

# **Obstetrics - Epidural & Spinal Anesthesia**

Purchasing Anesthesia, PSC will work closely with your obstetrician to help you through the birthing process by offering pain relief to make the labor and delivery of your baby as safe and comfortable as possible.

We want you to make informed decisions about the care you will receive during the delivery of your baby, including the kind of anesthesia you choose. The following information about the state-of-the-art pain relief techniques we routinely use here at Lourdes Hospital will help you decide how you want to manage your labor pain.

## **The benefits of epidural and spinal anesthesia over systemic narcotics**

There are two basic approaches for using medication to manage labor pain. One method uses systemic narcotics, such as Nubain®, which acts throughout your “system” or body by traveling through the bloodstream to the brain to “numb” the pain. The other methods – epidurals and spinals – are called regional anesthesia because the medication is administered into a specific region of the body to numb pain.

Systemic medications produce drowsiness and sedation in addition to pain relief while the epidural or spinal medication acts only locally, so you will be comfortable, alert and able to fully participate in the birthing process. Epidurals and spinals also require a smaller dose of medication to relieve the pain, resulting in less medication being transferred to your baby than with use of systemic narcotics.

Having an epidural catheter in place also provides “insurance” against the need for general anesthesia in the event of an emergency Cesarean section. Your anesthesiologist will simply administer a stronger local anesthetic through your epidural catheter.

## **Epidural versus spinal or combined spinal-epidural techniques**

Both epidural and spinal anesthesia involve blocking the transmission of pain signals close to their point of origin and each technique has its particular advantages and disadvantages. One advantage of the epidural is that medication can be administered continuously through an epidural catheter (a thin plastic tube inserted into the space next to the spinal cord), providing pain relief throughout labor and delivery or after surgery should a cesarean be necessary.

Spinal and combined spinal/epidural techniques have their own distinct advantages. Because spinals involve injecting a numbing medication directly into the spinal fluid, they take effect more quickly than epidurals and produce a more pronounced pain relief. The type of pain relief technique you will receive will be tailored to suit your needs.

## **What are some problems with epidurals?**

This section is not a substitute for informed consent for a labor epidural and is not exhaustively complete. The purpose here is to discuss some general issues associated with labor epidurals.

### **Q: Will I have soreness at the site of the injection?**

**A:** Like any other injection, this is usually normal.

### **Q: Could chronic back pain occur?**

**A:** Generally, it is not associated with labor epidurals. The incidence of back pain in patients after delivery is similar for patients with and without epidurals. In fact, epidural injections are used to treat chronic back pain disorders.

### **Q. Are Spotty, "Hot Spot" or one sided epidurals common?**

**A:** This does occur, but infrequently. The factors involved are generally individual to the patient's anatomy, epidural catheter location and response to the medications. Generally, problems with lack of adequate analgesia can be resolved by additional injections of medications through the epidural catheter or repositioning the catheter. Rarely, an epidural will have to be replaced to provide proper analgesia.

### **Q: Are post-dural puncture headaches a common complication?**

**A:** This, again, is an uncommon complication of epidural analgesia. The epidural needle is advanced to a space that is only a few millimeters in width. Patient movement, difficult anatomy or an abnormally small space could cause the needle to nick or perforate the covering of the spinal space. The resultant leak of cerebrospinal fluid will usually cause a headache. Conservative treatments for this headache include: hydration, rest, caffeine containing fluids, and many others. The definitive treatment is to perform an "epidural blood patch". This is extremely effective. A blood patch is done by performing an epidural near or at the site of the previous perforation and injecting blood obtained from the patient into the epidural space. The blood clots, and this seals the hole. Performing a blood patch does not alter the patient's ability to have an epidural for subsequent deliveries.