

DEFINITION

An epidural is a technique often used during labour and delivery for pain relief. It allows the patient to experience this period with as little pain as possible. This technique consists of injecting in the epidural space, along the vertebral column, a local anesthetic (with or without an opioid). These substances provide pain relief by suppressing the transmission of pain signals.

EXECUTION AND MONITORING

To begin, you will be placed in a seated position. After disinfecting the skin, the anesthesiologist will place a needle in your back through which a small plastic catheter (tubing) will be inserted, after which the needle will be removed. This catheter, which will remain in your back until your baby is delivered, will be used to administer medication that will relieve your pain throughout labour.

At the discretion of the anesthesiologist, you may be accompanied by one person (partner or other) during the intervention. Since an epidural is performed using a sterile technique, it is important to follow all instructions carefully. At any moment, the person accompanying you may be asked to leave the room. Explanations will be provided at a later time.

Once the technique is completed, the local anesthetic infusion will be administered either continuously or intermittently using a pump. This will allow maximum pain relief for several hours. The delay before beginning to feel some pain relief usually varies between 5 to 10 minutes.

It is normal to feel tingling followed by a sensation of heat in your legs. Next, you may notice decreased sensation (numbing) and a transient feeling of heaviness in your legs that may be more or less noticeable depending on the medication used. Once the infusion is stopped, after delivery, these sensations gradually disappear over the course of a few hours as the local anesthetic is eliminated. Despite the epidural, you may still feel some discomfort or pain in your abdomen, back or vagina. The goal of the epidural is to make you more comfortable.

The nurse will remain at your bedside for some time once the epidural is installed. She will ensure you are positioned comfortably, measure your blood pressure as well as monitor the fetal heart rate. She will then visit you regularly.

Following the epidural, you will no longer be allowed to eat solid food. You may, however, drink water, ice or clear fluids (apple juice or other clear drink such as Gatorade). Sparkling water or soft drinks are not permitted.

EFFECT ON LABOUR

Studies up to now have not shown epidurals to have any impact either on caesarian section or instrumental delivery (forceps or ventouse) rates. Similarly, there is no significant change in the duration of labour with an epidural. Finally, barring any complication, there is no negative consequence for your baby, besides the occasional decelerations of the fetal heart rate, generally of little significance.

Given these considerations, once active labour is well established and pain accompanies contractions, the best time to request an epidural can be discussed with your treatment team.

SIDE EFFECTS

Side effects are benign and treatable. You may experience nausea and/or vomiting, itchiness, chills or difficulty urinating. The anesthesiologist will prescribe medications to counter these side effects. If you feel any discomfort, tell your nurse, who will be able to administer the appropriate treatment.

CONTRAINDICATIONS

- Infection, either generalized or affecting a large area of the back
- Active nervous system disease
- Certain spine surgeries (either grafts or metal implants)
- Coagulopathy or active anticoagulation therapy

POSSIBLE COMPLICATIONS

Frequents (1-15%):

- Some back discomfort due to the min-trauma caused by the passage of the needle, may last a few days.
- Failure of analgesia (insufficient pain relief or unilateral pain relief) which may require repeating the epidural technique.
- Drop in blood pressure which is easily treatable with IV fluids or certain medications.
- While performing the epidural, a membrane covering the spinal cord (called dura) may be perforated. This occurs mainly when the technique is difficult. It may be without consequence or, for certain patients, cause incapacitating headaches lasting a few days. An effective treatment exists and will be offered if needed.

Less frequent (less than 0,1%):

- If the medication is inadvertently injected into a blood vessel, you may feel dizzy, buzzing in your ears and a metallic taste in your mouth. An appropriate treatment will be administered.
- Injection into the cerebral-spinal fluid may cause a very high level of analgesia in the thoracic area and also requires appropriate treatment.

Very rare (less than 1/200 000):

- Extremely rare and isolated cases of paralysis may occur, mainly associated with bleeding or infection in the spinal cord. For this reason, the anesthesiologist ensures that there is no risk factor or contraindication before proceeding.

If you have any question or concern, do not hesitate to discuss them with your anesthesiologist.

Happy labour!

version 1, december 2017