

# FACTSHEET

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## Epidurals

Your child's surgeon or anaesthetist may suggest that your child needs an epidural for control of pain after an operation. Epidurals are used for major operations involving the chest, stomach (abdomen) or lower limbs. An epidural will only be suggested if your surgeon and anaesthetist believe that it will give the best pain relief and recovery for your child. There is usually less vomiting after use of an epidural and this often allows your child to start eating and drinking sooner and helps them to get better faster.

Your anaesthetist will explain in more detail the benefits and potential risks of having an epidural, as well as the alternatives to an epidural.

### How does it work?

When your child is asleep (under general anaesthetic) for the operation, the anaesthetist will insert an epidural tube (catheter) into your child's back, in the space surrounding the nerves after they have left the spinal cord (this is known as the epidural space).

The epidural catheter is a very thin plastic tube that looks like nylon fishing line. It is inserted through a special needle, which is removed once the epidural catheter is in place. The epidural catheter is then covered with tape and a plastic dressing is placed on your child's back.

The epidural catheter will stay in place after the operation and will be connected to a pump. A mixture of pain relieving medicines will then be pumped constantly through the catheter to give pain relief to your child.

This pain relieving mixture will contain a local anaesthetic which numbs the nerves and may also have other pain relieving (analgesic) drugs added to it.

### Is it safe to have an epidural?

Epidurals work well and are safe for children of all ages. Skilled staff caring for your child's epidural will check doses and equipment, and carefully observe your child's pain level and progress. They will also check your child's breathing, heart rate and movement at least every hour.

Like most medical procedures, epidurals carry some risk. Your anaesthetist or surgeon will help you weigh up the benefits and risks for your child.

The most serious risks include a severe reaction to the drugs used or harm to the nerves in the spinal cord; however this is extremely rare.

Other problems such as headache, itchy skin, vomiting or infection are also possible and can be managed by your child's medical teams.

An epidural may lower your child's ability to pass urine (empty the bladder) after the operation. This is because that part of the body is kept numb by the pain relieving mixture, so a tube called a catheter is put into the bladder (urinary catheter) to drain the urine. This will be done while your child is asleep during the operation and it will be left in while the epidural is in place.

### How long will my child need an epidural?

The length of time depends on the type of operation and the amount of pain your child is expected to have. The

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epidural is usually taken out after 3 days as the pain settles and your child starts to eat and drink, but may stay in for up to 5 days. Your child will then be assessed to see what the best pain relief will be for them, either medicine by mouth or intravenously.

Your child's anaesthetist/doctor and/or the Acute Pain Service will review your child daily, checking that your child is comfortable. If for any reason the epidural does not give good pain relief to your child, a different plan for analgesia will be made.

There is a small risk of getting an infection with an epidural, so it is usual to take it out after three to five days to minimise the risk. It may be removed if it does not give your child good pain relief after careful consideration.

### What will my child feel?

Your child may feel the tape and plastic dressing on their back. This dressing is holding the epidural catheter in place. It is not painful but it may feel strange when your child first starts moving around.

Your child will also have a plastic IV tube in a vein for fluids and a tube in his/her bladder when he/she wakes up. These are usually put in while your child is under anaesthetic (asleep) having the operation. None of this is painful, but may feel strange and need to be explained to help your child understand what is happening.

If the epidural is working well, your child will feel no pain in the area of their operation that is covered by the epidural. Your child will be checked regularly by the nurses but please let the nurses and doctors know if your child has any pain or other problems.

Your child may notice some numbness to touch and cold, or that one or both legs feel 'heavy' or numb. This can be expected in some cases, please let your nurse know that this is being experienced. Your child should not try to walk without help while the epidural is working, but may be helped by staff to sit out of bed in a comfortable chair.

### What happens when the epidural is stopped?

The epidural's effects may take up to 6 hours to gradually wear off once it is stopped. During this time your doctor will start other pain relieving drugs for your child, usually by mouth.

The tape over the epidural catheter will be gently removed. This is like removing a bandaid. The epidural catheter is then pulled out slowly, usually without any discomfort. At this time your child's doctor will decide whether the bladder catheter can also come out.

After the epidural wears off, your child's lower body and legs will start to feel normal again if they didn't before.

Your child's pain and progress will continue to be checked by the nurses and your doctor.

#### Remember:

- You know your child best. If at any time you are concerned about your child or have any questions, please talk to a nurse or doctor.
- Pain relieving medicine given in an epidural is a safe way of offering pain management.
- Your child will be checked at least hourly by the nurse and/or doctor.