

Epidural Analgesia Discharge Advice

An information guide



Epidural Analgesia Discharge Advice

You have been given this leaflet because you have received an epidural infusion for pain relief. This procedure will have been discussed with you previously by the anaesthetist along with potential problems. Serious problems from epidural infusion, including infection or bleeding are very rare (1 in 10,000). However, as the epidural space is close to the spinal cord, a collection of pus or a clot can cause pressure on the spinal cord.

In the unlikely event that there is pressure on the spinal cord, it is crucial to diagnose and treat it as quickly as possible. This must be done by expert hospital doctors to prevent delays in treatment and long lasting damage.

This leaflet tells you what to look for and what action to take if you think that you have a problem.

Assessment before the removal of epidural catheter

On completion of your epidural pain treatment, the nurses and doctors will examine you to ensure that you do not have any lasting numbness or weakness in the legs as a result of the action of the epidural drugs.

They will ask you to move your legs and examine you to ensure that the sensation in your legs is as it was before the epidural was placed. It is important to remember that some operations/procedures can cause changes to sensation in the legs. Therefore, any changes experienced may be as a result of the surgery and not the epidural. If you do have changes in sensation following removal of the epidural, the attending team will discuss this with you.

If, as an inpatient, you experience any of the signs and symptoms listed after the epidural has been removed, inform the nurse in charge immediately so they can inform the Pain Team or on call Anaesthetist

Signs and Symptoms

- Redness, pus, tenderness or pain at the epidural 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 legs; inability to weight bear.
- Difficulty in passing water/ loss of control of bowels.

Very rarely, these symptoms may occur within a few weeks of being discharged. If you develop any of the symptoms above following discharge, it is important that you are assessed by the hospital team immediately.

You will need to attend the Accident and Emergency Department for assessment by the on call Anaesthetist. Please bring this leaflet with you and show it to the staff in the Accident and Emergency Department.

Further Information

For further information on this subject, contact the Pain Specialist Team on:

Royal Oldham Hospital

Telephone: 0161 656 1532 or 0161 656 8847

North Manchester General Hospital

Telephone: 0161 922 3341

Acknowledgement

Royal College of Anaesthetists (2009) NAP3. Report and findings of the 3rd National Audit Project of the Royal College of Anaesthetists.

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897


For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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