What signs and symptoms should I look out for? (continued)
Numbness or weakness in your arms or legs.
Difficulty in passing urine (water) and/or loss of bowel control.

Who can I contact if I have questions or concerns?
Whilst an inpatient ask your nurse or Doctor to contact the Pain Service. Once discharged please contact your G.P.

What should I do next?
If you experience any of these symptoms and your G.P. is not available please go straight to your nearest Accident and Emergency Department (A&E).

Take this leaflet with you and tell them that you have recently had an epidural.

This leaflet explains rare side effects associated with epidurals, however it is not comprehensive. If you experience other problems and want to ask anything else related to your treatment please speak to your G.P.

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming in to and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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If you require a of this leaflet please call 01296 316402

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Your Epidural
Insert patient label here

Epidural inserted on: __ / __ / _____
Epidural removed on: __ / __ / _____
Nurse Signature: _______________
Date: _______________

Epidural Pain Relief
A small plastic tube (called the epidural catheter) is inserted by an anaesthetist into your back and into the epidural space. Pain relief is given through this tube for up to 4 days. Serious complications from epidural pain relief are rare (1 in 10,000). However because the epidural space is close to the spinal cord any collection of fluid such as pus or a blood clot can cause pressure on the spinal cord.

If this happens it is very important to treat it as soon as possible. This leaflet tells you what symptoms to look out for and what to do if you think that you have a problem after your epidural catheter has been removed.

While you are in hospital the nurses will monitor you for signs of any complications. Once you are back home it is important that you and your carers continue to look out for any symptoms which could suggest any complications.

What complications could occur?

Infection
An infection can develop at the site where the epidural was inserted. An infection can develop on the surface under the skin or more deeply close to the spinal cord and major nerves. This could be an abscess (a collection of pus) or meningitis.

Please remember that these infections are very rare but would require urgent treatment with antibiotics and/or surgery to prevent permanent nerve injury.

Haematoma (blood clot)
There is a very small chance that you may develop a collection of blood at the site of the epidural. This is known as an epidural haematoma or a blood clot. This can press on a nerve or the spinal cord and cause damage. Occasionally an operation is required to remove the haematoma and relieve the pressure to prevent the nerve injury becoming permanent. Again this is rare.

What signs and symptoms should I look out for?

◆◆ Redness, pus, tenderness, or pain at the epidural wound site
◆◆ Feeling generally unwell despite the fact that all seems to be well with the surgical wound
◆◆ High temperature, neck stiffness
◆◆ Numbness and or weakness in your legs / inability to weight bear
◆◆ Difficulty passing water / incontinence of faeces