

ZNAG_PIS57_P

Dept.:

Sex/Age:

Adm. Date:

(V1) Dec 2021



Procedure Information -Epidural Anaesthesia for Labour Pain

Doc. No.: Attn. Dr.:

Visit No.:

Name:

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Patient No.: PN Please fill in A

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Introduction

Epidural anaesthesia is a technique where spinal nerves are anaesthetized and transmission of pain sensation is blocked. The procedure usually takes around 20 minutes.

Indications

1. Alleviate labour pain

The Procedure

- 1. Set up intravenous infusion
- 2. Side-lying or sitting position
- 3. Back curled
- 4. Skin disinfection
- 5. Local anaesthesia
- 6. Needle inserted between spinal bones into epidural space (space between spinal canal and dura membrane)

- 2. Others
- 7. Passage of a fine epidural catheter
- 8. Local anaesthetics injected through the catheter
- Catheter secured on the back with dressing material

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Possible risks and complications (not all possible complications are listed)

1. In general, epidural anaesthesia is safe. However, as with any medical procedure, there are some potential risks and complications

Very common or common			Rare or very rare		
-	Self-limiting headache (1%)	-	Spinal or epidural haematoma (blood clot)		
-	Self-limiting back pain	-	Epidural abscess and infection		
-	Transient difficulty in passing urine	-	Nerve damage and paralysis		
-	Skin itchiness associated with morphine	-	Local anaesthetics toxicity		
	•	-	Cardiac arrest		

Pre-operative information

- 1. The procedure will be carried out by an anaesthetist. Anaesthetists are medical doctors who are specially trained to provide anaesthesia
- 2. Your anaesthetist will explain to you the reason, procedure and possible complications
- 3. You will need to sign a consent form before anaesthesia
- 4. Your anaesthetist will determine whether you are suitable for epidual anaesthesia after assessing your medical condition
- 5. Some conditions may make you unsuitable for epidural anaesthesia, such as:
 - Bleeding disorder: ease of bruising or prolonged bleeding
 - Receiving anticoagulant or anti-platelet treatment
 - Infection over your back around the insertion site
 - Previous back surgery, especially with implant
 - Hypersensitivity to local anaesthetics
- 6. When inserting the needle into epidural space, you may experience pressure or weakness on your back. Please curl your back and keep still
- 7. When placing the catheter, your legs may have a tingling or electric shock-like feeling. Please tell your anaesthetist. This sensation is caused by the catheter pressing against your nerve root
- 8. When injecting local anaesthetics, you may experience a cold sensation in your back. Your legs may feel warm, tingling or heavy



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Post-operative information

- The epidural catheter will be left in place to serve as a route for injecting local anaesthetics during labour
- 2. It usually takes about 20 minutes for the local anaesthetics to give pain relief
- 3. You will lose pain sensations over the lower part of your body but still have a vague sense of touch
- 4. Your sensation and power will return in a few hours once the local anaesthetics effect wears off
- 5. May experience shivering, skin itchiness or dizziness
- 6. May experience a transient fall in your blood pressure. Our staff will monitor you closely and adjust the drip rate or administer drug to stabilize your blood pressure if necessary
- 7. May experience minor headache, usually subsides spontaneously in a week. You are advised to rest in a lying position and take analgesics as prescribed by your doctor
- 8. If you have difficulty in passing urine, a catheter may be inserted to allow urine drainage

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Department of Obstetrics & Gynaecology - The University of Hong Kong								
I acknowledge that the above inf	ormation concerning r	my operation/procedure has be	een explained to me					
by Dr I	I have also been given the opportunity to ask questions and receive							
adequate explanations concerni	ng my condition and th	ne doctor's treatment plan.						
		_						
Patient / Relative Name	Signature	Relationship (if any)	Date					