is appropriate to place and dose an epidural catheter at any time after your OB provider determines you are in active labor. Placement can be made more challenging in the late stages of labor when contractions are at their most intense and pain relief more difficult to achieve.

WHAT IF I HAVE MORE QUESTIONS OR NEED MORE INFORMATION ABOUT EPIDURAL ANESTHESIA?

If you have specific questions or concerns that are not covered here, we would be glad to speak with you. Web sites that have more information are www.soap.org (select Patient Education), www.asahq.org (select Public Education; then Planning Your Childbirth) and www.macatawaanesthesia.com. We also encourage women who have unusual and/or complex medical problems to come talk with us during the latter part of their pregnancy. Above all, our strongest desire is that you have a safe and rewarding experience during childbirth.



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