

Labor Pain Control via Epidural Catheter or Intrathecal Injection.

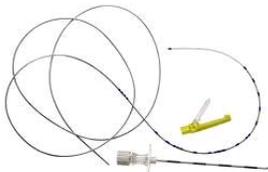
The decision to use medication for pain control during labor does not mean that your birth experience wasn't natural. Breathing exercises and relaxation techniques may be adequate for some mothers and very inadequate for others. *Everyone's labor is different and everyone experiences pain differently.*

This pamphlet contains specific information about two options for controlling labor pain: epidurals and intrathecal narcotics. Both require the expertise of an anesthesiologist to provide safe and effective pain control for both mother and baby. Please use the space at the back of this pamphlet to write down any additional questions that you may have. These questions can be discussed with the anesthesiologist once you arrive at the hospital or if necessary, prior to your delivery. Our phone number can be found on the back of this pamphlet for any questions or concerns before or after your procedure.

Epidural Analgesia:

Procedure:

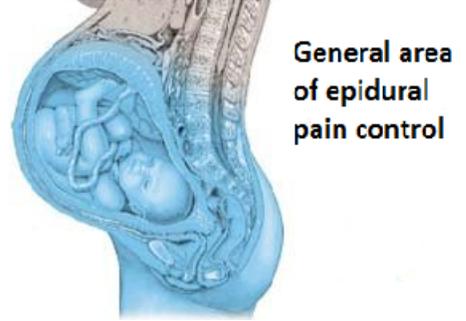
- An IV will be started and will remain in place until after your delivery. A foley catheter will also be inserted (usually after the epidural has been placed).
- You will be asked to lie on your side or sit up and curl your back outward as much as possible (see diagram). The anesthesiologist will work with you to get into the correct position to complete the epidural procedure.
- The anesthesiologist will inject some local anesthetic around a small area in your lower back to numb the area. A needle is then inserted between two bones (vertebrae) of your lower back into the epidural space. Every effort is taken to make this as painless as possible.
- A test dose of medication is given to check for proper placement. The anesthesiologist will ask you if you notice a **funny taste in your mouth, ringing in your ears, difficulty speaking or racing heart rate.**



- A small flexible tube called the epidural catheter is threaded through the needle into the epidural space. Sometimes the catheter touches a nerve as it is being threaded. If this happens you may feel a brief tingling sensation travel down one of your legs.
- After the catheter has been threaded the needle is removed. The catheter is taped securely in place.
- A combination dose of local anesthetic and a narcotic is administered to relieve your pain as quickly as possible. Pain relief will occur within 10-20 minutes after

the medication is given. You may still continue to feel pressure pain after the epidural is in place. The medication may make your legs numb or weak.

- A small amount of medication is given continuously through the catheter in order to control pain throughout your labor and delivery. In addition, you will be given a button to push so you can trigger a small dose of additional pain medication that may be injected up to 3 times/hour. This allows the woman to better control her own pain relief during labor.



- The anesthesiologist will adjust the amount of medication you receive to make you as comfortable as possible. Occasionally an additional bolus dose of medication may be needed. Your nurse will notify the anesthesiologist if additional pain relief is needed.
- It is important to remember that an epidural or intrathecal narcotic (ITN) will not completely relieve all labor pain but will dramatically reduce the amount of pain experienced during labor and delivery. Please inform your nurse if you are not experiencing significant pain relief or if you continue to have pain on one side of your abdomen.
- Your nurse may turn off the epidural medication when you are ready to push in order to better coordinate your pushing with your contractions. Your pain may increase if the medication is stopped during this period.
- After your delivery the continuous infusion through the epidural catheter will be stopped. Normal sensation will return within a few hours. You should not get out of bed until all the feeling and strength has returned to your legs.
- The anesthesiologist or nurse will remove the epidural catheter. This is a painless procedure.

Risks:

Epidural pain relief has been proven to be safe for both mother and baby. AAPA Anesthesiologists perform over 2500 labor epidurals/year. Our quality data and national outcome data show that problems related to epidural pain relief are extremely rare but like any medical procedure, there is a slight risk of possible side effects and complications. These are listed below for your consideration.

Side Effects:

- Immediately following the procedure you may experience a brief drop in blood pressure. Your anesthesiologist and nurse will closely monitor you and your baby and if necessary, will administer additional fluids through your IV or give you medication to raise your blood pressure.
- The narcotic medication can cause nausea and itching. If this happens tell your nurse. Some medication may be given to reduce these symptoms.



- Backache may occur for up to 1-2 weeks following the procedure. Ice and Tylenol or Motrin should relieve these symptoms. A severe backache should be reported to the anesthesiologist.

- Less than 2% of patients develop a severe headache after the procedure. *Headaches related to the epidural procedure are usually positional and the pain decreases when reclining or lying down.* Some of these headaches can be relieved by conservative measures such as rest, pain pills, and drinking extra fluids. A few patients may require an additional procedure to relieve the headache pain.
- Occasionally a nerve may be irritated due to the stretching that often occurs during delivery and rarely, due to the epidural procedure. This may cause some temporary numbness along your thigh or buttocks. This should gradually resolve over a few weeks. If it concerns you, feel free to contact us.

Complications:

- You may experience the *sensation* of difficulty breathing. This usually resolves spontaneously but if you experience any respiratory distress the anesthesiologist will immediately assist your breathing if necessary.
- Even rarer is a toxic reaction to the local anesthetic solution. You will be carefully monitored and your anesthesiologist carefully tests for this during the epidural procedure.
- There is a slight risk of damage to the spinal cord or one of the nerves surrounding the epidural space. Again, this is extremely rare.

Intrathecal Narcotics:

Intrathecal Narcotics are most effective during the late stage of labor or for a mother who is not delivering her first child. The procedure is very similar to epidurals except a catheter is not placed for continuous infusion of pain medication. A single dose of narcotic is administered into the intrathecal space. Pain relief occurs in approximately 5 minutes and lasts for approximately 1-2 hours.

Side Effects: Similar to epidurals.

Complications:

- On very rare occasion the narcotic may decrease the drive to breathe. If your baby is born shortly after the single dose of narcotic is administered the effects of the narcotic may need to be reversed with medication.
- Pain control may wear off before labor is over. If this occurs your obstetrician and anesthesiologist will discuss pain control options including possibly repeating the injection of medication.

Questions:

Thank you for allowing us to provide you with a comfortable birth experience. If you have any additional questions or concerns either before or after your delivery regarding epidural or intrathecal pain control, please don't hesitate to contact us at [651-241-5317](tel:651-241-5317).

