



EPIDURAL ANESTHESIA

WHAT IS AN EPIDURAL? -An epidural is a form of anesthesia that takes away the pain of contractions during labor. It also blocks the pain of delivery.

WHEN IS THE EPIDURAL GIVEN? -The epidural is given at the discretion of the obstetrician. It is usually given when the patient reaches active labor (3 to 5 cm dilated). When given at this time, the epidural is least likely to interfere with labor. When the cervix is 10 centimeters, you will need to push the baby out. The epidural eliminates the urge to push. Some patients are not able to push effectively when they are numb. For this reason, it is occasionally necessary to allow the epidural to "wear-off" for better pushing.

HOW IS AN EPIDURAL DONE? -A representative from the Department of Anesthesia administers all of our epidurals. This is usually a certified registered nurse anesthetist (CRNA). The patient usually lies on her side on the labor bed. It is extremely important for the patient to be able to cooperate while the epidural is being done. If the patient is not able to be still, the block may not be able to be completed. The block is given in the back at the level of the waist. After the skin has been cleaned, a small area is made numb. A needle is introduced through the back to a location that is just outside the spinal canal. A thin plastic catheter is then threaded into the space. The needle is then removed. The thin plastic catheter is then taped in place. Medication is administered through the catheter which bathes the nerves as they leave the spinal canal.

COMPLICATIONS -As with any procedure that is done there are possible complications. The complications are usually minor, temporary, and treatable. The most common "complication" is an epidural that does not provide pain relief. Sometimes a certain nerve may not be "bathed" well, and a "hot spot" may result. This is an area that does not become numb. If either happens, the catheter may have to be removed and the process repeated. This is not very common. Another possible complication is the lowering of blood pressure. This is usually treated very easily by administering fluids through the IV. Inadvertent (unintended) spinal tap is another possible complication. This may cause a spinal headache after the baby is born. Usually pain medications are enough to treat this headache. Allergic reactions to the medication, as well as injection of the medication into the vascular system, are possible. Nerve damage should not occur but has been reported in the literature. Infection is also at least a remote possibility as are seizures and death. Some patients experience back pain after an epidural. It is difficult to tell if this pain is from the epidural or from the pregnancy.

ALTERNATIVES -For whatever reason some ladies may choose not to have an epidural. For these patients, we offer intravenous analgesia (pain relief) during labor. Medications are given through the IV line which make the pain of contractions more bearable. If an episiotomy is needed, a pudendal block can be given during delivery. This is an injection inside the vagina that will block the pain of episiotomy and stitches. We do not offer general anesthesia during routine delivery. We do not offer twilight sleep during labor. Both of these procedures are rarely used because they too considered dangerous.