

## **Epidural – Common Questions and Our Answers**

The Department of Anesthesiology at University of Wisconsin Hospital and Clinics wants to help you during your upcoming surgery. We want to help control your pain during and after surgery. Our anesthesiology doctors are in the hospital and able to help 24 hours a day. We work closely with your surgeon to make the best plan to deal with your pain after surgery. For some surgeries such as large abdominal surgeries, your pain may be helped with an epidural. On the day of surgery, an anesthesiology doctor will talk about different choices.

### **If I get an epidural, will I still be asleep for surgery?**

Most of the time for non-ortho surgery an epidural is used for pain control **after** surgery. It does not take the place of general anesthesia during your surgery. Even though an epidural is placed before surgery, it is usually used after surgery to help with pain.

### **How do intravenous pain medicines treat post surgical pain?**

An intravenous (IV) will be put in your vein and can deliver pain medicines. These medicines act on the whole nervous system. They will dull your pain, but can also make you feel groggy, sick, or constipated.

### **What is an epidural and how is it placed?**

An epidural is a small catheter or tube. It is placed just outside the covering of the spinal cord (called the epidural space). This tube is kept in place and brings medicines close to the nerves. These medicines are local anesthetics. They work in the same way that numbing medicines are used at the dentist, except it numbs nerves where the surgery has taken place.

Placement of an epidural catheter is done with you sitting up or lying on your side. You may get intravenous sedation during placement of your epidural. First, your back is cleaned with a sterile soap. Next, a small bit of numbing medicine is injected into the skin where the epidural needle is placed. The epidural needle is carefully advanced into the epidural space. This is where a plastic, flexible catheter is placed (this catheter is about the width of a guitar string). You should feel very little pain while the epidural is being placed. Finally, the epidural needle is removed and the plastic catheter is taped into place. Numbing medicines are sent to the nerve roots by the epidural. A very small amount of the medicine is used and will not cause major side effects to you. These medicines numb the part of your body where the surgery was done. They help take away pain. The epidural usually stays in place for several days until your bowels have awakened

after the surgery. Depending on the place of your surgery, your legs can feel heavy. You should still be able to move your legs and feet. The epidural medicine will be given continuously. It can be increased or decreased depending upon the spread of the numbness and your incision site. You will also be given an epidural bolus button. This will let you give yourself extra medicine through the epidural every 30 minutes.

### **If I get an epidural, do I also get IV pain medicines?**

Depending on the type of surgery, an epidural may need to be used along with IV pain medicines. The mixture of the two is used to lessen side effects from the IV pain medicines. These side effects can be nausea, feeling groggy, and constipation.

### **When can I get an epidural?**

On the day of surgery, you will check into First Day Surgery. An anesthesiology doctor will talk about your anesthetic plan. If you are going to get an epidural, you will be brought to the Block Area before surgery where it will be placed. We usually do not place epidurals after surgery because it is harder to position you. Also, medicines you may get during surgery can stop us from being able to safely place an epidural after surgery.

### **How many days does an epidural stay in place?**

Usually an epidural will stay in place for a couple days after surgery. Epidurals are removed once you are able to take oral pain pills and your pain is well controlled. The Pain Service, a team of anesthesiology doctors and a pain nurse, will help and see you in the hospital every day your epidural is in place.

### **Is it difficult to remove an epidural?**

No. Removing the epidural is very easy and is like removing a band aide.

### **Is a spinal block different from an epidural?**

Yes. A spinal block is also done through a small injection in your back. However, a spinal block is a single injection of numbing and/or pain medicines. Usually, no catheter is placed and a smaller needle is used. The medicines are injected into the spinal fluid. The pain relief from a spinal will last only 1 to 3 hours. An epidural gives longer pain relief.

### **What are the risks of epidurals?**

Even though epidurals are very safe, there is a small risk of complications. Shivering, itchy skin, and backache are common. The epidural or spinal can cause a drop in blood pressure. This is easily corrected, but needs close monitoring. Sometimes the epidural catheter can cause numbness to only one side of your body. The epidural catheter can accidentally fall out. A

“spinal” headache after placement of an epidural can also occur in 1 out of 100 patients. This type of headache is made worse when you sit up and gets better with lying flat. Even though these headaches can be severe, they are treatable and have no long-term side effects. Nerve injuries from catheter placement, infection, or blood clot are very rare. Rarely an epidural catheter can be placed mistakenly into a blood vessel. This can have serious effects on heart rate and ability to breathe. We will ask that you have help when getting out of bed while your epidural is in place. A catheter may also be put in your bladder once you are asleep under general anesthesia.

### **Who should not receive epidurals?**

Patients who have bleeding problems should not get epidurals because of a greater risk of bleeding. Patients with severe infections may not be able to get an epidural. There would be a risk of getting bacteria to the nerve roots and causing nerve injury. Epidurals may be harder to place in patients with prior back surgeries. If you have had major back surgery, it may be helpful to have prior x-rays or surgical records for the doctor to look at. Your anesthesiology doctor will talk with you about possible benefits and considerations/risks of an epidural. Our goal is to have your pain controlled as well as it can be. Then you can focus on feeling better after your surgery.

### **If I don't get an epidural are there other ways to control my pain after surgery?**

Yes, with IV and oral pain medicines. In some cases, you may be offered a different type of nerve block such as a transversus abdominis plane (TAP) block. Your surgeon and anesthesiologist will discuss this option with you.

For some people, pain can be relieved without using medicine. They use relaxation, imagery, distraction, and skin stimulation. You may need the help of health professionals to learn to do these for yourself. Friends or family members can help with some of them. The techniques are also helpful when used along with pain medicines.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©4/2015. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7345.