

## Your epidural:

Insert patient label here

Epidural inserted on: \_\_ / \_\_ / \_\_\_\_

Epidural removed on: \_\_ / \_\_ / \_\_\_\_

Nurse signature: \_\_\_\_\_

Date: \_\_\_\_\_

Adapted from Royal College of  
Anaesthetists NAP Report 2009.

With thanks to Buckinghamshire  
Healthcare NHS Trust (pain service),  
original producers of the information  
upon which this leaflet is based.

For more information leaflets on  
conditions, procedures, treatments and  
services offered at our hospitals, please  
visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Further information

### Pharmacy Medicines Helpline

If you have any questions or concerns about  
your medicines, please speak to the staff  
caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

### Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the  
Trust's services, please contact PALS.

t: 020 7188 8801 at St Thomas'

t: 020 7188 8803 at Guy's e: [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

### Language Support Services

t: 020 7188 8815 fax: 020 7188 5953

### NHS Choices

Provides online information and guidance on all  
aspects of health and healthcare, to help you  
make choices about your health.

w: [www.nhs.uk](http://www.nhs.uk)

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# Continuous epidural pain relief for postoperative pain

Discharge advice for  
patients

Acute pain team

## What is epidural pain relief?

A small plastic tube (called the epidural catheter) is inserted by an anaesthetist into your back and into the epidural space. Pain relief is given through this tube for up to four days.

Serious complications from epidural pain relief are rare (one in 10,000). However because the epidural space is close to the spinal cord any collection of fluid such as pus or a blood clot can cause pressure on the spinal cord.

## What complications could occur?

While you are in hospital the nurses will monitor you for signs of complications. Once you are back at home it is important that you and your carers continue to look out for any symptoms which could suggest any complications.

## Infection

An infection can develop at the site where the epidural was inserted – on the surface under the skin or more deeply, close to the spinal cord and major nerves. This could be an abscess (a collection of pus) or meningitis. Please remember that these infections are very rare but would require urgent treatment with antibiotics and/or surgery to prevent permanent nerve injury.

## Haematoma (blood clot)

There is a very small chance that you may develop a collection of blood at the site of the epidural. This is known as an epidural haematoma or a blood clot. This can press on a nerve or the spinal cord and cause damage.

Occasionally an operation is required to remove the haematoma and relieve the pressure to prevent the nerve injury becoming permanent. Again, this is rare.

If these very rare complications occur it is important to treat them as soon as possible. This leaflet tells you what symptoms to look out for and what to do if you think that you have a problem after your epidural catheter has been removed.

## What signs and symptoms should I look out for?

- Redness, pus, tenderness, or pain at the epidural wound 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 your legs / inability to weight bear.
- Difficulty passing water / incontinence of faeces.

## Who can I contact if I have questions?

If you're an inpatient, ask your nurse or doctor to contact the pain service. Once discharged, please contact your GP.

If you experience any of these symptoms and your GP is not available please go straight to your nearest Accident and Emergency Department (A&E).

Take this leaflet with you and tell them that you have recently had an epidural.

This leaflet explains rare side effects associated with epidurals; however it is not comprehensive. If you experience other problems and want to ask anything else related to your treatment, please speak to your GP.